

Date: Thursday 11 December 2003

Venue: Cothi Suite, Halliwell Centre, Trinity College, Carmarthen

Title: Submission of the Association of Directors of Social Services to the Health & Social Services Committee Review of the Interface between Health & Social Care

1. INTRODUCTION

The Association very much welcomes the Review by the Committee on the relationship between these two major public services and the opportunity that the Association has to contribute. We believe that the effectiveness of work across this interface is a major defining issue for the future shape of services and vital to achieving the improvement in health and social well being that Wales is seeking to achieve for its citizens.

The first Report by Derek Wanless for the Chancellor clearly showed that the costs and levels of achievement were directly related to the extent of engagement of the whole service community and the public. The Association believes that Health and Social Care are inextricably linked in a mutual dependence in which the efficiency of the one service is dependent on the effectiveness of the other. The recent Health and Social Review advised by Derek Wanless broke a mould in looking at the whole service economy and set out a very challenging agenda. The Association strongly supports the analysis in the Review and feels strongly that there is a very differential approach within Wales at present. Social Care is not adequately resourced to provide the consistent resilient foundation of care that is essential to enable an efficient Health Service to operate.

Engagement between Local Government and Health is far wider than Social Care. However, the Social Services Department in the closeness and the range of its links with Health provides an important bridge and facilitates this wider engagement. While developing closer integration and synergy with Health, it is important that Social Care maintains these links with communities and the wider Local Authority

services to them. The challenge for Social Services is sustaining greater corporate engagement in Local Government and support to social inclusion, alongside closer operational integration with Health and seamlessness in the way services are delivered.

There are already a number of positive areas of development that can be identified. Multi-disciplinary integrated teams have been operating to varying degrees across Wales for a number of years in areas such as child disability, learning disabilities, adult mental health, child and adolescent mental health services, and increasingly in the support of looked after children. The establishment of Local Health Boards co-terminus with Local Authorities, with the new shared responsibility to produce Health, Social Care and Well Being Strategies, and the responsibilities to secure the commissioning of services for their communities, provide a very solid foundation to develop more integrated working. It is important that every support is given to this process. To make the most of this opportunity will require corporate support locally and nationally, with political, financial and performance management endorsement. Strategies are ambitious concepts and will take time to fully develop.

2. WHOLE SYSTEMS APPROACH

The Health and Social Care Review strongly endorsed a whole systems approach to planning and operating services, seeing them in the context of a local economy of services. This view is not widely understood and is a significant extension from the joint working agenda, which is based on identifying the opportunities of mutual interest. The whole system approach recognises the interactive nature of services and stresses the overall effectiveness of the system in working together. The Association strongly supports this approach, but acknowledges the significant imbalance between the two services and has concerns about the impact of this approach, unless this is recognised and addressed. Although the size of the workforce of Health and Social Care is comparable, the level of spend is very different and this is compounded by differential approach which has worked against a whole systems approach.

Issues within Social Care are overshadowed by a much more dominant and higher profile presentation of the Health agenda, and a lack of balance in the investment that has been made in the development of the overall system. The Health and Social Care Review recognised the importance of restoring this balance towards primary care services in both Health and Social Care. Public awareness of the Social Care component has not been helped by the lack of coverage in the media which has tended to focus on the occasional breakdowns in service rather than the larger scale contribution and achievements that have been made. Social Care does not naturally have a high visibility because its main purpose is discrete, that of maintaining people's independence and ordinary pattern of life in the community. This in turn does not generate political profile and priority for Social Care and it is noticeable that the performance management framework within Wales has not compensated for this inherent disadvantage by establishing the core priority of a reasonably well functioning Social Services system within a Council's overall performance.

There has been a very differential approach in the scale of investment in IT and research. Unlike other areas of development in public service such as Education, Police and Health, improvement in Social

Care has not been accompanied by investment in the workforce in terms of levels of pay. As a result a 3 tier pay structure has evolved with the independent sector at the lowest level, with many staff working at or around the minimum wage, Local Government is in the middle and Health equivalent posts at the top with staff moving between the sectors. There is a growing sense of concern and frustration at the lack of comparability of pay amongst staff working in multi-disciplinary teams which if not addressed will undermine the quality of integrated working. The issue of pay was specifically excluded from the remit of the Task Group established to look at workforce issues in Social Care, however, the Association has itself sponsored a working group to look Social Work Practitioner pay and is due to report in about a years time.

