

## INTEGRATION OF ADULT HEALTH AND SOCIAL CARE IN SCOTLAND – CONSULTATION: SCOTTISH GOVERNMENT RESPONSE

### 1. Purpose of Report

This report provides a summary of the Scottish Government's response to its consultation on the proposals to integrate adult health and social care in Scotland and provides CHSCP members with an opportunity to consider this response in developing its role as shadow Health and Social Care Partnership and our proposals for local integrated services.

### 2. Recommendations

Members are asked to:-

- 2.1 consider the Scottish Government's response to its consultation on adult health and social care integration, set out in **Appendix 1**;
- 2.2 note the timescale within the response for legislation being presented to Parliament in the summer of 2013 as set out in 4.2; and
- 2.3 agree that work in Dumfries and Galloway to develop its integrated approach will reflect the emerging guidance set out in this response, as detailed in 4.4.

### 3. Considerations

3.1 The Scottish Government set out proposals to integrate health and social care in May 2012 and consulted on this between May and September. An analysis of responses to this consultation was published in December 2012.

3.2 Locally the CHSCP, under the leadership of the Strategic Partnership, is developing its role as shadow Health and Social Care Partnership (HSCP) over the next 14 months and has agreed a workplan to support this. A workshop session which informed the CHSCP of the detail of the proposal was held in August 2012 and at its meeting of 23 November 2012 the CHSCP:

***“AGREED** to work toward the status of full Health and Social Care Partnership Board from April 2014, with the agreement of both parent organisations and the Strategic Partnership”.*

3.3 Further, at its meeting of 10 January 2013 the CHSCP agreed a workplan and timescales, for the Board over the course of 2013-14, leading to the development of the HSCP in April 2014.

3.4 The thrust of the local response to the HSCI proposals has been for local flexibility in determining local integrated arrangements that meet people's needs. The CHSCP is mindful that the Dumfries and Galloway model, whilst meeting these local needs, must also comply with - and progress - the proposed legislation. This report provides more detail of the Scottish Government's response to its consultation and provides a framework that will enable more detailed local discussions and planning to take place.

#### 4. The Scottish Government Response to Proposals to Integrate Adult Health and Social Care

4.1 Detail on the rationale for the Scottish Government's proposals to integrate adult health and social care has been set out in previous papers (see background papers). However, the Scottish Government response to its proposals ('the response') briefly reiterates that the proposals are intended to drive change in the delivery of statutory services in response to the challenges of demographic change and the variation in quality of outcomes for people with multiple conditions, particularly those who are over 65.

4.2 The response makes clear that it is now the Scottish Government's intention to introduce a Bill to the Scottish Parliament to integrate adult health and social care, stating that *'We are clear that legislation alone will not be sufficient to achieve our aims in this area, but it will provide the national leadership necessary to create the context within which our ambitions can be achieved'*. The response also makes clear that further guidance on the content of the response and legislation is being prepared and will be made available to partnerships as they continue their work to integrate local services.

4.3 The response is set out to define the following areas:

- The case for change – who 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.

4.4 It is not intended here to summarise the entire response, however the CHSCP may wish to consider the proposals for integration and these are set out below with a commentary based on the content of the response itself:

| Proposed Legislation   | Commentary   |
|--|--|
| <i>It is our intention 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</i> | <ul style="list-style-type: none"> <li>• Recognises that chronological age may limit the opportunities to improve outcomes across the life course</li> <li>• Recognises the wider contribution than health and social care</li> <li>• Enables local consideration to be given to integrated arrangements that may include children's services, Criminal Justice and housing</li> <li>• Recognises however the need to ensure an improvement in outcomes particularly for older people with Long Term Conditions</li> </ul> |
| <i>It is our intention to legislate for the principle that Health and Social Care Partnerships should be held to account for their delivery of nationally agreed outcomes</i>  | <ul style="list-style-type: none"> <li>• Recognises principle of agreement to Single Outcome Agreements as a vehicle for this</li> <li>• Recognises the need for consistency</li> </ul>  |

| Proposed Legislation  | Commentary   |
|---|--|
|   | <p>and quality in terms of outcome measurement and frameworks across Scotland, balanced with the need to ensure local circumstances are reflected</p> <ul style="list-style-type: none"> <li>• Also takes cognisance, in principles, to ensuring that outcomes reflect personal experiences and improvement in wellbeing</li> <li>• Recognises the need to ensure outcome frameworks are flexible over time to reflect evolution in services under integration</li> </ul>  |
| <p><i>It is therefore our intention 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</i></p> | <ul style="list-style-type: none"> <li>• Recognises the 'significant' statutory and budgetary responsibilities of the Local Authority and Health Board</li> <li>• Recognises that delegation of authority from Health Boards and Local Authorities to Health and Social Care Partnerships can only happen where members of that body are publicly accountable for their decisions</li> <li>• Recognises also the benefit to partnership working of involvement of individuals working across health and social care and decision making being informed by local expertise of professional, carer, user and public representatives</li> </ul> |
| <p><i>We intend to legislate for the principle that Local Authorities and Health Boards will have parity of voting power on Health and Social Care Partnership Committees</i></p>   | <ul style="list-style-type: none"> <li>• This is in response from concerns from larger Local Authorities about assuring appropriate breadth of membership and in terms of being proportionate to the amount of resources provided by Local Authorities for the delivery of social care</li> <li>• Further work being undertaken with COSLA, NHS and Scottish Government to support this legislative intention</li> </ul>   |
| <p><i>It is our intention to 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.</i></p> | <ul style="list-style-type: none"> <li>• This enables special cases to be considered by Scottish Ministers to allow more than one Local Authority to form a Health and Social Care Partnership with one Health Board</li> <li>• This section also sets out that accountability for the effectiveness of the Health and Social Care Partnership will sit with the full Council and Health Board, rather than the Council Leader and Board Chair as had been set out in</li> </ul>   |

