

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health & Care Partnership

Community Health & Care Partnership: 21st August 2013

Subject: Update on Health and Social Care Integration Legislation: the Public Bodies (Joint Working) Bill

1 Purpose

- 1.1** The purpose of this report is to provide the Committee with an update on the publication of The Public Bodies (Joint Working) (Scotland) Bill 2013, which, after its progress through Parliamentary processes, will require Health & Social Care Partnerships to be established in every local authority area.

2 Recommendation

- 2.1** The CHCP Committee is recommended to:

(1) Confirm its support for the principle of West Dunbartonshire being an early adopter of the new legislation;

(2) Note that the Chief Executives of NHSGGC, East Renfrewshire, Inverclyde and West Dunbartonshire Councils have 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

(3) Note that a further detailed report on the development of the transition plan referred to in (2) above will be presented to the CHCP Committee prior to any final change proposals being presented to the full Council and the NHS Board.

3 Background

- 3.1** The Committee will recall earlier reports that it received last year in relation to the Scottish Government's proposals for integrating health and adult social care; as well as the formal response to the national consultation from the CHCP that the Committee endorsed at its August 2012 meeting.

- 3.2** At that time we submitted an encouraging and constructive response to the consultation reflecting our experience in practice of delivering integration, both operationally and strategically at a local level. This included our expressing 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).

3.3 The Public Bodies (Joint Working) (Scotland) Bill was introduced in the Scottish Parliament on May 28, 2013. This is the Bill which will integrate adult health and social care services in Scotland

4 Main Issues

4.1 The Public Bodies (Joint Working) (Scotland) 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.
- Makes the best use of the available facilities, people and other resources.

4.2 As anticipated, the Bill requires 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. The Bill also recognises and supports the 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 partnerships wish to pursue that.

4.3 Key requirements of the Bill are as follows:

4.3.1 Each health board and local authority will be required to establish an **integration authority** (equivalent to the existing CHCP Committee) 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 a joint board, serviced by a Chief Officer; or
- By delegating functions and resources to each other for the delivery of services.

The Body Corporate model is the one which most closely matches the existing arrangements for West Dunbartonshire CHCP.

The alternative model is most often referred to as the ‘Highland’ model where the agreement between NHS Highland and Highland council has resulted in the Council becoming totally responsible for all children’s services - with for example Health Visitors being TUPE (Transfer of Undertakings [Protection of Employment]) transferred from NHS Highland; and NHS Highland taking responsibility for community care services - with for example home help staff being TUPE transferred from Highland Council.

4.3.2 The starting point for the new arrangements will be that - unlike the current position for the CHCP where the partners retain their separate statutory responsibilities - the members of the Integration Board will be jointly responsible for the totality of the Partnership's functions.

The partners will agree how they intend to integrate services through an *integration plan*, the detail of which will include the model of integration to be used, along with the functions and resources to be delegated. This integration plan equates broadly to the current Scheme of Establishment for the existing CHCP (as approved by NHSGGC and West Dunbartonshire Council, and signed-off by Scottish Government).

The integration plan will also cover a wide range of other partnership issues, such as provision for dispute resolution; financial management; staff governance; and clinical and care governance. In preparing the integration plan, the local authority and Health Board must give consideration to the integration principles outlined in the Bill and also to the national health and well being outcomes. The local authority and the health board will be required to submit their locally agreed integration plan to Scottish Ministers for approval and following appropriate consultation as set out in the Bill.

4.3.3 Where a local authority does not have a coterminous boundary with a health board - such as the case for West Dunbartonshire Council and NHS Greater Glasgow & Clyde - the Bill states that the integration plan must pay due regard to the combined effect of the models adopted by different local authority and health partners in the same board area, and their inter-relationship in respect of the effective running of the Health Board.

An initial discussion between the Chief Executives of NHSGGC, East Renfrewshire, Inverclyde and West Dunbartonshire Councils has proposed the establishment of a working group reporting to all four Chief Executives to develop a plan to transition the current CHCPs to shadow Health and Social care Partnerships by April 2014. The intention is that this working group will bring forward proposals to inform draft integration plans, including:

- Services and functions to be included.
- Arrangements for support services.
- Financial arrangements and approach to budget setting.
- Relationship to corporate parent bodies.
- Transition of current management teams.
- Accountability, planning and performance arrangements.
- Approach to acute services.
- Relationship within community planning partnerships.
- Health improvement resources and leadership.
- Accountability for currently hosted services.

The proposals which are developed from this working group will be submitted to the NHSGG Health Board and each of the three Councils for consideration and approval. The intention is to leave flexibility within the shadow

arrangements to ensure we can accommodate any inevitable refinements of the Bill (and related regulation and guidance) ahead of its being enacted.

- 4.3.4** Once established, the partnership will be under a duty to produce a *joint commissioning plan*, which will set out the detailed arrangements for planning and delivery of health and social care functions in its area, as well as the outcomes to be achieved from the integrated budget. Each partnership must then prepare and publish a performance report for the reporting year.

As Committee will recognise, the CHCP is already well-placed to deliver upon this by building upon its established integrated Strategic Plans and its arrangements for integrated performance reporting (and as acknowledged by the Care Inspectorate's recent scrutiny assessment of the CHCP).

- 4.3.5** In both models of integration, services are delivered via the health board and local authority, and third and independent sector providers. If the body corporate route is finally agreed for West Dunbartonshire then staff will continue to be employed by either the health board or the Council as they are at present and be governed by the policies of their respective employer.

