

The Report of the National Care Service Expert Panel

March 2011

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Foreword

In the course of this enquiry, I have had the opportunity in formal and private settings to meet some of the thousands of volunteers and professionals who are committed to care in all its dimensions, from that provided by an individual loved one to those responsible for populations of whole Health Boards or Council areas.

The desire to help is unquestionable. But the care of vulnerable members of our community of all ages, many of whom have very complex needs, presents a special challenge. Their needs transcend different organisations, professions and administrative systems each of which receives a slice of our national cake. This can make effective sharing and joint action difficult and result in disturbing or even shocking consequences.

At the heart of our recommendations is a call to establish a Scottish Charter for Care, clear to all and built on Outcomes, Equity, Quality and Efficiency.

Whatever political party or coalition emerges from the coming Scottish Parliament election needs to ensure, at national and local level, that funding allocations are fair and that vulnerable citizens can be assured that their care will be delivered seamlessly. Firm leadership will be required and the report recommends that statutory powers should be used to ensure integrated delivery.

Sir John Arbuthnott MRIA, FRSE, FRCPath, ScD

Remit of the Expert Panel on a National Care Service

At the Labour Party Scottish Conference in October 2010 Iain Gray announced the Party's intention to establish a National Care Service for Scotland.

An independent Expert Panel was invited to make recommendations for such a National Care Service recognising the need to shift the balance of care to community settings and acknowledging

- The important role of carers and all care providers
- Ensuring an equally high and fair standard of care across the country
- Improving the experience of people requiring care, their families and their carers.

Specific consideration was to be given to:

- The funding available for the merged social care budget from both local authorities and health
- Future needs and demographic trends
- Governance arrangements for a National Care Service based on reform of Community Health and Care Partnerships (CHCPs)
- The role of all care providers
- The scope for including those with learning disabilities, physical disabilities and mental health issues alongside older peoples services
- Managing the transition from the existing pattern of service to the new national service.

Membership of the Expert Panel

Sir John Arbuthnott (Chair NHS Greater Glasgow and Clyde 2002-2007 and author of several reports on Scotland's Public services)

Professor June Andrews (Director, Dementia Services Development Centre, University of Stirling)

Hugh Clark (Retired Head of Fieldwork Services, Glasgow City Council)

David Manion (Chief Executive Age Scotland)

Councillor Harry McGuigan (North Lanarkshire Council)

Dr Alastair Noble (Scottish Association of Community Hospitals)

Peter Scott (Chief Executive Enable Scotland)

Professor Brian Williams (Geriatrician, Former President Royal College of Physicians and Surgeons)

The panel served in an unpaid capacity.

Mode of Working

The Panel had to complete this task within a very short time scale.

It announced its existence on 10 Dec 2010 and invited interested parties to submit evidence and views. Meetings were held on 10-12-10; 24-01-11 (at the Dementia Centre, University of Stirling); 11-02-11 (at Rugby park, Kilmarnock), 24-02-11 (at Princess Royal Trust for Carers, Glasgow) and on 14-03-11 (Scheduled for Nairn this had to be cancelled due to adverse weather conditions and the Panel met elsewhere).

These meetings were designed as “Listening Meetings” where Health Boards, Councils, CHPs and CHCPs, Care providers, including public sector, private, third sector and volunteer carers were invited to attend and submit material. NHS and Council staff also participated.

Questionnaires on the experiences of carers and service users were issued and discussed at round table sessions.

The Panel also communicated by e-mail with circulation of relevant material. Panel members also responded to invitations to meet with organisations and attend conferences organised by care groups.

All minutes of meetings and papers submitted have been archived. The panel had the assistance of an administrative officer, Ross Gilligan, provided by the Scottish Parliamentary Labour Party. We record our thanks for his invaluable help.

As Chair of the panel I would like to thank all members for completing this demanding task within such a short time frame.

Context

Over the past decade there has been a growing awareness that care in the community requires an integrated approach where NHS services align closely with social care services to achieve improved outcomes. The need for integration has become even more important in light of the well established demographic trend that will see the number of people over the age of 65 grow by 70% in the next 25-30 years.

