

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health & Care Partnership

Community Health & Care Partnership: June 2012

Subject: Scottish Government proposals for integrated health and adult social care partnerships.

1. Purpose

1.1 The purpose of this report is to bring to the Committee's attention the Scottish Government's formal consultation on its proposals to further integrate health and adult social care services.

2. Background

2.1 The CHCP Committee was previously presented with a paper at its March 2012 meeting that summarised the Scottish Government's approach to integrating health and adult social care and its intention to formally consult its proposals.

2.2 At that March 2012 meeting of the CHCP Committee, the following actions were agreed:

- Agreed that the CHCP should be promoted to the Scottish Government as a possible early implementer for the final proposals;
- Authorised the then CHCP Chair and Director to engage with Scottish Government, COSLA and the NHSGGC Board to identify opportunities to do so; and
- To agree that further report be brought to the Committee on the Publication of the Scottish Government's Consultation document.

2.3 The consultation was formally launched on 8th May 2012. The consultation sets out proposals to inform and change the way that the NHS and Local Authorities work together and in partnership with the third and independent sectors. The consultation asks for views on new legislation that will be introduced in order to enable the changes that Ministers propose.

2.4 The deadline for the receipt of consultation responses is the by 31st July 2012. Following the closing date, all responses will be analysed and considered along with any other available evidence to help the Scottish Government to reach a decision on the Legislation on the Integration of Adult Health and Social Care. The Scottish Government will then report on this consultation process in the autumn of 2012, which will be published on the Scottish Government's website at www.scotland.gov.uk/Publications/Recent.

3. Main Issues

Overview of Proposals

3.1 The proposals set out a vision of a successfully integrated system of adult health and social care for Scotland that exhibits the following characteristics:

- Consistency of outcomes across Scotland, so that people have a similar experience of services, and carers have a similar experience of support, whichever Health Board or Local Authority area they live within, while allowing for appropriate local approaches to delivery;
- A statutory underpinning to assure public confidence;
- An integrated budget to deliver community health and social care services and also appropriate aspects of acute health activity;
- Clear accountability for delivering agreed national outcomes;
- Professional leadership by clinicians and social workers; and
- It will simplify rather than complicate existing bodies and structures.

3.2 The proposals are set out as being based on four key principles:

- Nationally agreed outcomes will be introduced that apply across adult health and social care;
- Statutory partners will be jointly accountable to Ministers, Local Authority Leaders and the public for delivery of those outcomes;
- Integrated budgets will apply across adult health and social care; and
- The role of clinicians and care professionals will be strengthened, along with engagement of the third and independent sectors, in the commissioning and planning of services.

3.2 The key features of the proposals are:

- Community Health Partnerships will be replaced by Health and Social Care Partnerships, which will be the joint and equal responsibility of Health Boards and Local Authorities, and which will work in close partnership with the third and independent sectors and with carer representation. The focus will be on making sure that people have access to the right kind of care, at the right time and in the right place.
- Health and Social Care Partnerships will be accountable, via the Chief Executives of the Health Board and Local Authority, to Ministers, Local Authority Leaders and Health Board Chairs for the delivery of nationally agreed outcomes. These outcome measures will focus, at first, on improving older people's care and will be included in all Community Planning Partnerships' Single Outcome Agreements.
- Partnerships will be required to integrate budgets for joint strategic commissioning and delivery of services to support the national outcomes. Integrated budgets will include, as a minimum, expenditure on community health and adult social care services, and, importantly, expenditure on the use of some acute hospital services.
- Where money comes from – health or social care, or, indeed, housing – will no longer be of consequence to the patient or service user. What

will matter instead will be the extent to which partnerships achieve the maximum possible benefit for service users and patients, together and against the backdrop of shared outcomes and an integrated budget.

- A senior Jointly Accountable Officer in each Partnership will ensure that partners' joint objectives, including the nationally agreed outcomes, are delivered within the integrated budget agreed by the Partnership.
- The role of clinicians, social care professionals and the third and independent sectors in the strategic commissioning of services for adults will be strengthened Health and Social Care Partnerships will ensure that effective processes are in place for locality service planning led by clinicians and care professionals, with appropriate devolved decision-making and budgetary responsibilities.
- Proportionally, fewer resources – money and staff – will be directed in future towards institutional care, and more resources will be directed towards community provision and capacity building. This will mean creating new and potentially different job opportunities in the community.