| Proposed Legislation  | Commentary   |
|---|--|
|   | <p>the proposal</p> <ul style="list-style-type: none"> <li>• Sets out the principle of a Partnership Agreement being developed and a Joint Strategic Plan to be overseen by the Health and Social Care Partnership which will set out the partnership's plans to deliver agreed services within the integrated budget</li> </ul>   |
| <p><i>It is our intention 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. It is our intention to make provision for arrangements to be put in place where there is local failure to agree.</i></p>   | <ul style="list-style-type: none"> <li>• Scottish Ministers have invited COSLA to undertake more work on possible other models of integrated budgets, in addition to those set out in the initial proposal</li> <li>• Sets out the principle of commitment to a single, integrated budget for the delivery of adult health and social care services covering primary care and aspects of secondary care</li> <li>• Scottish Ministers intend to legislate for a minimum range of functions to be delivered by this budget</li> </ul> |
| <p><i>It is therefore our intention, as respondents have suggested, to legislate for a duty on Health and Social Care Partnerships to 'engage with and involve', rather than merely '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.</i></p> | <ul style="list-style-type: none"> <li>• This acknowledges the benefit to the Health and Social Care Partnership of the involvement of stakeholders at a local level and to undertake planning and commissioning to support a locality planning model</li> <li>• Ministers do not intend to legislate on the specific form or nature of locality planning arrangements, preferring to leave that to guidance and local determination</li> </ul>  |

4.5 A key principle set out in the initial proposal was for a Jointly Accountable Officer (JAO) to be accountable for the range of integrated services and for that JAO to be accountable for this to both the Health Board and Local Authority. The response does not set out intentions to legislate for this role however the response restates the principle intent of the role which was to ensure a move from the status quo and to ensure the effective oversight of integrated budgets and services via a single point of accountability. Local partnerships will be left to determine the scope of this joint accountability under local arrangements for integration.

4.6 COSLA is continuing its efforts to secure flexibility regarding the post - the Dumfries and Galloway response to the consultation had been that shifting the balance of care is not dependent on the financial authority of a JAO and that it should be a matter for each Local Authority/NHS area to determine the arrangements for any joint post, if one is required at all, so that it fits with the senior management frameworks of local partners.

## 5 Local Planning Arrangements

5.1 At its meeting of 23 November 2012, the CHSCP B agreed:

*“the approach being taken to the development of the CHSCP B, under the leadership of the Strategic Partnership, towards its ultimate role of Health and Social Care Partnership Board (HSCP B); and*

*to act as a shadow HSCP B over the implementation year 2013/14 during which time an agreed model for integration in Dumfries and Galloway would be agreed and implemented”.*

5.2 Locally, the Chief Executives of both the NHS Board and the Council are leading the development of proposals for the integration of adult health and social care services. A Programme Board is being established to progress this work.

5.3 The publication of the Scottish Government’s response provides more clarity on the national direction for integration of adult health and social care and provides local senior officers with more detailed guidance on which to base local plans.

## 6 Governance Assurance

The following have been consulted on this paper and are in agreement with its content; Chief Executive, NHS Dumfries and Galloway, Chief Executive Dumfries and Galloway Council, NHS Dumfries and Galloway Management Team, Dumfries and Galloway Council Corporate Management Team, Director of Social Work, Dumfries and Galloway Council, Head of Finance, Dumfries and Galloway Council, and the Senior Social Work Management Team.

## 7 Impact Assessment

As this report does not propose a change in policy or the formal adoption of a plan, policy or strategy no Impact Assessment is required.

### Author(s)

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### Approved by

| NAME     | DESIGNATION                                   | SIGNATURE   |
|----------|---|---|
| Jeff Ace | Chief Executive, NHS<br>Dumfries and Galloway |  |

**Appendices – 1**

**Appendix 1 - Integration of Adult Health and Social Care in Scotland – Consultation;  
Scottish Government Response February 2013**

**Background papers – 1**

**Community Health and Social care Partnership Board – Leading Health and Social  
Care Integration – Report to CHSCPB November 2012**