The Panel received submissions about need, outcomes, delivery and affordability from community care groups on behalf of all ages, many of whom have very complex needs. However as a consequence of the time constraints within which we were operating, the panel has focused to a large extent on older people. We fully realise the importance of care and support services to those who have for example learning disabilities, long term conditions, mental health problems or physical disabilities and emphasise that, should the idea of a National Care Service for Scotland be adopted, then the approach outlined in the report could be extended to fully include these and other groups. We much appreciate the views and reports submitted to the Panel on behalf of these care groups; these are listed at the end of the document and form part of the archive.

There are three primary drivers for change that are relevant to all care groups and indeed to the delivery of public services generally.

- An obligation on society to provide appropriate care and support for the growing numbers of people who require it and to meet their increasing expectations for real choice and improved quality in meeting their personal needs.
- Anticipated real terms increases in the costs of providing social care primarily as a consequence of well understood demographic trends.
- A public purse that is under considerable pressure as a result of the demands on reduced public sector funding.

A clear need exists to reassess how we design, commission and deliver care and support services to our vulnerable populations.

The Scottish Government have already issued a paper (**Reshaping Care for Older People**). Also previous administrations laid the ground work by introducing measures designed to bring forward initiatives to promote and improve integration of health and community care which are seen as vital if services are to be efficient and effective. These initiatives that began with the Joint Futures programme were designed to lay the foundation for integration. Over time this led to the formation of Community Health Partnerships (CHPs) and the more closely integrated Community

Health and Care Partnerships (CHCPs). These measures have evolved over more than a decade. The panel heard of considerable commitment and some good progress but overall there has been mixed success.

Despite these developments the unplanned, unnecessary and prolonged hospitalisation of many of our older people continues, often compounded by multiple readmissions. This results in high cost and misuse of limited public resources. Coupled with the impending demographic expansion, current practice will place an unsustainable burden on hospital services within the near future. Moreover, unnecessary and prolonged hospital stays generally do not assist with the development of wellbeing.

Like other citizens, older people and those with complex needs will require the range of hospital services for diagnosis and treatment. However, well designed community care and support programmes backed up by rapid advances in telehealth and telecare will enable them to lead independent lives at home in their community for as long as possible. Longer lives should mean more fulfilling and productive lives that can contribute significant benefits to society. The coordinated help of family, friends, neighbours and care providers (local authority, private provider or the third sector) together with GP led primary health care can make this possible.

The Current Position

While progress has been made it has been slow and many practitioners in both health and social care see CHPs and CHCPs as adding unnecessary bureaucracy and expensive layers of management that seem distant from the front line of need. Some partnerships have been very successful but in several others issues of local democratic accountability, budget control, conflicting work practices and cultures among staff have contributed to tensions. In most cases, members of the public serve on user groups but these have had limited success. Many GPs do not have the time or inclination to take part in what are seen as lengthy administrative meetings.

The Expert Group has heard evidence of very good practice with good outcomes that have been attributed to the “care teams being able to sit down, discuss differences, establish good understanding and deliver effective joint approaches”.

In terms of meeting the requirements of individuals, **Personalisation** now makes it possible for the person receiving care to take charge and choose a range of services and goods available to them. It is envisaged that this approach should apply in any future model of integrated care.

The most recent development on integration is the agreement in principle by Highland Health Board and Highland Council to commit to an approach known as “Lead Commissioning” planned to be implemented in 2012. The Health Board would be commissioned to deliver adult care while Highland Council would lead on children’s care. The implication is that relevant staff will be transferred to the lead authority which will be responsible for their direct line management and deployment. At the end of each year the delivery partner would formally account for delivery, in strategic and financial terms. This agreement has still to be implemented and depends on agreement between Health Board and Council. It is not underpinned by statute.