Although there has been wide publicity about the recruitment and retention issues in both the Health and Social Care workforce, the problems are greater in Social Care and are likely to grow as the cumulative impact of demographic changes are felt. The differential approach has undermined the effectiveness of the overall service and the benefit of investment that has been made. An example of this has been the investment in additional capacity in the acute sector, which is undermined by the occupation of those beds by patients who should have been discharged to the community, but for whom care services are not available because the rates of pay are insufficient to enable the Social Care industry to compete with the retail industry for staff.

Until these issues are resolved it will be difficult to make progress on the review of skill mix and roles that will be necessary to meet the changing pattern of workload within the available workforce.

3. A NATIONAL SERVICE LOCALLY DELIVERED

This phrase appears in the Health and Social Care Review and in our view represents an important change in approach that is essential for the future effectiveness of services in Wales. One of the problems that both the Health Service and Local Government experience is the wide variability of services. In future Local Government must respond to the increasing range of national standards through National Service Frameworks, Practice Guidance from SCIE and Policy Guidance from WAG, and seek to provide a consistent foundation of services that will enable a national Health Service to operate.

As indicated earlier we believe that it is important to support, not disturb local arrangements for the delivery of services, but Social Services Departments need to do more to share development and to learn from each other, and to adopt a much more collaborative approach on the development of services. Welsh Assembly Government, in the way that it funds the implementation of new policy can help by providing funds for development which operate on a regional basis. This will enable the smaller Authorities to have the same opportunities of leading development as larger Authorities with their greater capacity to fund specialist posts. This approach would not only encourage a more consistent approach between Authority's, but it is also likely to speed up the pace of development by building on strengths in particular Authorities.

At present performance is monitored on an Authority basis. However, in a number of areas it is crucial

that Authorities work together in services within a catchment area. For this to develop there will need to be a network of accountability. Performance management and inspection processes can support this by being joint and operating across the whole service economy, with joint performance indicators. A welcome development has been joint inspection between CHI and SSIW and further opportunities will arise in the next round of Joint Reviews.

An area of concern is the relatively limited support given to information sharing, collaboration and development of networks. The All Wales Support Unit has made an important contribution, but its small scale has meant that it has quickly reached the limit of its capacity. If this area of work is to progress it will need greater resources than the £150,000 currently provided.

The Association believes it is possible to combine a strong sense of locality and support to co-terminus local authorities with a greater degree of collaboration and shared accountability and that developing this is vital for Wales in achieving more rapid improvement.

4. MAKING WHOLE SYSTEMS APPROACH WORK

The Health and Social Care Review points out the importance of deciding investment on the basis of improving the overall effectiveness of the local service economy. It also highlights the lack of balance in the past with greatest investment going into the acute sector. The Association believes that primary social care and primary health care need to come together and that the balance needs to be restored with greater investment in these services in leading the way forward. This is particularly evident in the issue around acute sector capacity and the shortfall identified in the Question of Balance Report. The Association believes investment to create this capacity ought to be in Social Care systems as the most cost effective approach and in assisting the wider aim of enabling treatment and care to be provided as close to home as is feasible. In making this investment there needs to be a framework of monitoring that ensures this capacity finds its way into reducing the pressures in the acute sector.

In order that local planning and development can occur, there needs to be predictability in resources and the Health and Social Care Review referred to a number of options such as hypothecation and pooled budgets.

Exploration of these options will be part of the workload of the Wanless Implementation Team and should be considered when this is available. To enable this rebalance to take place and make the most of the opportunities from the HSCWB Strategies, the Association believes it is important that funds are clearly identified and forecast over a longer period than the forthcoming year.

The mechanism of creating pooled funds through Local Health Boards is a constructive mechanism provided there is a requirement that utilisation of funds depends on a Joint Plan that is jointly agreed by both Local Government and Health. In providing funding Welsh Assembly Government needs to support the process of change within mainstream funding and that in the diversion of resources into preventative services there will often be a period of double costs before the preventative impact is felt in

reduced demand for services.

5. KEY AREAS

The Committee has identified a number of key areas around the provision of seamless services.

5.1 Hospital Discharge

There has been a great deal of work to improve practice in managing discharge and continuing care in the community. As in other areas, the degree of collaboration and learning between Authorities across Wales is a major concern in consolidating this improved practice. There is concern that in focusing on hospital discharge there is a tendency to overlook the fact that this is only part of wider concerns within services to older people. Taking a whole systems approach acknowledges the pool of older people at risk in the community from significantly under-resourced community services which leads to increased emergency admissions, which in turn feeds the problems of delayed discharge. If the only focus is on reducing delayed discharge the overall effect will be one of incentivising people's admission to hospital in order to get appropriate services and will undermine the improvements being sought in accident and emergency services.

