

# Policy and Strategy Committee

10am, Tuesday, 16 April 2013

## Integration of Adult Health and Social Care Consultation: Scottish Government Response

Item number	7.6
Report number	
Wards	All

### Links

Coalition pledges	<a href="#">P12 and P43</a>
Council outcomes	<a href="#">CO10, CO11, CO12, CO13, CO14, CO15</a>
Single Outcome Agreement	<a href="#">SO2</a>

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# Executive summary

## Integration of Adult Health and Social Care Consultation: Scottish Government Response

### Summary

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The Scottish Government undertook a consultation on the integration of health and social care services during 2012. The consultation concluded in September 2012 and the Government published its analysis of respondent's views in December 2012. On 14 February 2013, it published its response to the key points made by respondents and indicated its intentions with regard to forthcoming legislation.

This paper summarises the Scottish Government response, the intentions for legislation and compares the approach for the Edinburgh Health and Social Care Partnership.

### Recommendations

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It is recommended that Policy and Strategy Committee:

- 1 notes the Scottish Government response and intentions for forthcoming legislation;
- 2 notes the alignment of plans for the Edinburgh Health and Social Care Partnership with the legislative intent; and
- 3 notes that a further report will be made to the May meeting.

### Measures of success

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Integrated health and social care strategic work plan and performance management frameworks are under development as part of the programme of change for integration. These will identify joint actions for delivering on the Scottish Government national outcomes, locally agreed outcomes and the measures to be used to assess progress.

### Financial impact

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The number and scale of services within the scope of integration from April 1 2013 will encompass a substantial revenue budget from both the Council and NHS Lothian. Indications of the scale of the financial impact are the net budget figures for 2012/13, which were approximately £184m for the Council and £301m for Edinburgh Community Health Partnership. These figures will change in line with the 2013/14 budgets, and may increase as discussions continue during 2013/14. A significant aim of the

integration proposals is to support the development of integrated budgets to deliver jointly agreed outcomes for the people of Edinburgh. The proposed Partnership Agreement between NHS Lothian and the Council will establish the principles and intent for integrated budgets.

## Equalities impact

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The proposals for integration will impact, in particular, on older people and on adults with multiple and / or complex needs. The aims of the proposal are to improve outcomes for patients and service users and are therefore expected to have a positive impact on such equalities groups.

The Scottish Government undertook a partial Equalities Impact Assessment of the proposals included in the Consultation. It will be necessary to undertake joint equalities impact assessments of any proposed service changes as a result of integration.

## Sustainability impact

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The proposals within this report will have a positive impact on social sustainability in particular because major aims of the Scottish Government intentions are to:

- keep people independent in their homes with appropriate support for as long as is possible and safe
- support carers to help people in this; and
- build capacity in the community for preventing ill health, unnecessary admission to hospital and for helping people to remain independent for as long as possible.

## Consultation and engagement

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This report summarises proposals from the Scottish Government following a major consultation exercise. The City of Edinburgh Council submitted a jointly agreed response in September 2012.

The Shadow Health and Social Care Partnership, established in October 2012, has been designed to ensure participation and engagement. Currently the elements in place encompass professional and clinical roles, trade unions and NHS staff partnership, the third sector, private providers. Work is ongoing to finalise the formal mechanisms for patient, service user and carer engagement, building on existing good practice.

## Background reading / external references

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Policy and Strategy Committee 4 September 2012: [Scottish Government Consultation on the Integration of Health and Social Care Services](#)

# Integration of Adult Health and Social Care Consultation: Scottish Government Response

## 1. Background

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- 1.1 Scottish Government undertook a consultation on the integration of health and social care services during 2012. The consultation concluded in September 2012 and the Government published its analysis of respondent's views in December 2012. On 14 February 2013 it published its response to the key points made by respondents and indicated its intentions for the forthcoming legislation.
- 1.2 The response and this report are organised to match the chapter headings of the consultation document:
  - The case for change – whom to legislate for?
  - Outline of proposed reforms – what to legislate for?
  - National outcomes for adult health and social care;
  - Governance and accountability;
  - Integrated budgets and resourcing;
  - Jointly Accountable Officer; and
  - Professionally led locality planning and commissioning of services.
- 1.3 The items in bold text below are specific extracts from the response.

## 2. Main report

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### **The case for change and outline of proposed reform**

- 2.1 The Scottish Government is looking to remove the bureaucratic and financial barriers that exist within the current systems for delivering adult health and social care services and to ensure clear accountability for the delivery of national outcomes. It has an early priority for improving outcomes for adults with multiple long-term conditions and complex support needs.

