



## Response to National Care Service consultation from IFIC Scotland

The International Centre for Integrated Care is a strategic partnership between the International Foundation for Integrated Care (IFIC), the University of the West of Scotland and the Health and Social Care Alliance Scotland, and is the home of [IFIC in Scotland](#).

IFIC is a global not-for-profit network that brings together over 20,000 members to advance the science, knowledge and adoption of integrated care policy and practice. IFIC Scotland's mission is ***to co-create a healthier future with individuals and communities by developing courageous and compassionate leaders and practitioners with the knowledge, skills and confidence to design, deliver and evaluate people-centred integrated care.***

Our virtual round table to discuss proposals for a National Care Service for Scotland brought together international experts on integrated care alongside partners from Scotland involved in planning, delivering, enabling and assuring health and social care. That discussion informed our response to this consultation. The report can be accessed at [https://integratedcarefoundation.org/ific\\_hub/ific-scotland-events](https://integratedcarefoundation.org/ific_hub/ific-scotland-events)

IFIC Scotland broadly welcomes the Scottish Government proposals to improve pay, terms and conditions, training and development for the care workforce and to adopt a rights based, personalised and outcomes focused approach. We welcome the prospect of much needed additional funding for social care and agree a number of the proposals will bring helpful coherence and coordination of sector specific issues. Our response views the proposals through the lens of integrated care for people who require support and services that span the continuum of healthcare, social care, housing and community support in which a large part of the delivery is not directly managed.

The WHO definition for long term care acknowledges the range of services people require to live their best lives and places a focus on national systems to enable these services.

*Long term care is a range of services to ensure people with, or at risk of, significant loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity. The services are readily integrated alongside a continuum of promotion, prevention, treatment, rehabilitation and palliation. Long term care systems ensure integrated long term care is appropriate, affordable, flexible and upholds the rights of people and caregivers alike*

This echoes the Systems not Structures report by the expert panel reviewing Health and Social Care services in N Ireland. The European Social Network review of integrated services describes reforms of health and care in Nordic countries such as Denmark and Finland. These are based on the principles of decentralisation and subsidiarity with accountability for delivery devolved to municipalities or regions. National leaders should walk the talk on ceding power and control within a national framework that enables meaningful co-design of creative and sustainable local solutions by local delivery partners, citizens and communities. We suggest further reform in Scotland should focus on creating a coherent national framework for social care within a national system for integrated health and social care that enables flexibility for local delivery and ensures strong horizontal integration with community partners, Public Health and Local Government to improve and protect community wellbeing, particularly for vulnerable populations who have experienced greater disadvantage from the health and economic impacts of Covid-19.

### **Workforce Planning and Development**

Workforce capacity remains the biggest challenge we face across health and social care. The National Workforce plan set out commitments to develop the right workforce skills and capacity. However implementation of this plan is largely work in progress. With the workforce constraints we face across Public Services, workforce planning can no longer be profession or sector specific. We lack interdisciplinary and cross sector leadership and management capability for creative approaches to workforce planning and development

Relational and citizen led approaches are critical for success, but it takes time to build trusting relationships, influence organisational and professional cultures and cede power. At the point of care delivery, effective integrated care is heavily influenced by culture, trust and relationships between professionals from different teams, care setting and sectors. Culture change can take a generation so we should invest in developing the habits of people centred integrated care within undergraduate training curricula and postgraduate development.

There have been a range of person centred approaches in adult practice such as Talking Points, the 3 conversations model, House of Care, and My Home Life. Perhaps the precise practice model is less important than the conditions in which collaborative person centred practice is implemented. The Promise contains some insights that we should note:

*Practice change requires a stronger focus on shared values, peer networks of support, empowering the workforce to develop and nurture relationships and to build their capacity for compassionate practice. To support such practice change, values based leadership must exist at all levels and in all settings and relationships should take precedence.* The report highlights the need for proper supervision and support for the workforce *so they have the tools and confidence to exercise effective judgement, work autonomously and be risk averse. Developmental training and ongoing professional development are required to nurture equal*

*partnerships with people who receive support and care and to encourage interprofessional learning, mentoring, coaching, support and opportunities for reflective practice.*

The pandemic has made it even clearer that challenges in access and coordination of care are greatest for those who experience socioeconomic disadvantage, multimorbidity or frailty. Over 60% of the adult social care budget is to provide support for older adults. 77% of those receiving care at home are 65+ and another 8% are under 65 but have a physical / sensory disability. Workforce redesign to improve the quality of care for these individuals and their unpaid carers requires an interdisciplinary and cross sector approach that includes timely access to community based specialist advice as well as expert generalist support for people living with frailty and dementia. This has a strong evidence base and can be delivered within existing legislation provided there is adequate national funding and support for implementation through local collaboration across social care, primary care, secondary care and community services. For the 90% of residents in care homes who are age 60+ we support the recommendations of the British Geriatrics Society's *Ambitions for Change* report.