By contrast the proposal for a National Care Service would merge the budgets that currently provide for Health and Social Care and, by reducing the cost of unscheduled care, make resources available for health and community Care delivered **locally** through a *revised CHCP framework*.

Throughout its work the Panel received convincing evidence of the advantages of high quality local delivery.

So what would be involved in terms of funding? The starting point for this new approach is the total amount that is currently made available for health and care of the population over the age of 65. At present supported care is provided for 90,000 older people in Scotland (Reshaping the Care of Older People) and the total cost of this care is estimated to be £4.5 billion This represents the proportion currently

allocated by Health Boards, Local Authorities and the General Medical Services (GMS) contract that funds GP costs.

Unscheduled hospital care is estimated to account for approximately £1.5 billion of this amount.

These figures emphasise the high costs attributed to care for this small but vulnerable proportion of the total population. The number of > 65s receiving care of this sort is predicted to increase to 126,000 in 2016, reflecting the beginning of the rapid demographic shift. Such an increase would add significantly to the costs of care for older people and place more pressure on the system.

Whichever Political Party or coalition of Parties form the coming Scottish Government after the coming election they will face the challenge of coping with further rising costs unless steps are taken to change the pattern of spend while providing high quality care.

The proposal for a National Care Service would have to specify measures to change the balance of care, so reducing the cost of unscheduled care in hospitals that currently results in older people spending long periods of time in hospital. Resource would be redistributed to improve care in the community.

Key Themes at Listening Meetings

In the course of the review the panel, at its Listening Meetings, met and discussed with people from all sections of the Health and Care network and with a great many users and carers . We are grateful to those who gave their time and spoke so openly. Submissions were also received from several organisations.

A flavour of the main themes to emerge was:-

- The Labour party statement is short; need to know more about what is meant by a National Care Service.
- Concern that National means not local
- “Locality” emerged as a major theme. Where things work well locally there is clear evidence that people are working together.
- The issue of integration was seen as central .The current system is too complex for users, especially where care programmes require rapid response. A National Care Service that brought things together would be good.
- Older people want to be at home. If a National Care Service makes it easier for them to get better care that would be supported. At present this can be very frustrating...regulations... paper-work... dozens of phone calls...who is in charge? Doctors, nurses, care workers, managers...?
- How will the governance work?
- How would a National Care Service ensure local accountability, the principle that underlies local democratically elected local authorities?
- GP practices would provide a vital part of a National Care Service. But GP leaders doubtful about CHPs and “management”. Too little time to engage fully with Social Services. Referral to hospital is often the only choice. Links between primary and secondary care problematic.
- The Third sector and volunteers play a pivotal role. They should be “listened too”. Voluntary organisations and volunteer carers distressed with the difficulties of dealing with the “system”. Some of the accounts were profoundly shocking.
- Concern by some staff about conditions of employment, staff training and development. But with good suggestions e.g. from Royal College of Nursing.
- Care provided at home by local authorities much valued but not always easy to get.

- Care homes very variable. Some excellent; some definitely not so.
- There were mixed views about hospitals. When needed for urgent treatment they are generally good. But users and their carers are unclear why long stays are needed and what is meant to be happening to them. Visiting often a real challenge due to distance.
- Translocation of hospital services an issue.
- Care home providers favourable to a more integrated service with less spent on hospital admissions. A National Care Service if created should deliver national targets without a one-size fits all. Savings can be made through outsourcing.
- Commissioning of care home provision should be strategic and based on knowledge of needs. Third Sector can help make savings. Delivery of quality and regular inspections are crucial.

Panel's Conclusions on National Care Service

The proposal to create a National Care Service has to be seen in the context of the bigger picture in Scotland.

The financial challenge of the next 10 years and more has been clearly flagged but as yet only limited steps have been taken in terms of the way in which Public Services are delivered. Almost all Local Authorities and other public bodies have taken steps to reduce the workforce and make savings in other ways including Shared Services. Partnership and integration are at the heart of these developments. And it is interesting to note a very clear emphasis on these features in the most recent COSLA submission to the Christie Commission on Public Service. This underlines the importance of re-visiting the future for integration of health and social care for older people. However as mentioned already, the need to deliver better tailored care preceded the recent cuts agenda. The rising demographic challenge is a dominant concern.