As the Committee will appreciate, the CHCP is already well-placed to enable staff to work well together irrespective of their contractual employing organisation - not least as affirmed by the recent UK Healthcare People Management Association (HMPA) Excellence in Human Resource Management award that the CHCP has been recognised with.

- 4.3.6** The Bill places a duty upon health and social care partnerships to work with local professionals, across extended multi-disciplinary health and social care teams and the third and independent sectors, to determine how best to put in place local arrangements for planning service provision.

As Committee will recognise, the CHCP is already well-placed to deliver upon this given our local community planning approach to commissioning of services (e.g. Older People's Change Fund Plans; and Integrated Children's Services Plan).

- 4.3.7** On an on-going basis, partnerships will be required to take account of the input of sub-local authority level locality planning groups to the development of their strategic plans.

The CHCP is well-placed to actively develop locality planning arrangements working with and fostering the development of the primary care locality groups we support (one for Clydebank; and the other for Alexandria and Dumbarton).

- 4.4** It is also worth noting that the Public Bodies (Joint Working) (Scotland) Bill shares a similar direction of travel and provisions in relation to integrated working arrangements with the separate Children and Young People (Scotland) Bill 2013.

- 4.5** Given that, and the local commitment that both NHS Greater Glasgow & Clyde and West Dunbartonshire Council have maintained in relation to the

inclusion of all children's community health and social care services within a single integrated partnership for West Dunbartonshire (as is currently the case), it would be sensible to seek to develop the aforementioned integration plan satisfy complementary requirements of the Children and Young People (Scotland) Bill to ensure appropriate clarity and streamlining of arrangements.

4.6 As Committee has previously acknowledged, as an already fully integrated health and social care partnership, West Dunbartonshire CHCP is particularly well-placed to be an early-adopter for the new legislation, reflective of our local experience delivering the benefits of integration in practice - both strategically and operationally. A good example of this has been the successful integration of Ardmore Day Hospital with Local Authority Day Care provision, which has just been recognised as a finalist in Scotland's Dementia Awards 2013.

4.7 As Committee will recall, the recent extremely positive Care Inspectorate scrutiny assessment of the CHCP specifically stated the following points of pertinence to our ability to confidently address the Bill's expectations for the benefit of our local communities:

- 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."

4.8 As Committee will recall, our expectation was that whatever the details of the final legislation, they would require a refresh of local arrangements - most notably in relation to finance and governance. Having now reviewed the legislation and accompanying guidance, we have confirmed that that is the case. However, as Committee also previously affirmed, the CHCP's experience to-date would indicate that any actions required locally can be undertaken sensibly and smoothly; and, given the work already done here, the CHCP is in a robust position to implement the Bill's requirements without further restructuring.

5 People Implications

5.1 As per 4.3.2 above, the integration plan required by the Bill for each partnership have to attend to relevant issues of staff governance in line with the requirements of the Bill and its accompanying guidance.

5.2 As per 4.3.5 above, if the body corporate model is finally agreed for West Dunbartonshire then staff will continue to be employed by either NHSGG or

West Dunbartonshire Council as they are at present, retaining their respective terms and conditions. As the Committee will appreciate, the CHCP is already well-placed to enable staff to work well together irrespective of their contractual employing organisation - not least as affirmed by the recent UK Healthcare People Management Association (HMPA) Excellence in Human Resource Management award that the CHCP has been recognised with.

6 Financial Implications

- 6.1** 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 ability to look at overall expenditure, and to use budgets flexibly, is a hallmark of integrated care. This is important, both to enable efficient allocation of resources; and also to ensure that needs are met in the most appropriate and cost-effective way.
- 6.2** Scottish Ministers have committed to establishing a minimum scope for inclusion in the integrated budget. This minimum scope is not included on the face of the Bill, but will be defined via regulations and statutory guidance, through the scope of the delegated functions. The focus of the minimum scope will be to identify those areas of spend and activity where the greatest opportunity exists for service redesign in favour of preventative and anticipatory care. As Committee will recall, this is in line with commitments and intent expressed within the approved CHCP Strategic Plan, Older People's Change Fund Plan and Integrated Children's Services Plan.
- 6.3** As per 4.3.2 above, the integration plan required by the Bill for each partnership have to attend to relevant issues of financial management and governance in line with the requirements of the Bill and its accompanying guidance.

7 Risk Analysis

- 7.1** Not required for this report.

8 Equalities Impact Assessment

- 8.1** Not required for this report.

9 Consultation

- 9.1** Not required for this report.

10 Strategic Assessment

10.1 The issues considered 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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Date: 19th July 2013

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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

The Children and Young Peoples (Scotland) Bill 2013
and its supporting documents:
www.scottish.parliament.uk/parliamentarybusiness/Bills/62233.aspx

CHCP Committee Report: CHCP Strategic Plan 2013/14
(May 2013)

CHCP Committee Report: West Dunbartonshire Older
People's Change Fund Plan (May 2013)

CHCP Committee Report: West Dunbartonshire CPP
Integrated Children's Services Plan 2013-15 (May 2013)

CHCP Committee Report: West Dunbartonshire CHCP
Year End Performance Report 2012/13 (May 2013)

CHCP Committee Report: Care Inspectorate Scrutiny Report of West Dunbartonshire CHCP (February 2013)

CHCP Committee Report: Proposed Response to Scottish Government Consultation on Integrated Health and Adult Social Care Partnerships (August 2012).

CHCP Committee Report: The Integration of Ardmore Day Hospital with Local Authority Day Care (June 2012).

CHCP Committee Report: Scottish Government proposals for integrated health and adult social care partnerships (June 2012).

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

Wards Affected:

All