



**SCOTTISH EXECUTIVE'S RESPONSE  
TO THE REPORT OF THE  
JOINT FUTURE GROUP**

**January 2001**

## **RESPONSE TO THE REPORT OF THE JOINT FUTURE GROUP**

### Introduction

The Joint Future Group was set up by Susan Deacon, under the chair of Iain Gray, then Deputy Minister for Community Care, to improve partnership working between agencies and to secure better outcomes for people who use services and their carers by:

- agreeing a list of joint measures which agencies need to have in place to deliver effective services, and to set deadlines for that;
- advising on the balance between residential and home-based care;
- advising on the options for charging for care at home; and
- advising on how to identify and share good practice.

In total the Group made 20 recommendations. The Annex to this statement lists them and the Scottish Executive's response.

Since the Group's report was published early in December, we have also published "Our National Health: a plan for action, a plan for change" and the report of the Chief Nursing Officer's Group on introducing free nursing care. Both endorse some of the key principles established by the Joint Future Group.

### The Statement of 5 October

We have already indicated support for 6 of the key recommendations in our Statement on Older People on 5 October:

- Intensive support and care schemes.
- Intensive home support/augmented care schemes.
- More short breaks.
- Practical shopping/domestic/household maintenance service.
- Free home care for up to 4 weeks for older people leaving hospital.
- Joint resourcing and service management locally.

We have provided significant new resources - rising to £48 million in 2003-2004 - to develop better services for older people. The services above will be joint and provided in people's own homes, which is what they want.

We also endorse the Group's proposals for:

- Assessment and Care Management To re-establish the true value and purpose of care management, we will re-define care management as 'Intensive Care Management', which will cover people with complex or changing needs; and we will retrain care managers in 'Intensive Care Management' throughout 2001-02. We particularly welcome the JFG's recommendations on assessment. They aim to reduce the bureaucracy with which assessment is all too associated at present. Both the Joint Future Group and the Chief Nursing Officer's Group recommend single shared assessments and assessment tools. We will introduce them in 2002, in conjunction with the work of the Development Group on Long Term Care.
- Information Sharing To improve the sharing of information between agencies while preserving the confidentiality of individuals, we will, by 2002, offer a strategic lead on the development of information sharing. We will also ensure that the local arrangements for single shared assessments above include proposals for obtaining explicit client approval.
- Equipment, Adaptation and Occupational Therapy Services These services could be much more integrated, with better outcomes for individuals requiring them. We have already provided £5m this year to reduce waiting times for equipment and adaptations. More generally, we will establish a strategic overview to modernise and improve equipment and adaptation services, and will set in train arrangements to target occupational therapy services more effectively.
- National Planning and Financial Framework More joined-up approaches, both locally and nationally are central to the Group's approach. We accepted joint resourcing and joint service management locally in the statement of 5 October. Nationally, we also accept in principle setting up a planning and financial framework to look at the priorities for community care across the board. But we want to reflect further on what it might involve and how it should work.
- Charging Our Statement of 5 October accepted the Group's proposals for up to 4 weeks free home care for older people following discharge from hospital and to reduce inconsistencies in charges for home care. On the latter, we will also legislate to ensure that local authorities follow any guidance we provide on the issue, but we will hold in reserve use of the powers.

The Group's other proposal is for free home care for older people receiving 'extended home care'. Because this is closely related to free personal care, we will refer the Group's recommendation to the Development Group on Long Term Care as part of our wider consideration of free personal care.

- Good Practice We will in 2001-2002 identify measures to improve the collection and dissemination of good practice.
- A Service Development Centre for Older People While we clearly wish to ensure that the best advice is available to agencies and people receiving services, we want to think further about exactly how to achieve that. We accept the recommendation in principle, and will look more closely at the options to deliver.

We would like to thank the Group for a thorough piece of work, the implementation of which will be central to achieving better management of services locally and ultimately better person-centred care. We are pleased that responses to the Report show support for the direction of travel and endorsement of the recommendations in principle.

We have accepted either fully or in principle all the recommendations except one, ie that for “extended home care”. That is linked closely with the Executive’s approach to considering free personal care. Our reference to the Development Group on Long Term Care is neither an acceptance nor a rejection. It reflects that since the Joint Future Group made its recommendations the circumstances have changed and moved on.

We now look forward to the Joint Future Group’s work being implemented and to the benefit it will bring to those using services and their carers.

