

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health & Care Partnership

West Dunbartonshire Community Participation Committee 19th March 2014

**Subject: Establishing a Shadow Health and Social Care Partnership for
West Dunbartonshire**

1 Purpose

- 1.1** The purpose of this report is to advise the Committee that both the full Council and the NHSGGC Board have agreed to transition the current Community Health and Care Partnership (CHCP) to a shadow Health and Social Care Partnership for West Dunbartonshire in preparation for the enactment of the Public Bodies (Joint Working) (Scotland) Bill 2013.

2 Recommendation

- 2.1** It is recommended that the Committee note this report.

3 Background

- 3.1** The Public Bodies (Joint Working) (Scotland) Bill was introduced in the Scottish Parliament on May 28, 2013. The Bill states that it is based on the following principles of integration:
- Is integrated from the point of view of recipients;
 - Takes account of the particular needs of different recipients;
 - Takes account of the particular needs of recipients in different parts of the area in which the service is being provided;
 - Is planned and led locally in a way which is engaged with the community and local professionals;
 - Best anticipates needs and prevents them arising; and
 - Makes the best use of the available facilities, people and other resources.

The Bill repeals section 2 of the National Health Services Reform (Scotland) Act 2004, removing Community Health Partnerships from statute and establishing integrated arrangements under the requirements in the Bill.

- 3.3** The underlying principle, of key importance in the Bill, is that health boards and local authorities must take joint and equal responsibility for the delivery of nationally agreed outcomes for health and wellbeing. The legislation will require territorial NHS health boards and local authorities to integrate strategic planning and service provision arrangements for adult health and social care services (as the minimum required by law) within new *Health & Social Care Partnerships* (HSCPs). The legislation also provides for local discretion to allow for the inclusion of further functions – such as children's health & social

care services (as are already included within the CHCP in West Dunbartonshire) - should the public bodies involved wish to pursue that.

- 3.5** The legislation will require each health board and local authority to establish an *integration authority* to deliver nationally agreed outcomes for health and social care. The health board and local authority can form an integration authority in one of two ways:
- By delegating functions and resources to a 'body corporate' governed by an integration joint board, supported by a single Chief Officer; or
 - By delegating functions and resources to each other for the delivery of services.

Importantly, the health board and the local authority remain statutorily responsible for discharging their responsibilities with regard to the provision of the HSCP's services. However, in order to support these arrangements and ensure effective delivery and accountability for functions, the integration authority will be conferred the same duties, rights and powers in relation to them as the health board and local authority would have (irrespective of whichever model of integration is adopted).

- 3.6** The former 'body corporate' model is the one which most closely matches the existing arrangements for West Dunbartonshire CHCP.

If the 'body corporate' model was adopted for West Dunbartonshire, then an *Integrated Joint Board* (IJB) would formally replace the current CHCP Committee. The IJB will be a decision-making body and take responsibility for the delivery of outcomes, the discharge of an integrated budget, and the performance management of the partnership arrangements. The IJB will provide direction to the Chief Officer for the HSCP in the discharge of their duties, which will be to deliver the strategic plan using the integrated budget.

It is important to appreciate that the HSCP would be part of the Council and the Health Board (just as the CHCP is now); and the IJB would be accountable to the Health Board and the full Council for the delivery of the delegated functions and agreed national and local outcomes.

- 3.7** At its August 2013 meeting, the CHCP Committee:
- Confirmed its support for the principle of West Dunbartonshire being an early adopter of the new legislation;
 - Noted that the Chief Executives of NHS GGC, East Renfrewshire, Inverclyde and West Dunbartonshire Councils had agreed to establish a working group reporting to all four Chief Executives to develop a plan that could allow the transition of the current CHCPs in those three areas to shadow Health and Social Care Partnerships by April 2014; and
 - Noted that a further detailed report on the development of the transition plan referred to above would be presented to the CHCP Committee prior to any final change proposals being presented to the full Council and the NHS GGC Board.

- 3.8** The subsequent discussions regarding how best to transition CHCP's to the shadow HSCPs have been underpinned by an emphasis on maintaining continuity for services and staff as expressed in two core principles:
- That given the positive arrangements within all three existing CHCPs, that the proposed shadow HSCPs would fundamentally be representative of a logical evolution for each area, with no material changes to how the partnerships deliver services in practice through 2014/15; and
 - That the shadow arrangements would be framed with reference to the current Schemes of Establishments for all three CHCPs, with sufficient flexibility to accommodate any inevitable reshaping of the Bill and related regulation and guidance.
- 3.9** Following a number of productive meetings, a set of proposals were presented to and then unanimously approved by the CHCP Committee at its November 2013 meeting. These proposals reflected the application of both principles set out under para 3.8, with the focus being on targeted adjustments to the current West Dunbartonshire CHCP Scheme of Establishment, notably:
- The CHCP Committee will have the additional role of operating as the shadow Integration Joint Board (IJB) with the current membership and standing orders;
 - The current CHCP Director will take on the additional role as the Chief Officer (CO) designate of the shadow Health and Social Care Partnership (HSCP), and will be a member of the Council and Health Board corporate management teams;
 - The Chair and Vice Chair of the CHCP Committee/shadow IJB with the Health Board and Council Chief Executives to frame the CO designate's objectives;
 - The CHCP Committee/shadow IJB will develop its performance scrutiny and governance roles to reflect the emerging obligations of HSCPs as defined in primary legislation and statutory guidance;
 - Planning arrangements will remain unchanged for 2014/15, but during that year the CO designate will lead the development of a full strategic plan for the HSCP's first formal year of operation (2015/16), including joint planning for acute services; and
 - Financial arrangements will remain as at present but the Older People's Change Fund resources will become a core part of the CHCP/shadow IJB allocation from the NHS.
- 3.10** Following their approval by the CHCP Committee, the proposals were then separately presented to and subsequently agreed by the full Council and the NHS Board at their December 2013 meetings.

