

# WEST DUNBARTONSHIRE COUNCIL

## Report by the Acting Director of Social Work Services

### Health Improvement & Social Justice Partnership:

9 August 2006

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**Subject: Promoting the Development of Managed Clinical Networks in NHS Scotland**

#### **1. Purpose**

- 1.1 This report informs the Partnership of the current Scottish Executive consultation on promoting the development of Managed Clinical Networks in NHS Scotland.
- 1.2 A draft Partnership response is appended, and the Partnership is asked to consider the content, with a view to agreeing a joint contribution to the consultation process.
- 1.3 The consultation calls for responses to be submitted by 31 August 2006.

#### **2. Background**

- 2.1 The draft consultation builds on established guidance for the development and maintenance of Managed Clinical Networks which offer a framework for disease-specific care management through professional networks across primary, secondary and acute care in the NHS. The concept was developed in response to a recognition that health care can be compromised at transfer points between different parts of the NHS if clinical roles and responsibilities are ambiguous and/or communication between departments is insufficiently clear.
- 2.2 Successful disease management has been evidenced through Managed Clinical Networks in a number of conditions, for example, diabetes and multiple sclerosis.

#### **3. Main Issues**

- 3.1 The consultation considers the potential opportunities for rolling out the model, and of particular interest is the proposed extrapolation to community care services across agencies, in the form of Managed Care Networks.
- 3.2 While the consultation recognises that Managed Care Networks will require close joint working between NHS and local authority partners, it does not appear to take account of the foundations already laid through the Extended Local Partnership Agreements already in place across 32 Joint Future Partnerships in Scotland. Development of Managed Care Networks appears

to assume a zero-based starting point within the document, and proposes methodology for establishing partnership working. This raises concern that energy and resources could be channelled into duplication.

**3.3** Another key policy initiative which has not been recognised in the consultation is the National Training Framework for Care Management. This recently developed toolkit has been developed and launched by the Scottish Executive Joint Future Unit, and is designed to underpin a streamlined approach to health and community care across local authority services (predominantly social work and housing), and NHS primary, secondary and acute care services. The framework articulates the relationships between Single Shared Assessment across organisations, and provides a means for ensuring that professionals understand their roles and responsibilities to ensuring that individuals receive the right inputs from the right professions at the right time. Furthermore, the National Training Framework guidance offers scope for developing local protocols for the transfer of care management responsibilities to the most appropriate workers as the person's needs change. In essence, the functions of the framework should meet the aspirations of Managed Care Networks as described in the consultation, and the training framework offers a well developed toolkit to facilitate the process.

**3.4** Of further concern is the proposal that electronic information-sharing systems should be developed with particular emphasis on diagnostics, with no reference to the established work-streams to develop a shared eCare store built on the Single Shared Assessment, to enable electronic information-sharing across health, housing and social work. A truly integrated Managed Care Network would need these components, and without them there is a risk that the future development of community care services may be driven under an over-medicalised model.

#### Appendices

**3.5** The draft NHS HDL is included at appendix 1, and the draft response is at appendix 2.

#### **4. Personnel Issues**

**4.1** There are no personnel issues.

#### **5. Financial Implications**

**5.1** There are no financial implications.

#### **6. Conclusions**

**6.1** Our Extended Local Partnership Agreement supports the idea of developing Managed Care Networks across community care services, based on local joint working and learning from established principles of Managed Clinical Networks. Over the past few years this agenda has been progressed, underpinned by major developments such as integration of Learning

Disabilities and Addictions Services; Single Shared Assessment; Specialist Single Shared Assessment; information-sharing through NHS access to CareFirst, supported by the joint health and community care administration posts, and more recently the launch of the National Training Framework for Care Management.

- 6.2** The draft NHS HDL does not appear to take cognisance of the network approach established by the factors described at 6.1, most of which have been a requirement of all Joint Future Partnerships in Scotland, and have been overseen, scrutinised and performance managed through the JPIAF.
- 6.3** However, the covering letter of the draft consultation acknowledges that there may be policy areas that have not been fully reflected in the HDL, and encourages respondents to make reference to any that have been missed if they are relevant to the content.
- 6.4** The main concerns as outlined in the content of the draft response and this report should therefore constitute a valuable contribution to the consultation process.

## **7. Recommendations**

- 7.1** The Partnership is asked to note the content of this report and appendices.
- 7.2** Members are asked to make comment to the Director of Social Work Services.
- 7.3** The partnership is asked to instruct the Director of Social Work Services to submit a finalised Partnership response to the consultation by the due deadline of 31 August 2006.

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**Background Papers:** None mentioned.

**Wards Affected:** All council Wards.