

# WEST DUNBARTONSHIRE COUNCIL

## Report by the Director of Community Health & Care Partnership

28<sup>th</sup> March 2012

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**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 intention that (over the course of this current parliamentary session) legislation will be brought forward to further integrate health and adult social care services; and that a formal consultation on those proposals will take place after the local government elections in May 2012.
- 1.2 The CHCP Committee is asked to endorse WD CHCP being promoted to the Scottish Government as an early implementer for the final proposals; and to authorise the CHCP Chair and Director to engage with Scottish Government, COSLA and the NHSGGC Board to identify opportunities to do so.

### **2. Background**

- 2.1 The Scottish Government's approach to integrating health and adult social care is based on four key principles:
- Nationally agreed outcomes applied across health and adult social care.
  - Health Boards and Local Authorities being held jointly accountable by Ministers, Council Leaders and the public for delivery of those outcomes.
  - Integrated budgets across health and adult social care.
  - Professionally led locality service planning in which clinicians and other professionals have a key role.
- 2.2 Under the Scottish Government's proposals, NHS Boards and Local Authorities will be required to set up a Health and Social Care Partnership.
- 2.3 This will cover, as a minimum, a single local authority area and formally replace current Community Health Partnership (CHP) arrangements.
- 2.4 The NHS Board and the Local Authority will devolve their service budgets to the new partnership entities, made up from primary and community health (including NHS children's services), adult social care and an element of NHS acute sector expenditure. They will jointly appoint an accountable officer who will be responsible for the integrated budget and manage service delivery and development.
- 2.5 All partnerships will be asked to deliver and report on seven national outcomes, underpinned by a number of performance indicators. The new

partnerships will make decisions on service provision, redesign and the use of their 'pooled' budget. The jointly appointed accountable officer will have a level of delegated autonomy that allows them to make decisions about the use of the budget to deliver the outcomes without ongoing reference upwards to the individual statutory partners. The accountable officer will be responsible for the delivery of existing targets that fall within the scope of the Partnership.

- 2.6 It is proposed that the new partnerships should be jointly and directly accountable to Scottish Ministers and the Local Council Leader for the delivery of the agreed national outcomes via the Chief Executives of the Board and Local Authority.

It is further proposed that the joint accountable officer will be accountable to the NHS Chief Executive and the Local Authority Chief Executive for the budget.

- 2.7 It is intended that the partnerships will produce a medium and long term strategic commissioning plan to highlight long term goals and monitor performance against delivery and produce an annual public report on progress.

The mechanisms for holding partnerships to account for their progress will be part of the consultation and discussions between stakeholders will continue to ensure robust arrangements.

- 2.8 These reforms will take place within the context of public service reform more widely, and in tandem with Ministers' commitment to local government and to the central role of community planning in delivering successful local services.

### **3. Main Issues**

- 3.1 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.

- 3.2 As previously reported to the CHCP Committee, 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 Committee will recall, all of those issues have been addressed and consequently, the CHCP should be in a robust position to both draw upon its experience to intelligently contribute to the imminent consultation (e.g. in relation to streamlined and joined-up performance reporting).

- 3.2 It is likely that whatever the details of the final proposals, they will require a refresh of local arrangements - most notably in relation to finance (in relation to pooled budgets) and governance (including refining leadership role within community planning partnership).
- 3.3 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..
- 3.4 It should be noted that the proposals as currently 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 are separately presented to Committee).
- 3.5 However, the new arrangements will still maintain responsibility for NHS community children services (again, as a minimum). The Senior Management Team would seek to confidently 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 true in the case of WD CHCP’s current span of services).

#### **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 The Scottish Government's proposals reinforce the strength of the arrangement that the Council and the NHS Board had the foresight to put in place in 2010 in establishing West Dunbartonshire CHCP.

8.2 The CHCP Committee is asked:

- (1) to note the developing national position;
- (2) agree that the CHCP should be promoted to the Scottish Government as a possible early implementer for the final proposals;
- (3) authorise the CHCP Chair and Director to engage with Scottish Government, COSLA and the NHSGGC Board to identify opportunities to do so; and
- (4) to agree that further report be brought to the Committee on the Publication of the Scottish Government's Consultation document.

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**Appendices:** None  
**Background Papers:** Integration of Adult Health & Social Care:  
<http://www.scotland.gov.uk/Topics/Health/care/IntegrationAdultHealthSocialCare>

**Wards Affected:** All