4 Main Issues

- 4.1** As Council will appreciate, the existence of an already fully integrated health and social care partnership means that West Dunbartonshire is particularly well-placed to be an early-adopter for the new legislation, reflective of the local experience of delivering the benefits of integration in practice. Last year's

extremely positive Care Inspectorate scrutiny assessment of the CHCP acknowledged this, specifically stating:

- That the establishment of the CHCP was “a key reflection of the approach to partnership adopted by the Council and the NHS Board in West Dunbartonshire”.
- That the role of the CHCP committee was “seen as central given its partnership nature and efforts had been made to try and ensure that Council and NHS requirements were able to dovetail with this”.
- That senior managers “impressed as being committed to partnership working and the CHCP. Irrespective of whether they had a ‘health’ or ‘social work’ background, they saw themselves as accountable for and committed to the development of the range of services provided within the CHCP.”

4.2 The shadow HSCP arrangements now agreed are similar to shadow CHCP arrangements that were put in place by West Dunbartonshire Council and the NHSGGC Board in April 2010, prior to their formally agreeing and then establishing the current CHCP in October 2010. It is important to recognise though that the approval of the proposals for shadow arrangements set out here does not equate to the approval for the activation of a formal HSCP for West Dunbartonshire by either full Council or the NHS Board.

4.3 Adjusting the current CHCP Scheme of Establishment as now agreed then formally recognises the legitimacy of shadow arrangements; and so enables the partners to deliver a shared objective of beginning the transition from the current CHCP to the new HSCP in an orderly fashion that emphasises continuity – and minimises potential disruption or uncertainty - for staff and service users.

5 People Implications

5.1 The *integration scheme* required by the legislation for each HSCP will have to attend to relevant issues of staff governance in line with the requirements of the legislation and its accompanying guidance.

6 Financial Implications

6.1 The integration scheme required for each HSCP will have to attend to relevant issues of financial management and governance in line with the requirements of the legislation and its accompanying guidance. Guidance on financial matters is awaited and is expected to be developed as the legislation continues through its parliamentary process.

6.2 The Policy Memorandum accompanying the Bill explains that the premise underpinning integration of budgets is that the allocation and utilisation of resources should recognise the interdependencies between health and social care services; and that the service imperative of integrating all aspects of care (from prevention through to specialist treatment) should be reflected in, and enabled by, integrated resource models. The eventual ability to look at overall expenditure, and to use budgets flexibly, should ensure that needs are met in

the most appropriate and cost-effective way. This is very much in line with the aspirations of the recent *National Agreement on Joint Working on Community Planning and Resourcing*, which further underlines the importance of these updated arrangements being appreciated as a manifestation of strategic community planning in practice (as is true for the existing CHCP).

7 Risk Analysis

- 7.1** There are no risks associated with the above, as they effectively represent a continuation of the well established CHCP arrangements; and, as per para 4.2, neither pre-empt or prejudice the formal consideration of the integration plan required to formally establish the statutorily-required HSCP by either full Council or the NHSGGC Board.
- 7.2** The most recent Chief Social Work Officer's Annual Report both reinforces the robustness of the current integrated arrangements in discharging the Council's responsibilities for social care and endorses the shadow HSCP.

8 Equalities Impact Assessment

- 8.1** The integration scheme that will be prepared by the CO designate under the auspices of the proposed shadow HSCP will be subject to an equalities impact assessment prior to its being presented to the Council, the NHSGGC Board and then Scottish Ministers for approval.

9 Consultation

- 9.1** The CHCP's engagement with and response to the Public Bodies (Joint Working) (Scotland) Bill has been shaped by on-going discussion amongst staff and other key stakeholders, most notably the CHCP's Professional Advisory Group, Staff Partnership Forum and Public Partnership Forum.
- 9.2** The integration scheme that will be prepared by the CO designate under the auspices of the shadow IJB will be appropriately consulted upon (as per the forthcoming national guidance) prior to its being presented to the Council, the NHSGGC Board and then Scottish Ministers for approval.

10 Strategic Assessment

- 10.1** The issues here relate to the following strategic priorities of the Council:
- Improve care for and promote independence with older people.
 - Improve the well-being of communities and protect the welfare of vulnerable people.
 - Improve life chances for children and young people.



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Appendices: None

Background Papers: The Public Bodies (Joint Working) (Scotland) Bill 2013
and its supporting documents:
www.scottish.parliament.uk/parliamentarybusiness/Bills/63845.aspx

West Dunbartonshire Council: Establishing a Shadow
Health and Social Care Partnership for West
Dunbartonshire (December 2013)

Greater Glasgow & Clyde NHS Board: Establishing
Shadow Health And Social Care Partnerships - East
Renfrewshire, Inverclyde And West Dunbartonshire
(December 2013)

West Dunbartonshire Council: Chief Social Work Officer's
Report (December 2013)

CHCP Committee Report: Establishing a Shadow Health
and Social Care Partnership for West Dunbartonshire
(November 2013)

CHCP Shadow Committee Report: Draft Scheme of
Establishment (September 2010).

West Dunbartonshire CHCP Scheme of Establishment:
www.wdchcp.org.uk/who-we-are/scheme-of-establishment

Scottish Government & COSLA: Agreement on Joint
Working on Community Planning and Resourcing (2013)
www.scotland.gov.uk/Resource/0043/00433714.pdf

Wards Affected: All