Ensuring speedy discharge from hospital is an important priority and it is recognised that within Health, Social Care and Well Being Strategies there needs to be a new focus on enabling the flow of clients and patients through the care and treatment system in order that it can operate most effectively. This is particularly true for groups for whom there are often frequent re-admissions such as people with chronic disease, particularly COPD. Progress needs to be made to enable the whole episode of care to be planned. At present the system is operating more like a journey down a road with a series of traffic lights with patients waiting for the green light to pass eligibility criteria and access services. In the future we should seek to co-ordinate the traffic lights so that patients can travel continuously and free the most expensive capacity in the acute sector.

It is important to recognise the interplay of issues in managing a Social Services budget. One of the major pressure areas has been the escalating cost of Out of County Placements with an increasing number of children being looked after. This is particularly true of expensive therapeutic placements, to address disability needs and challenging behaviour. The major shortage of provision of therapies for children and of Child and Adolescent Mental Health Services significantly undermines the effectiveness of preventative intervention and care in the community and extends the duration of placements. In recent years, older people's services have suffered directly from the increasing funding requirements in children's services for these placements. This highlights the challenge for the Health, Social Care and Well Being Strategies to achieve balanced investment to improve the overall effectiveness of services and also recognising the interaction within an agency of its different service pressures.

A specific problem for Trusts providing wide area services is that of hospital Social Work support, both as part of a clinical team, but particularly in relation to arranging discharge. This is especially true of

specialist regional services. In forensic psychiatry funding is provided through the Health Service to ensure appropriate social work input. However, in acute hospitals this depends on individual arrangements with distant Local Authorities. This creates pressure on the Local Authority in which the hospital is situated, particularly where this might have implications for child protection. In forensic psychiatry satisfactory arrangements are made by commissioning a dedicated social work service from the local Social Services department.

5.2 Intermediate Care

While Wales has an Intermediate Care Strategy, this has not been promoted as a major plank of service provision and development of schemes has often depended on special funding, such as Flexibilities. The Association believes that a range of services are needed, both community and residentially based, and that a much greater priority needs to be given to investment in these areas.

Frequent reference is made in the Health and Social Care Review to the value of telecare as well as telemedicine. A number of developments have taken place in managing risk and in providing extended clinical supervision based around Community Alarm Services. Unfortunately, these developments have not taken place within Wales and it is important that these options are also considered within the range of Intermediate Care Services.

5.3 Independent Sector Residential Nursing Homes & Domiciliary Care Services

A major concern is the fragility of this sector of care. The differential in pay was referred to earlier in the paper and this follows as a direct result of the level of fees, which have not kept pace with the rising costs of providing care. These services play a vital part in the total capacity of Health and Social Care. An initiative is underway, funded by WAG, to establish a more rational base for calculating appropriate fees, but from the evidence already available, it is clear that this can only be effective if adequate resources are available to meet the higher fees. This is now a shared responsibility with Health in the funding of nursing home care.

Welsh Assembly Government has issued guidance to ensure the development of commissioning in the context of partnership, to move away from universal spot purchase of care on a case by case basis towards more block contracts. The Association believes that while this is very important there must be wider consideration of the place of the independent sector, which Social Services Departments need to encourage and support.

The independent sector is made up of a large number of proprietors and remains quite fragmented. The Association believes that the sector needs to be supported to operate more cohesively and to change its identity to define itself as part of the public Health and Social Care system. This depends in part on the contracting arrangements and reaching an understanding about what constitutes a reasonable profit that will provide a sustainable industry at the level that is locally appropriate and needed. The care fees assessment framework referred to earlier should help in this, but the sector itself must accept the

constraints of operating within a public service ethos, recognise the value of long-term reasonable profitability and of behaving in its relationships as though it is part of public service, rather than as entirely separate business enterprises. Primary Health Care services have successfully managed business operation with the independent contractors and we must learn from this.

The diversion of the forecast Delayed Transfer of Care Grant to Las into a more general Wanless Implementation Fund will severely undermine the ability to increase fees next year. This could have serious consequences for the independent sector unless the Wanless Funds are used to restore the deficit.

5.4 Support to Carers

The crucial importance of improving the range of support to Carers is recognised and the continued funding of the Carers Strategy is welcomed. Where Health and Social Care are not working well together it is often the Carer who has to reconcile and balance the differences in approach. A helpful step forward is the adoption of common policies between Health and Social Care in overlapping areas such as Lifting and Handling Policies, and provision of equipment to minimise these differences.