- 2.2 The Scottish Government intention is to **‘legislate to require Health Boards and Local Authorities to integrate health and social care services for all adults, and to leave it to local agreement to decide whether to include other areas of service, such as housing or children’s services, within the scope of the integrated arrangement.**
- 2.3 It believes that local partners (Health Boards and Local Authorities) are best placed to determine whether children’s services should fall within the scope of the new arrangements.
- 2.4 Edinburgh’s approach will include all adult health and social care services from;
- NHS Community Health Partnership
  - Council Social Care services within Health and Social Care; and
  - Royal Edinburgh and Associated Services.
- 2.5 Further consideration is being given to:
- Telecare/Community Alarm Services
  - some mental health housing support services; and
  - assessment for housing adaptations.
- 2.6 Discussions will continue during 2013/14 on whether any additional Council services and NHS acute services will be included.
- 2.7 It should be noted that prior to this consultation exercise the prevailing direction of travel had been one of the centralisation of social care services in Scotland. The consultation and Scottish Government’s intention to legislate provide a constructive approach to maximising the benefits of both local authority and NHS provision for the benefit of the local population.
- 2.8 The Convention of Scottish Local Authorities (COSLA) have been engaged in ongoing negotiations with Scottish Government throughout this process and the government proposals are broadly in line with the position adopted by COSLA.

## **National outcomes for adult health and social care**

- 2.9 The Scottish Government notes the importance of achieving nationally agreed outcomes (in order to provide some assurance of consistency and quality), along with locally determined and agreed priorities. Local communities and the professionals supporting them are best placed to understand local needs.
- 2.10 It agrees with the principle that nationally agreed outcomes should be defined in terms of individuals’ experience of wellbeing, independence and control over how they wish to live their lives. It considers that this approach provides the most effective means via which to achieve a shift in outcomes for individuals in their day-to-day experience of health and social care support.
- 2.11 The intention is to legislate for **the principle that Health and Social Care Partnerships should be held to account for their delivery of nationally agreed outcomes.**

- 2.12 Edinburgh's approach will be grounded within the nationally agreed outcomes and will mesh closely with our existing community planning arrangements. Work is progressing well to develop joint high level outcomes for the Joint Strategic Work Plan and Performance Monitoring Framework. This work will continue and detailed joint actions and local indicators will be developed to deliver and measure progress towards national and local outcomes.
- 2.13 Work will start soon on linking arrangements for locality planning to local neighbourhood arrangements in the most appropriate way to support delivery of outcomes for people.

## **Governance and Joint Accountability**

- 2.14 Effective, appropriate, joint governance of health and social care partnerships is of key importance as is an appropriate balance of consistency and local flexibility. The Scottish Government recognises the valuable contribution of the third and independent sector in providing support to people, however they are mindful of the significant statutory and budgetary responsibilities of the Local Authority and Health Board and the importance of them, together, devolving planning and decision-making to the new partnerships.
- 2.15 It is the intention of the Scottish Government to:
- **legislate for committee arrangements that confer voting rights on statutory members of the Health and Social Care Partnership Committee, and to strengthen these arrangements by legislating to require additional membership of the committee covering professional, carer, user and public interests**
  - **legislate for the principle that Local Authorities and Health Boards will have parity of voting power on Health and Social Care Partnership Committees; and**
  - **legislate on the basis that a Health and Social Care Partnership will be formed between one Local Authority and one Health Board, but to make provision for Ministers to consider applications for more than one Local Authority to form a single Health and Social Care Partnership with the same Health Board.**
- 2.16 In Edinburgh, the Shadow Health and Social Care Partnership arrangements are aligned completely with the points above in that:
- it is made up of NHS Lothian and City of Edinburgh Council;
  - it is made up of 7 NHS representatives and 7 Council representatives with voting rights;
  - it has third sector, staff partnership and Trade Union representation in place;

- engagement mechanisms are in development for external service providers building on existing good practice; and
- service user and carer representation mechanisms are in development.