- 3.3 The consultation states that these proposals for reform are not based on centrally directed structural reorganisation, and will not impose a single operational delivery arrangement on partnerships. Within this broad framework for integration, local leaders will be free to decide upon delivery mechanisms and organisational structures that best suit local needs and priorities.

Current Local Position

- 3.4 In establishing and developing the Community Health & Care Partnership, the Senior Management Team has also ensured that it has attached due weight to learning from elsewhere plus the findings of the *Delivering Better Outcomes And Use Of Joint Resources – National Evaluation of Community Health Partnerships* and Audit's Scotland's *Review of Community Health Partnerships* Reports.

- 3.5 As previously reported at CHCP Committee meetings, both of the latter reports highlighted a range of key issues of relevance to the continued organisational and strategic development of West Dunbartonshire CHCP. These include:

- Personal commitment from the partnership leaders and staff for joint strategy.
- Understanding and respecting differences in organisations' cultures and practice.
- Clarity of vision and strategy.
- Clear decision-making and accountability structures and processes.
- Agreeing what success looks like and indicators for measuring progress.
- Implementing a system for managing and reporting on performance.

- Achieving efficiencies through sharing resources, including money, staff, premises and equipment.
- Accessing specific initiative funding made available for joint working between health and social care.

As was acknowledged at the CHCP Committee meetings where the above were considered, that all of those issues have been addressed and consequently, the CHCP should be in a robust position to both draw upon its experience to contribute to the consultation (e.g. in relation to streamlined and joined-up performance reporting).

- 2.5 It is likely that whatever the details of the final legislation, they will require a refresh of local arrangements - most notably in relation to finance and governance. Experience to-date would indicate that any actions eventually required locally would be undertaken sensibly and smoothly. Moreover, given the work already done here, the CHCP should be in a robust position to implement the eventual requirements without recourse to significant re-structuring – and so would be well placed to work with Scottish Government, COSLA and the NHSGGC Board as an early adopter or test bed for the new arrangements as they develop.
- 2.6 It should be noted that the performance outcomes as framed concentrate in the first instance on integrating services for older people, and then more generally on adult health and social care as a minimum. Again, the CHCP will be well placed to meet this expectation having developed well-rounded strategic frameworks for action in relation to older people’s services, as expressed in the local Older People’s Change Fund Plan and the CHCP Commissioning Strategy for Older People’s Services (both of which were approved at the March 2012 CHCP Committee meeting).
- 2.7 The proposals state the intention that irrespective of what other functions are managed within the Health and Social Care Partnership, accountability to Ministers and Leaders would apply only to adult health and social care services, and the nationally agreed outcomes relating to those. The delivery of ‘other’ national targets that fall within the integrated budget will be the responsibility of the Jointly Accountable Officer who will report direct to the NHS and Local Authority Chief Executives for these areas.

4. People Implications

4.1 There are no specific personnel issues associated with this report.

5. Financial Implications

5.1 There are no specific financial implications associated with this report.

6. Risk Analysis

6.1 No risk assessment was necessary to accompany this report.

7. Equalities, Health & Human Rights Impact Assessment (EIA)

7.1 No significant issues were identified in a screening for potential equality impact of this report.

8. Conclusions and Recommendations

8.1 As part of the local response and as affirmed at previous CHCP Committee meetings, the Senior Management Team would seek to highlight local arrangements and experiences through the consultation process, including the clear logic for the managerial responsibilities of the new partnerships being wholly inclusive of health and social care across all age groups (as is the case in our current span of services).

8.2 However, given the close proximity of the publication of the details of the Scottish Government's proposals and consultation questions to this Committee meeting, it has not been possible for officers to have prepared and presented a comprehensively drafted set of responses for consideration and approval here. Moreover, the deadline for consultation responses is before the next CHCP Committee takes place.

8.3 The CHCP Committee is recommended:

- (1) To note the publication of the consultation document on the Integration of Adult Health & Care in Scotland;
- (2) To agree that the Director should prepare a detailed set of draft responses to the questions in the consultation;
- (3) That the draft response be circulated to all members of the CHCP Committee and all other elected members of the Council by mid July for comment;
- (4) That it be remitted to the Director in consultation with the Chair and Vice Chair of the CHCP Committee to prepare the final responses before the 31 July deadline; and
- (5) That the final response be circulated to all members of the CHCP Committee thereafter.

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Appendices: None
Background Papers: Integration of Adult Health and Social Care in Scotland
Consultation Proposals
<http://www.scotland.gov.uk/Topics/Health/care/IntegrationAdultHealthSocialCare>

Wards Affected: All