5.5 Promoting Independence & Prevention of Avoidable Admission

In many respects this is the greatest challenge that Health and Social Care faces. The Care Strategy Group and later the Health and Social Care Review recognised the implication for services of an increasingly ageing population, which will have a far greater impact on Social Care costs. The Care Strategy Report identified the gearing effect, that a small increase in the dependency of the elder population has on the demand for services, and conversely the implications of achieving an incremental reduction in dependency on the range and level of services. The development of Intermediate Care has been patchy and Local Authorities faced with limited resources have managed their statutory duties by creating higher thresholds to the provision of care. This has led to the reduction of low levels of home care support and help to people with low levels of risk. Reversing this trend will have significant financial implications, but also it will require a much more comprehensive approach to rehabilitation and sustaining independence throughout the service. It will be important that Health and Social Care work together to reduce the need for increased care and admission into residential homes, just as much as admission to hospital.

The Association believes that there a number of crucial developments that need to take place in the interface between Health and Social Care for this new momentum in services to be achieved.

5.6 Care Pathways

The challenge in the Wanless Report is to care for people as far down the care pathway as is appropriate, but the development of care pathways as been largely confined to health care systems. Conversely, developments of integrated approaches such as the Unified Assessment have not been as well supported by Health, particularly the engagement of doctors in the development of local arrangements. This

reflects the problems of funding cover for their release to participate. The Association believes that there is value in having a consistent approach to developing protocols to manage client journeys through services and that this methodology should be extended to Social Care.

5.7 Out of Hours & Emergency Care

There is a great deal of scope for taking a whole systems approach to these services. At present there is very limited access to Social Care services out of normal hours, or as a rapid response to need. This inevitably fuels the pressures on A & E departments. Development of these services would have funding implications, but would provide cost-effective alternatives to admission to hospital where this is not necessary. Use of NHS Direct as a single point of contact for all Out of Hours services, as part of an integrated approach should be considered. This would require a social work contribution to emergency services with a range of domiciliary and residential resources to call on. This could make a very cost-effective contribution to reducing avoidable admissions. Similarly, we need to examine how to provide a wider range of "just in time" services such as equipment and community alarm technology, in addition to rapid response home care, to enable people to return home to a supported environment, or to move more quickly out of care. The importance of developing a telecare programme was referred to earlier.

Although Social Services Departments provide 24-hour services, 7 days a week, there is a minimum service at weekends. It has been recognised that hospitals need to move to more consistent 7 day operation and for this to be effective this needs to be mirrored by the social care system as well. Maintaining the momentum of people's treatment in care is crucial to restoring independence. There is some scope to extend coverage through the deployment of existing staff. It may be that weekend working and evening would open new opportunities in recruitment. Nonetheless, this is likely to have resource implications.

6. CONCLUSIONS & SUMMARY

- The interface between Health and Social Care is a major defining issue in the shape of future services in Social Care.
- The Health and Social Care Review sets a comprehensive framework to address the issues and is strongly supported.
- A whole systems approach, which sees services as a local economy is the right context, but there are concerns about how this will operate because there is significant disparity between Health and Social Care, which needs to be addressed if this approach is to work properly.
- There is a need to re-balance services towards a primary level in which Social Care has a lot to contribute in terms of cost effectiveness and fulfilling people's wish to receive treatment and care close to home.
- The differential treatment in pay is undermining the effectiveness of services and will hold back progress in joint working until it is addressed.
- The fragility of the independent sector is a major risk issue, but there are a wider range of issues than fees alone.

- Progress is being made to improve joint working and more integrated operation, but is variable across Wales. Least progress is being made in Older People's Services in links with primary care.
- Local Health Boards working with Local Authorities to plan local economies of service through Health, Social Care and Well Being Strategies offers a lot of promise in addressing the issues, but needs to be fully supported politically, financially and through performance management.
- Social Services needs to become much more collaborative in sharing, learning and development, and in working collectively to provide a consistent platform of services providing the necessary foundation for an efficient Health Service.
- Clearly designated funds forecast more than a year ahead are necessary to plan local service economies. There are a number of avenues for achieving more integrated funding which require more detailed work.
- Pooling budgets through LHB's is a useful mechanism provided spending is joint agreed through joint plans.
- Social Care is unable to fulfil its potential contribution to the overall cost effectiveness and efficiency of services. This will depend on achieving a major re-balancing of investment towards primary level services as proposed in the Wanless Review.