So if a National Care Service is to be established how would it be judged?

The four key elements should be **Outcomes, Equity, Quality, and Efficiency.**

The recently established Healthcare Improvement Scotland (HIS) and Social Care and Social Work Improvement Scotland (SCISWIS) agencies are ideally placed to assess these for Health and Social Care across Scotland. In addition pilot inspection have been done by Multi-Agency Inspections in Tayside and Forth Valley and discussed more widely. Audit Scotland is about to release its assessment of CHPs and is well placed to provide assessments of financial accountability. Comparative costs and tariffs have been documented. So the tools are available to provide Scotland with rigorous assessment of performance against common standards.

There is already a clear indication that support available to >65s varies quite widely in across Scotland. Services vary across local authorities. People with comparable needs are not treated equally in different areas. This conclusion was supported by the views expressed by carers and carer organisations at the Listening Meetings.

Thus a National Care Service would be expected to ensure equity of provision both in Health and Social Care.

One of the most powerful ways in which this could be achieved is through a **National Charter for Care for Scotland** that would be underpinned by the multi agency inspection regime described above. The Charter would specify what individuals can expect in terms of Outcome, Equity, Quality and Efficiency.

The remaining tests for a National Care Service would be

How would it be funded?

How would it preserve and build on the widely expressed advantages of locally tailored delivery?

How can it maintain the best of traditions of Scotland's Health Care and Social Work services and maximise the potential of the Third Sector?

These demanding tests would require more than more than 2 months of work by a small panel. However the issue is of such importance and interest to the professionals who run these services and to both locally and nationally elected representatives that we attempt to outline a possible way forward assuming that the powers necessary can be achieved through the Scottish Parliament by regulation or legislation.

Funding

The proposal as outlined by the Labour Party is for a single merged budget. Within a merged budget it would be possible to vire savings from a substantial reduction in unscheduled hospital care to care in the community which would be of great significance for the following reason.

It is important to note that at present over 92% of older people > 65 live at home and in parts of Scotland this figure is 96% or more. If the average were raised to 96%, savings from unscheduled care or long term nursing home accommodation would be substantial and could be redirected to enhance care in the community. Supported home care is known to cost much less than extended stay in hospital or care home. Comparative costs are known.

To ensure equity of resource allocation this merged budget might be distributed on a similar basis to that for Health Boards by the National Resource Allocation system i.e. using an "Arbuthnott" type formula that comprises population size, age and sex, as well as weighting for deprivation and rurality.

Financial monitoring of integrated "Local Care Budgets" linked to rigorous inspection and outcomes could serve as the tools needed to underpin a Scottish Charter for Care. This would build on the present pilots of Integrated Resource Frameworks.

Obviously these are preliminary conclusions but they do offer a way for the funding system to be further evaluated.

Local Delivery and Governance

This brings us to another key element of a National Care Service.

The panel sees little advantage in establishing a whole new set of central structures and bureaucracy to govern local delivery. It sees the **National** element as assuring

the Scottish people those standards of delivery and funding would be fair and that high standards of quality are required to be delivered and assessed.

The delivery to citizens should be local because the success of the best local teams is proven.

The Labour Party proposal mentions **reformed CHPs** as being responsible for delivery.

Whatever the local deliver body is called, its membership would require a balanced participation by those key to delivery of local care (e.g. GPs, Health Board, Local Authority, Third sector). And it must be accessible to public scrutiny.

In order to deliver a Scottish Charter for Care we recommend that the delivery bodies be approved by statute of the Scottish Parliament. The history of non-statutory community care partnerships suggests that stronger “glue” will be necessary to deliver the features of the Charter for Care for Scotland.

To conclude the Expert Panel has been pleased to consider this proposal and to provide commentary for further debate and consideration.