## JOINT FUTURE GROUP'S REPORT

### SCOTTISH EXECUTIVE'S RESPONSE & PLANNED ACTION

<b>Recommendation</b>	<b>Executive Response</b>
<p><u>Intensive Support and Care Schemes</u></p> <p><i>1. Every local authority area should have in place a comprehensive, joint hospital discharge/rapid response team, by mid 2001-02.</i></p>	<p>Accepted - already announced in Executive's Statement on Older People on 5 October. We are providing significant new resources – rising to £48 million in 2003-04 - to provide better services for older people generally.</p>
<p><u>Intensive Home Support/Augmented Care Schemes</u></p> <p><i>2. Every local authority area should have in place a comprehensive, joint intensive home support team, by mid 2001-02.</i></p>	<p>Accepted - same as recommendation 1.</p>
<p><u>Short Breaks</u></p> <p><i>3. Each year, agencies should provide both more short breaks ( to reduce the number of carers providing most care, without a break), and more breaks at home.</i></p>	<p>Accepted - same as recommendation 1.</p>
<p><u>Practical Shopping/Domestic/Household Maintenance Service</u></p> <p><i>4. Every local authority should identify the need for a practical shopping/domestic/household service, and arrange it comprehensively, by mid 2001-02</i></p>	<p>Accepted - same as recommendation 1.</p>
<p><u>A Service Development Centre for Older People</u></p> <p><i>5. The Executive should, in 2001, set up an older people's service development centre to champion the development of good and innovative community care services , promote training and assist implementation of the Group's proposals.</i></p>	<p>Accepted in principle. Will examine options for progressing expertise on services for older people.</p>

<p><u>Single Assessments</u></p> <p>6. <i>Agencies locally should have in place single, shared assessment procedures for older people and for those with dementia by October 2001, and for all client groups by April 2002.</i></p>	<p>Implementation will be in 2002, in conjunction with the work of the Development Group on Long Term Care.</p>
<p>7. <i>Agencies locally should have in place by October 2001, a single shared assessment tool for older people and people with dementia. Local agencies should either adapt existing systems or develop systems to achieve the outcomes specified in the report, or adopt Carenap 'D' &amp; 'E'.</i></p>	<p>Accepted in principle. Same as 6 above.</p>
<p><u>Intensive Care Management</u></p> <p>8. <i>The Scottish Executive should redefine care management as 'Intensive Care Management', which will be for people with complex or frequently changing needs.</i></p>	<p>Accepted. Will be addressed in guidance/training.</p>
<p>9. <i>Care managers should be trained in 'Intensive Care Management' throughout 2001-2002. Only those who have undertaken such training should carry out 'Intensive Care Management'.</i></p>	<p>Accepted.</p>
<p><u>Information Sharing</u></p> <p>10. <i>The Scottish Executive should, by 2002, offer a strategic lead on the development of community care information, information sharing and systems integration.</i></p>	<p>Accepted.</p>
<p>11. <i>Locally, the arrangements for single shared assessments should include specific proposals for the necessary sharing of information between agencies, by obtaining explicit client approval.</i></p>	<p>Accepted. Will be included in guidance.</p>

<p><u>Equipment and Adaptations</u></p> <p><i>12. To modernise and improve equipment and adaptation services, the Scottish Executive should establish a strategic overview, and set out a programme of change that will require agencies locally to integrate equipment and adaptation services with the rest of community care services, and put in place a number of specific measures that will result in a better-focused and more effective service for the user.</i></p>	<p>Accepted. We will set up a national Forum shortly. In addition, this year an extra £5 million has been allocated to provide much needed equipment and adaptations.</p>
<p><u>Occupational Therapy Services</u></p> <p><i>13. To target occupational therapy services more effectively, agencies need to modernise equipment and adaptation services, and to remove duplication between hospital and community based occupational therapy services wherever practical. For community care services that reorganisation needs to begin as soon as possible, followed by the rest of health and social care within the context of the wider agenda for joined up health, housing and social care services.</i></p>	<p>Accepted.</p>
<p><u>National Planning and Financial Framework</u></p> <p><i>14. The Scottish Executive should set up a programme planning and financial framework, beginning with services for older people in 2001.</i></p>	<p>Accepted in principle. We are currently exploring options for the new arrangements.</p>

<p><u>Joint Resourcing and Joint Service Management Locally</u></p> <p><i>15. Local authorities (that is social work and housing), health boards, NHS trusts and Scottish Homes should draw up local partnership agreements, including a clear programme for local joint resourcing and joint management of community care services collectively or for each care user group individually.</i></p>	<p>Accepted. We will also legislate this year to remove barriers to pooling budgets.</p>
<p><i>16. As a step towards that, and recognising current progress on the ground, every area should introduce joint resourcing and joint management of services for older people from April 2002, and in preparation for that introduce shadow arrangements in the course of 2001-02.</i></p>	<p>Accepted. Already announced in the Executive's Statement on Older People on 5 October.</p>
<p><u>Charging</u></p> <p><i>17. COSLA should develop guidance on charging policies to reduce the inconsistencies in home care charging.</i></p>	<p>Accepted. In addition, we will take powers to require local authorities to follow advice on charging, to be held in reserve.</p>
<p><i>18. The Scottish Executive should consider introducing free home care for up to 4 weeks for older people leaving hospital</i></p>	<p>Accepted. Same as recommendation 1.</p>
<p><i>19. The Scottish Executive should consider introducing free home care for older people receiving 'extended home care', (though they would still pay for 'ordinary' services).</i></p>	<p>The Executive's decision on the handling of free personal care suggests this should be referred to the Development Group on Long Term Care.</p>
<p><i>20. The Scottish Executive should, by mid 2001-2002, identify measures to improve the collection and dissemination of good practice by linking together the bodies in the field in a more cohesive structure, using the benefits of networking and information technology</i></p>	<p>Accepted.</p>

