ADULT HEALTH AND SOCIAL CARE INTEGRATION:
RESPONSE TO CONSULTATION ON PROPOSALS

1 Purpose of the Report

1.1 The purpose of this report is to update both East and Midlothian CHP sub committees on the draft local response to the Scottish Government’s consultation on Adult Health and Social Care Integration and to invite comments from sub committee members. When agreed, this response will be submitted to NHS Lothian and will inform the joint response of the Health Board.

Any member wishing additional information should contact the author in advance of the meeting.

2 Recommendations

The sub committee(s) are recommended to:

2.1 Note the contents of the proposals and the details of the consultation exercise carried out locally.

2.2 Note the content of the draft local response and provide appropriate comment in order to inform the agreed, final version.

2.3 Note that this local response will be shared with partners in both East and Midlothian Councils for information.

3 Discussion of Key Issues

3.1 Following the Cabinet Secretary’s announcement late in 2011, The Scottish Government launched it’s consultation on the Integration of Adult Health and Social Care in May 2012. The deadline for responses to this is 11th September 2012.

3.2 The consultation document outlines the impact on current legislation and on the configuration of Community Health Partnerships. The objective of the consultation is to seek, as widely as possible, views on new legislation that will be introduced in order to achieve the changes that Ministers have been proposing. This report highlights the key points in the consultation document and includes a proposed draft response to the 20 specific questions in the consultation exercise (Annex G).

3.3 The full consultation document is accessible at www.scotland.gov.uk/Publications/2012/05/6469

3.4 The consultation document is laid out in a structured way beginning with the case for change. This references the Christie Commission report as well as the public engagement exercise of the national Reshaping Care for Older People programme and sets the debate within the context of demographic changes, current Change
Fund proposals, working with the third and independent sectors, diminishing resources and the overriding need to improve outcomes.

3.5 The proposed legislation will put a duty on statutory partners to deliver nationally agreed outcomes for adult health and social care. Health Boards and Local Authorities will be jointly and equally accountable to Scottish Ministers, Local Authority Leaders and Health Board Chairs for the delivery of these outcomes.

3.6 The consultation document describes what Ministers seek to achieve through these legislative changes and how this will be delivered. In summary these include:

- Community Health Partnerships will be removed from the statute book.
- Health Boards and Local Authorities will be required to set up a Health and Social Care Partnership, the scope of which can be locally agreed, but there must be an integrated budget and a joint governance committee to oversee the running of this Partnership.
- A senior jointly Accountable Officer for the Health and Social Care Partnership will be appointed reporting jointly to the Chief Executives of the Health Board and Local Authority. They will be responsible for commissioning and managing services with delegated authority to make decisions regarding the use of the integrated budget.
- A Partnership Agreement will be drawn up between the Local Authority and Health Board detailing the services to be delivered, outcomes to be achieved, the financial input from each partner and the mechanism to effect integration of budgets.
- The Chair and Vice Chair of the Health and Social Care Partnership, and the Health Board and Local Authority Chief Executives will be jointly held to account by the Cabinet Secretary, Local Authority Leader and Health Board Chair. This will deliver a community of governance overseeing the effectiveness of the Partnership especially in relation to early intervention and prevention, community planning processes and engagement of stakeholders.
- The main differences are expected to be:
  - Delegation of financial authority for achievement of joint outcomes and the requirement to demonstrate value for money.
  - Decision making authority in relation to delivering outcomes.
  - Joint accountability of Health Board and Local Authorities in relation to performance.

3.7 The stated aim behind proposals is to improve outcomes and utilise resources efficiently and effectively to best support individual and population need. Health Boards and Local Authorities will be required to integrate resources for adult services as a minimum, and beyond as they deem fit. In essence the resource should lose its identity to allow it to be more appropriately used. Information and evidence will be shared to enable joint management of the risks and the facilitation of planning and service design.

3.8 There are two options given in the consultation for integrating budgets:

a) Delegation to the Health and Social Care Partnership established as a body corporate of the Health Board and Local Authority. Functions and resources will be agreed by the partners and captured in a Partnership Agreement. A Jointly
Accountable Officer will manage the integrated budget under delegated authority from the two Chief Executives.

Or

b) Delegation between partners under the current legislation. This is similar to The Highland Partnership whereby the delegating partner retains its legislative responsibility for the functions that have been delegated and the financial governance system of the host partner applies to the integrated budget. A Partnership Agreement will establish the functions and resources. This model does not detail the need for a Jointly Accountable Officer.

3.9 The consultation document outlines a commissioning approach to locality planning and emphasises the importance and benefits of strong clinical and professional leadership. It is anticipated that the Health and Social Care Partnership will afford greater opportunities for professionals to influence planning than has been evidenced to date in the CHPs.

3.10 Across East and Midlothian CHP, we have consulted widely on these proposals with staff, with the public and with partners. This has been conducted through a total of 14 sessions with senior management team, CHP sub committee members, senior staff including consultants, team events, joint planning groups, GP fora, and a PPF event to which a wide constituency of user and carer representatives were invited. The local CHP response to the consultation is a summation of the feedback from all of these events.

3.11 Sub committee members are invited to send comments to carol.lumsden@nhslothian.scot.nhs.uk by Friday 24th August 2012.

4 Key Risks

4.1 The consultation document on integration of adult health and social care sets out the proposals being progressed by Scottish Government in considerable detail. It highlights the responsibilities of Local Authorities and Health Boards and details how the proposed Health and Social Care Partnerships should be configured and report. This is a highly significant policy change and will require intensive and detailed local (and regional and national) planning and redesign from the earliest stage if the structures are to be fit for purpose from 2014 onwards.

4.2 The challenges in delivering this ambitious agenda and associated redesign within current CHP capacity are well recognised, but require to be analysed further and supporting infrastructures implemented.

4.3 Significantly, the single management structure across East and Midlothian CHP which has allowed flexibility in planning and resourcing, supported clinical safety and governance issues through these processes and delivered efficiencies through minimising management duplication, may be unviable within future structures which could see separate Health and Social Care Partnerships in each of East and Midlothian. The risks inherent in this, first in terms of the potential impact on clinical services, but also in terms of effective supporting management capacity require recognition.
5 Risk Register

5.1 There is no requirement to change the CHP risk register

6 Impact on Inequality, Including Health Inequalities:

6.1 The consultation document concludes with a number of annexes detailing draft National outcomes, impact on other areas of services, workforce issues, Equality Impact Assessment (EQIA) and Business and Regulatory Impact Assessment (BRIA). This is national work in progress which is intended to further clarify the context in which this consultation is set and how the changes can be most effectively put in place.

7 Involving People

7.1 The engagement process used is set out in 3.10 above.

8 Resource Implications

8.1 There are no current resource implications

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