Appendix 1 – Biographies of the Expert Panel

Professor Sir John Arbuthnott

Sir John Arbuthnott (BSc, PhD, ScD, FRCPath, FIBiol, FMedSci, FRSE) followed an academic career in infectious disease research over a period of 40 years. He held posts in Glasgow, New York, Dublin and Nottingham before becoming Principal at the University of Strathclyde from 1991-2000.

Sir John served on the Richmond Committee on the Microbiological Safety of Food, the Food Standards Agency, was Secretary and Treasurer of the Carnegie Trust for the Universities of Scotland and is currently President of The Scottish Association for Marine Science. He is a co-founder of the Africa-Oxford Cancer foundation (AfrOx) and a Trustee of Lloyds TSB Foundation for Scotland.

From 2002 to 2007 he was chair of NHS Greater Glasgow and Clyde where he was a co-founder of the Glasgow Centre for Population Health.

With his interest in public affairs, Sir John has authored 3 major reports *Fair Shares for All* that created a new allocation formula for Scottish Health Services, *Putting Citizens First*, which dealt with Boundaries, Voting Systems and Representation in Scotland and he has just published the *Clyde Valley Review* which proposes new approaches to joint working in Local Authorities.

David Manion - Chief Executive Age Scotland

David was appointed as Chief Executive of Age Scotland in April 2009. For the four years prior to that he was Chief Executive of Age Concern Scotland.

David was previously Director of Age Concern London and has served in a series of senior management posts with the National Health Service, including as Deputy Chief Executive of an NHS Trust.

David has combined a health service career with an active political life, being a former local councillor, leader of Hackney Labour Group of Councillors and a Press and Campaigns Officer for the Labour Party in London during the 2001 general election and London local government elections.

David is married to Susan, who comes from Methil in Fife, and has two children, Corinne and James.

Professor Brian Williams - Geriatrician, Former President Royal College of Physicians and Surgeons

Professor Williams is a former Consultant Geriatrician and Clinical Director in West Glasgow Hospitals and Immediate Past President of the Royal College of Physicians and Surgeons of Glasgow.

Professor Williams is currently Associate Postgraduate Dean for Trainee Doctors in Difficulty and Refugee Doctors in the West of Scotland and Scottish National Lead for the development of Specialty Doctors.

Hugh Clark - Retired Head of Fieldwork Services, Glasgow City Council

Hugh Clark held various posts in community work and social work for over 30 years, including 28 years in management positions. On retiring in August 2007 Hugh was a senior manager in Glasgow City's Social Work Department as Head of the Department's Fieldwork Services in the city.

Since June 2009 Hugh has been the Independent Convenor of the multi-agency Adult Protection Committee in Inverclyde.

Professor June Andrews - Director, Dementia Services Development Centre, University of Stirling

Professor June Andrews is the director of the Dementia Services Development Centre (DSDC) at the University of Stirling, which exists to improve services for people with dementia through training, consultancy, research and the provision of information. A psychiatric and general trained nurse, she is a former Senior Civil Servant, NHS Manager, and Scottish Secretary of the Royal College of Nursing. The DSDC has received international recognition for her work in dementia care improvement.

Councillor Harry McGuigan - North Lanarkshire Council

Councillor Harry McGuigan is Cosla's Executive Spokesman on Community Wellbeing and Safety. Cllr McGuigan has served as a Councillor in North Lanarkshire for over 25 years. Councillor McGuigan is currently the Convenor of North Lanarkshire Council's Learning and Leisure (Joint Appeals, Maintenance Allowances and Bursaries) Sub-Committee and Vice-convenor of the Learning and Leisure Services Committee.

Dr Alastair Noble - Scottish Association of Community Hospitals

Dr Noble was a GP in Nairn from 1973 until 2006. Dr Noble has also worked in Nepal, Australia, New Zealand and America.

Dr Noble has special interests in Community Hospitals, Mental Health, Maternity and Intermediate Care.

Recently he has been one of the clinicians representing QIS on the Multi Agency Inspections of Services for Older People piloted in Tayside and Forth Valley and now with a National data set.