## Integrated budgets and resourcing

- 2.17 The Scottish Government is committed to including within the integrated budget those resources used for the delivery of adult health and social care services, which cover primary care and aspects of secondary health care and social care provision.
- 2.18 The intention is **to legislate so that it is necessary for all local partnerships to reach agreement on integrated arrangements to be implemented locally, subject to the specifications described in legislation and to make provision for arrangements to be put in place where there is local failure to agree.**
- 2.19 Further work is underway, nationally, to articulate the services that should be included. In order to make sure that the resources allocated by the partners to the integrated budget are of sufficient scope, it is the intention **to legislate for a minimum range of functions and associated budgets that must be included.**
- 2.20 In Edinburgh, wide interpretation has been made of the scope of adult services, in the first instance, as seen in paragraph 2.4 above. It has also been agreed in principle that some acute services will come within the scope of the Partnership from 1 April 2014. Further discussions will take place, locally, during 2013/14 about other Council services and which NHS acute services can be usefully included within the scope to maximise positive outcomes for people.
- 2.21 Work has started on mapping joint budgets and areas of spend which relate to the services in scope. As an indication of the financial scale of these services, for 2012/13, the net budgets were approx £301m for the Edinburgh Community Health Partnership (ECHP) and £184m for the Council. For 2013/14 this increases to approximately £198m for the Council and the ECHP figures are yet to be finalised. Further information will be developed for the next report.
- 2.22 In terms of staff resources, it is not the intention to change existing terms and conditions.

## Jointly Accountable Officer

- 2.23 The Scottish Government is committed to the principle of integrating budgets to reflect population needs. A single budget delegated from two partner organisations, can only be managed effectively by a single point of senior oversight and accountability. Joint accountability at a senior level is needed to:
- provide a point of joint accountability upwards, from the Health and Social Care Partnership, to the Partnership Committee, via which there is accountability to the full Council and Health Board; and

- provide a single, senior point of joint and integrated management down through the delivery mechanisms in each partner organisation.
- 2.24 Edinburgh has had a Joint Director of Health and Social Care for over seven years. Current accountability arrangements will continue, upwards through both parent organisations i.e. Chief Executives, Council and NHS Board.
- 2.25 The Scottish Government also recognise the importance of statutory roles as defined in legislation, such as the Chief Social Work Officer and provide reassurance in their response that there is no intention to change these roles. However they have begun to revise the national guidance on the role of the CSWO in light of integration proposal to ensure the role remains central to the effectiveness of the new arrangements.

### **Professionally led locality planning and commissioning of services**

- 2.26 The Scottish Government considers that locality planning arrangements will be central to the success of these proposals and offer a significant and important opportunity for the effective involvement and leadership of non-statutory partners.
- 2.27 **It is therefore intended to legislate for a duty on Health and Social Care Partnerships to 'engage with and involve', rather than merely to 'consult' local professionals, across extended multi-disciplinary health and social care teams, the third and independent sectors, and for representatives of patients, people who use services, and carers regarding how best to put in place local arrangements for planning service provision.**
- 2.28 Work has not yet started in detail on locality planning arrangements for Edinburgh. This is a complex matter and will follow once the high level governance arrangements are in place.
- 2.29 However, Edinburgh's approach to the Health and Social Care Partnership governance arrangements has been to include representatives or mechanisms for representation for all of the parties listed above as referenced in paragraph 2.14. In particular there will be:
- A Professional Advisory Group with the Chair and Vice Chair as (NHS) voting members of the Partnership
  - Third sector representation (non-voting) on the Partnership
  - Provider representation through a range of existing forums
  - Care representation through Councillor Work, the Carer Champion for the Council in the first instance) and this may be extended following further consideration; and
  - Service user and (additional) carer representation is currently being drawn up. It is a complex and multi-faceted challenge and requires detailed consideration.



- 2.30 It is expected that all the parties above will play a part in determining and participating in the locality planning arrangements for the people of Edinburgh.

### Next Steps

- 2.31 A range of work is underway at a national level to ensure the Scottish Government ambitions can become a reality through a number of national working groups. The outputs from these groups will support the progression of a Bill to the Scottish Parliament before the summer of 2013.
- 2.32 Locally, NHS Lothian and the Council are working to develop a 'Partnership Agreement' which will create the framework to progress the joint ambition for improving services for people in Edinburgh.

## 3. Recommendations

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- 3.1 It is recommended that Policy and Strategy Committee:
- notes the Scottish Government response and the intention to legislate;
  - notes the current alignment of the approach in Edinburgh; and
  - notes that a further report will be made to the May meeting.

### Peter Gabbittas

Director of Health and Social Care

## Links

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<b>Coalition pledges</b>	<a href="#">P12 and P43</a>
<b>Council outcomes</b>	<a href="#">CO10, CO11, CO12, CO13, CO14, CO15</a>
<b>Single Outcome Agreement</b>	<a href="#">SO2</a>
<b>Appendices</b>	none