

## A National Care Service for Scotland - Consultation

### **RESPONDENT INFORMATION FORM**

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☐ Individual			
Full name or organisation's name			
Midlothian Integration Joint Board			
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Chief Officer Email	morag.barrow@nhslothia	n.scot.nhs.uk	
The Scottish Government would like your		Information for organisat	ions:
permission to publish your consultation response. Please indicate your publishing preference:		The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.	
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☐ No
Individuals - Your experience of social care and support If you are responding as an individual, it would be helpful for us to understand what experience you have of social care and support. Everyone's views are important, and it will be important for us to understand whether different groups have different views, but you do not need to answer this question if you don't want to.
Please tick all that apply
☐ I receive, or have received, social care or support
☐ I am, or have been, an unpaid carer
<ul> <li>A friend or family member of mine receives, or has received, social care or support</li> </ul>
☐ I am, or have been, a frontline care worker
☐ I am, or have been, a social worker
☐ I work, or have worked, in the management of care services
☐ I do not have any close experience of social care or support.
Organisations – your role Please indicate what role your organisation plays in social care
☐ Providing care or support services, private sector
☐ Providing care or support services, third sector
☐ Independent healthcare contractor
<ul> <li>Representing or supporting people who access care and support and their families</li> </ul>
☐ Representing or supporting carers
☐ Representing or supporting members of the workforce
☐ Local authority
☐ Health Board
☐ Other public sector body
☐ Other

# A National Care Service for Scotland - Consultation Response from the Board of Midlothian IJB

Thank you for providing the opportunity to respond to the Scottish Government proposals on a National Care Service for Scotland. The Board of the Midlothian IJB have discussed their position on this and would like to contribute the following to the consultation.

We understand from the National Care Service for Scotland Consultation document that this consultation is intended to start discussion and debate about what changes should be made to achieve better outcomes for people. And we look forward to engaging with the proposed future opportunities for people to shape and design the detail of how the system will operate once it has been identified what this will be.

However, at this stage, we are limiting our response to what we consider to be the two key issues which relate to improving the way in which we deliver social care in Scotland.

### 1. IT systems

It is our view that the proposals in the National Care Service Consultation document risk insufficiently addressing a key issue which has affected Integration efforts from the outset – namely the integration of IT systems. Whilst the provision of such digital solutions has been heralded many times, this has not been followed through and has generated the expectation gap referenced in the consultation.

In an increasingly digital age, it is an unfortunate reality that we have fractured health and social care records. Effective integration requires that services have access to real-time information, appropriate to need, to deliver efficient, person centred care and support.

Despite the aspiration for the integration of Health and Social Care in Scotland, we still lack a national solution to electronic record sharing. Thus, services delegated to IJBs are still not integrated at a technical level. This makes information sharing for operational teams, which is a consistent basic request of the public and the foundation for integrated services, a daily challenge for our 'integrated teams'. Simply put, we can't do integrated care when systems don't talk to one another. And we know that citizens rightly expect us to be joined-up. This challenge requires sustained national focus without which, irrespective of aspirations for wider integration, the technical gaps will continue to divide.

We are also aware that across Scotland, the 14 territorial health boards deploy various versions of 'core' clinical systems and the 32 local authority areas maintain highly localised social care records. The National Digital Platform has offered great promise but limited service deployment (COVID accepted as being a huge mitigating factor here) and with no apparent focus on social care to date. Indeed, while we appreciate the scale of the challenge, we are not aware of an available agreed coding system for social care data (akin to SNOMED in health) to support structuring records or to support interoperability, nor how this relates to models of increased citizen participation and data ownership.

There are efforts to structure data into Public Health Scotland returns in SOURCE but these do not support operational planning and delivery of services which is necessary to build effective integrated services. Further, demonstrating outcomes from this is a very real challenge. While improvements may be necessary and arguments reasonable (or otherwise) about the approach that should be taken, at this stage we are left with more questions about than answers to the consultation. Nonetheless, we see the need to adequately support the technical integration of health and social care as a paramount activity to realising the benefits of the task set to IJBs or any other similar bodies.

Achieving truly integrated social care is hard, really hard, and involves a paradigm shift in the structure and function of our teams and processes. We need to build the digital foundation for these services, along with addressing and resolving the longstanding concerns relating to information governance and data privacy. If you are investing funding, our view is that these matters should be a priority.

#### 2. Finance

Our experience of shifting the balance of care, which the Midlothian IJB has driven over the past few years, is that there can be significant 'double running' costs involved in the transformational process. For example, moving care from institutions to the community often requires significant additional investment, but this is not always accompanied by a transfer of resources. Clearly, in the longer term, it is the intention to release resources from institutional services that are no longer required. But in the short term, such a release of resources has proven challenging - especially in the current financial environment.

It is recognised that the Scottish Government has made additional resources available to IJBs - and this is welcomed - but our experience suggests that significantly more resourcing is required to continue to drive the transformational work forward. A key message from the Midlothian IJB is that transformational work has a cost and it will continue to cost more than is being made available until reliance on institutional services can be significantly reduced.

A further issue relating to finance relates to increasing demographic pressure. This is a significant challenge in Midlothian which has been affected not only by the ageing population but also by population growth. Again, it is recognised that models for distributing the financial resources across Scotland (NRAC and GAE) do take population changes into account. But in practical terms, these models are too slow to ensure that population growth (for example) does not generate additional financial pressures. The Midlothian IJB would welcome Scottish Government consideration on how the challenges of population increases could be supported on a more direct financial basis.

Carolyn Hirst Chair – Midlothian IJB on behalf of the Board

29 October 2021