Dr Noble is also on the Integrated Resource Framework Board and have a long involvement in costing and value for money of Health and Social Care

Peter Scott - Chief Executive Enable Scotland

Peter was appointed as the 6th CEO of ENABLE Scotland in March 2010. He initially joined ENABLE Scotland as an Area Manager in January 2005, managing a range of services including supported employment and young people's services. After four years as Area Manager Peter was appointed to the post of Executive Director with responsibility for Operations and Development.

Peter started to work with people who have learning disabilities when he moved from Belfast to Glasgow in 1993. His first job was as a Support Worker in a local voluntary organisation in Castlemilk, supporting people to live independent lives in their own home. Peter then moved to the Royal National Institute of the Blind, where he gradually progressed from Support Worker to Service Manager over a 10 year period, managing specialist services for people who have learning disabilities and complex needs including additional visual impairments.

Appendix 2 Material submitted to the Expert Panel

Oral Submissions:

Stirling

Ranald Mair, Chief Executive of Scottish Care

Nigel Henderson, Convener, Coalition of Care & Support Providers

Annie Gunner Logan, Director, Coalition of Care & Support Providers

Joanne Aitken, Service Manager Adult Assessment, Clackmannanshire Council

Kathy O'Neill, Clackmannanshire Community Health Partnership General Manager (NHS Forth Valley Representative)

Rona Laing, Head of Service, Older People's Services, Social Work, Fife Council

Ms Chris Sutton, Interim Assessment & Care Manager, Social Care Services, Stirling Council

Martin Woodrow, National Secretary, British Medical Association

Jude Leitch, Policy Officer, Royal College of Nursing

Alistair Jack, Vice-Chairman of the Scottish Pharmacy Board, Royal Pharmaceutical Society of Great Britain

Kilmarnock

Iona Colvin, Corporate Director, Social Services & Health; and

Olga Clayton, Head of Community Care & Housing, North Ayrshire Council

Kenny Leinster, Head of Community Care & Housing, South Ayrshire Council

Eddie Fraser, Head of Service: Community Care/Chief Social Worker, East Ayrshire Council

Liz Moore, Health Care Director; and

Marie Currie, Health Care Manager, NHS Ayrshire & Arran

Judith Proctor, NHS Director of Planning & Head of Joint Strategic Planning, Commissioning and Performance, NHS Dumfries & Galloway

Cllr. Ron Culley, Health & Social Care Team Leader, Convention of Scottish Local Authorities

Dr Dallas Brodie, consultant psychiatrist, Glasgow Royal Infirmary & member of Scottish Consultants Committee of British Medical Association

Glasgow

Alan Scougall, Coalition of Carers in Scotland

Suzanne Munday, MECOPP (Black and Ethnic Minority Carers)

Lynn Williams, Policy Officer (Scotland); and

Maggie Farrell, Transition Co-ordinator, Princess Royal Trust for Carers

Andrew Lowe, Vice President of Association of Directors of Social Work

Lisa Curtice, Director of the Scottish Consortium for Learning Disability

John Goldie, Head of Addiction Services for South Glasgow

Professor Graham Watt, 'Deep End' Group of GPs

Dr Alan McDevitt, Glasgow GP (representing BMA)

Craig Cunningham, General Manager, NHS Lanarkshire (on behalf of Tim Davison, Chief Executive)

Joe McElhone, North Lanarkshire Council Older Adults team (personal capacity)

(Additional) Written submissions:

Association of Directors of Social Work

Highland Community Care Forum

Scottish Association for Mental Health

Professor Lewis Ritchie

Joseph Rowntree Foundation

Royal College of Nursing

Glasgow City Council

UNISON Scotland

HealthWatch Scotland (Mr John Bannon MBE & Dr John Wormersley)

Convention of Scottish Local Authorities

Care & Repair Scotland

Age Scotland, Highland Rainbow People

Scottish Care

Various individuals and organisations from across Scotland at round table sessions and via questionnaires.