

**LOCAL GOVERNMENT AND REGENERATION COMMITTEE****PUBLIC SERVICE REFORM AND LOCAL GOVERNMENT****SUBMISSION FROM THE ASSOCIATION OF DIRECTORS OF SOCIAL WORK (ADSW)****Background**

As an association, we have been engaged in the public sector reform agenda from the start. Social work services represent a significant part of the local government budget; we have a large workforce; we work across the majority of other public services including police, courts, health and education; but most importantly we support 650 000 people and their families across Scotland every year. Any change to the way we deliver services has a significant effect on the lives of large numbers of people and we need to make sure that those changes are for their benefit.

Indeed, in our recently published position paper on the integration of health and social care service makes this clear at the outset:

*"Ours is a reform agenda. We are acutely aware that developing a culture of collaboration across services and sectors is a central challenge - not just to local organisations but also at central level where for too long, policy and funding arrangements have perpetuated silo activities."<sup>12</sup>*

Our proposals are premised on the understanding that any reform should be based on outcomes: that we should find out what people want and need and then reform services with that as our focus.

Although we have been interested and have commented on wider aspects of public service reform, more recently our efforts have been focussed on contributing and responding to proposals from the Scottish Government to integrate health and social care services. When it became clear that all political parties were keen to see some form of integration of these services, ADSW commissioned research from Prof Alison Petch of IRISS on which to base our professional position.

Our submission to this inquiry is based mainly on this position paper, which we believe goes some way to answering the main questions the committee poses around partnership and outcomes; benchmarking and performance measurement; and developing new ways of delivering services.

**ADSW's position on health and social care integration**

**1. A group of between 7 and 10 outcomes for adult social care** is developed and agreed upon nationally and all partners agree to prioritise improvements in these over a defined period. We believe these should embrace all of adult care (rather than just older people's services) as we require to be cognisant of the differing needs within the population of adults and older people and take a rights based approach to meeting their needs. The high level outcomes

should be characterised in personal terms – feeling safe, living more independently as distinct from organisational or process terms.

**2. A nationally agreed dataset** is defined that can measure progress towards improvements in these outcomes. This will also enable benchmarking comparisons within and across areas.

**3. Joint strategic commissioning plans** are agreed in each locality. These are outcomes based and should contain local trends and data analysis, expenditure analysis and clear plans to commission services targeted at priority need. Each partnership should draw up their plans based on a sound assessment of this information (Ref: NHS Confederation Briefing 'The Joint Strategic Needs Assessment: A Vital Tool to Guide Commissioning' July 2011). Targets should be agreed locally to reflect how improved outcomes are to be delivered. This reflects an existing commitment within the Change Fund criteria for each partnership to produce commissioning plans for older people's care.

**4. Joint commissioning plans will be informed and shaped by the totality of expenditure on adult care** across the NHS (including acute sector provision), social care and housing. This will allow partnerships to:

- a. define the needs of the local population
- b. understand the totality of resource available
- c. examine activity, cost and variation and
- d. consider whether equity of allocation and efficiency of resource have been achieved

**5. A joint financial governance framework should be agreed** between health boards and councils to facilitate joint commissioning plans. Councils and NHS boards should ensure that joint decisions are taken around the management of mutually committed resources such that investment and disinvestment in health and community care services are effectively planned and coordinated. The mechanisms for achieving this joint financial governance framework should be developed locally and can be based on existing work on the Integrated Resource Framework.

**6. Agreed targets for joint commissioning plans should be built into the Single Outcome Agreement** for each community planning area. This ensures the sign up of all key partners to the delivery of improved services and will therefore form a 'quasi – contractual' arrangement for the delivery of these targets between Scottish Government and each locality.

**7. Accountability meetings arranged 6 monthly or annually to enable local and national partners** to be held accountable to Scottish Ministers and COSLA leadership, ensuring that progress is robustly monitored and mutual commitments are being delivered. Benchmarking data would be used to inform these meetings.

**8. An annual leadership event** – involving ADSW, NHS Chief Executives, SOLACE, COSLA and other key stakeholders including the third sector and independent providers - would be convened to examine progress made and introduce shared best practice and give clarity of

purpose to the programme. The programme would relate to the 'Reshaping Older People's Care' agenda.

9. In order to base joint commissioning plans on the best possible arrangements being developed in local areas, a **Public Services Improvement Framework self evaluation (or equivalent process) will be undertaken by partnerships**. This can identify strengths and weaknesses to be addressed by the partnership in tackling the improvements required in adult care services in each local area.

### **Public sector reform**

ADSW's agenda is a reform agenda. We know that as need, expectation and demand for and of services increases, we need to organise ourselves to support people in a different way. In making change we are always aware of the vulnerability of people who rely on services and are keen to avoid creating new problems as we strive to solve existing ones.

For example, there is a clear desire to integrate health and social care services for older people from the Scottish Government. This policy will have many potential benefits for older people, but what about the knock on effect on other services and people? Social work is unique in that it deals with people in a holistic manner. We look at the whole person, their environment, their family and all their needs. If children are being looked after by an older grandparent because their parents abuse substances or may be in prison then all elements of social work kick in: community care, children and families, criminal justice, substance misuse; what happens if we take one part of the system out?

The ability to move money flexibility between priority groups has been an important factor in meeting need in tight financial circumstances. Such flexibility could be greatly constrained if all adult care budgets are integrated with the NHS and children's budgets remained with the local authority.

The Chief Social Work Officer, and before then, the statutory director of Social Work have been a key feature of statutory decision making in this sphere since 1970. There have been many examples of their critical intervention as 'proper officer' over this period. The introduction of a single accountable officer for integrated services will need to take account of this essential role in Scottish social work.

### **Summary**

Our position is clear: ADSW is publicly committed to the reform agenda. We understand that public services are dynamic need to change to reflect changing expectations. We think that there are potentially huge benefits to people if we get it right, but we also see it is our role to consider the wider impact of any reform and caution against negative consequences.

*All ADSW publications referred to in this response can be viewed at <http://www.adsw.org.uk/Our-Work/Publications>*