### **Governance and Accountability**

Development of the legislation for integration and the complex process of implementation has already been subject to Ministerial oversight. The Ministerial Strategic Group for Health and Community Care was established to provide high level and cross sector national leadership, bringing together representatives from the Scottish Government, NHS Scotland, Local Government, and delivery organisations. However, there has been significant turnover in Chief Officers, IJB Chairs and in senior NHS, local government, and civil servants since 2016. Implementation of integrated care is highly complex and requires coordination of multiple policies and interventions for different life stages, care groups, care settings and local context within a dynamic and complex system. It seems unlikely that a single body such as that proposed in the National Care Service will have the scope and capability to create the conditions and coherence required for transformation. Introducing direct Ministerial accountability for Chief Officers as proposed may introduce further tension in an already challenging landscape..

### **Performance Improvement**

Assessing national impacts is challenging and progress at a national level can seem slower than local experience suggests, due in part to the relative immaturity of national datasets for community interventions as well as the increasing demographic, workforce, and financial challenges. The national survey of Health and Care Experience, sent every two years to a random sample of citizens to capture their experiences of accessing and using local healthcare services and of receiving care, support and help with everyday living and caring responsibilities, consistently shows poor performance in continuity and coordination of community health and care. There is little in the proposals to provide reassurance of urgent action to address this critical implementation gap.

Inequalities continue to increase. In the most affluent areas of Scotland men experience 23.8 more years of good health and women and additional 22.6 years compared to the most deprived areas. Integration of health and social care has had little impact on these systemic inequalities. Further reforms should be framed in a way that moves us further and faster to our policy goal of reducing inequalities. Facing stark health and economic challenges from the Coronavirus pandemic, HSCPs must further strengthen their alliances with community partners and the third sector to improve lives and opportunities through a stronger focus on prevention, early intervention and targeted action on the wider determinants of health and wellbeing. The reforms should be framed to strengthen these alliances and not increase organisational tensions.

There are limitations of a national 'Once for Scotland' approach. Transferring solutions, no matter how well tested, will fail if implemented without due regard for local culture, history and buy in. People change lives. The vital contribution of local support for large scale change cannot be overstated. The ihub was established in 2016 with the aim of rationalising existing improvement support to enable large scale improvement in health and social care. That this aspiration has not yet been realised reflects the complexity of the challenge and the limitations of centrally directed national quality improvement programmes. Innovation and improvement take many forms and are largely achieved through local action with support at all levels. Improved continuity and coordination of relational practice – the essence of high quality people centred integrated health and social care – would be best delivered by national funding for light touch support for creative cross sector collaborations to drive improvements in interdisciplinary practice at a local level. The Coronavirus pandemic has accelerated local collaboration and enhanced capability to facilitate key infrastructure and practice changes at unprecedented speed. We should now build on this local momentum.

Many of the greatest challenges people face are at times of transition between community services and hospital care. Those who suffer most from lack of coordination of care and support are people who experience poverty, multimorbidity, frailty, sensory impairment or BAME associated inequalities. Current national improvement support is largely focused on episodes of care in specific care settings and has had limited impact on population health and wellbeing, health equity or transitions across the continuum of care.

There is a place for some nationally directed improvement programmes for strategic enablers such as commissioning, procurement and digital health and care. Technology has a critical role in enabling access, personalisation and coordination of care. It seems unlikely that a National Care Service will add value to the existing strategic, citizen engagement and delivery frameworks for digital health and care. However, further rationalisation of existing improvement support for community health and social care directed by a National Care Service is unlikely to have impact unless it provides system wide support at a local level.

## **Empowering Communities**

The places we live in and the wider determinants of health have a powerful impact on outcomes. The Scottish Index of Multiple Deprivation 2020 provides granular data on these determinants for data zones of around 800 people in 6,976 neighbourhoods and can identify where people experience disadvantage across different aspects of their lives in order to target health and care resources to local areas with greatest need. However, understanding of population health and prioritisation of targeted investment for specific localities remains relatively underdeveloped.

Locality engagement and planning should have a greater priority if we are to address inequity of health and care. There is a risk that proposals for reconfiguration of integration authorities may divert energy and capacity from where the real magic happens - locality, place, neighbourhood and teams.

*We all want to live well in the place we call home, doing the things that matter to us with the people and things that we love, and in communities where we look out for one another.*

**Social Care Future**

## **Reflecting and Learning**

Our policy paper reviewing implementation of integrated care in Scotland was recently published in a Special Issue of the International Journal of Integrated Care

*Health and Social Care Reform in Scotland – What Next? International Journal of Integrated Care, 2021; 21(4): 7, 1–14. DOI: <https://doi.org/10.5334/ijic.5633>*  
<https://www.ijic.org/articles/10.5334/ijic.5633/>

The paper offers food for thought for this next stage of reform. A Researcher in Residence model could be a very useful vehicle for rapid, real-time and action-orientated research to understand the opportunities and impact from the introduction of a National Care Service. It will be important to strengthen alliances with academic colleagues for this purpose and to continue to reflect and learn through knowledge exchange with our international partners who are embarking on similar reforms of health and social care.