

## INTEGRATING ADULT HEALTH AND SOCIAL CARE IN DUMFRIES AND GALLOWAY - PROGRAMME UPDATE

### 1. Purpose of Report

This report provides an initial comparison of the recent Scottish Government response on integrated services, with the agreed local principles, for the Community Health and Social Care Partnership Board (CHSCP) to consider in developing its role as a shadow Health and Social Care Partnership (HSCP). It also sets out action being taken to establish programme management arrangements for the development of detailed proposals for a local integration model.

### 2. Recommendations

Members are asked to:-

2.1 consider the comparison of the Scottish Government's response to its consultation on adult health and social care integration, with the locally agreed principles set out in **Appendix 1**; and

2.2 note the action being taken to establish programme management arrangements for the development of a detailed local integration model, as set out at 4.1 to 4.4 of this report.

### 3. Considerations

3.1 As noted in a separate report to this Board, item 8, the Scottish Government has set out proposals to integrate health and social care. Locally the CHSCP, under the leadership of the Strategic Partnership, is developing its role as a shadow Health and Social Care Partnership (HSCP) over the next 14 months and has agreed a workplan to support this.

3.2 The thrust of the local response to the Scottish Government proposals has been for local flexibility in determining local integrated arrangements that meet people's needs. In responding to the Scottish Government's consultation in September 2012, Dumfries and Galloway's joint response set out agreed principles for integration which would guide and shape the development of local arrangements for delivery, while complying with the requirements of national legislation. These principles are:

#### Figure 1 – Dumfries and Galloway Integration principles agreed:

- *Integration must focus on improved health and wellbeing outcomes for local people; quality of care and the needs of the individual are central to how we plan and provide services*
- *All adult health and social care services, including acute services, will be included from the outset; opportunities to extend integration across other service areas, for example, children's services, will be actively explored*
- *Services will be provided at community or locality level wherever possible and we will avoid unnecessary hospital admissions and duplication of professional input*
- *Local GPs must be at the heart of our community and locality services*
- *Clear and robust decision-making structures will fully reflect the unique and different roles of the NHS and the Local Authority, retaining the respective accountability for*

*resources, outcomes and performance and quality of services through a continuing commissioning approach*

- *A joint health and social care board will have oversight of the delivery of all commissioned services, from both the NHS and the Local Authority, and will comprise elected Council Members, NHS Board members and an appropriate role for accountable officers*
- *Health and social care services in each locality will be accountable to their local community and a joint partnership board*
- *Clear and robust structures will provide for full delegation and empowered decision-making*
- *Professional leadership and oversight and practice development should remain with senior professional officers in each organisation*
- *Professionals will be freed up to focus on delivery and solutions, learning from experience through, for example, Joint Future*
- *An integrated budget should be in place to respond to all situations; the work being progressed in Dumfries and Galloway on a Joint Resourcing Framework will assist*
- *2013 will see the development of our proposals for integration, with the aim of delivering a fully integrated model from 1 April 2014. Our aim is to achieve excellence immediately post-integration*
- *The Community Health and Social Care Partnership Board in Dumfries and Galloway provides the kernel of a structure for a future Health and Social Care Partnership*

3.3 **Appendix 1** of this report compares the main elements of the Scottish Government's response with these locally agreed principles. In summary the principles set out locally are broadly similar to the intent and flexibility brought forward in the Scottish Government's response.

## 4 Developing local arrangements

4.1 The Scottish Government's response provides more clarity on the national direction for integration of adult health and social care and therefore provides more detailed guidance on which to base local plans. The shadow HSCP had set out in its initial workplan that a presentation and discussion on potential models of integration and their impact in the Dumfries and Galloway context would be facilitated at this point. The publication of the Scottish Government's response in effect now allows for firm proposals on integration to be prepared for formal consideration by both the local authority and health board, and presented to the HSCP in advance for consideration. The draft workplan for the HSCP should be amended to reflect this, acknowledging the preparations to receive this at its next meeting on 9 May 2013.

4.2 Locally, the Chief Executives of both the NHS Board and the Council are leading the development of the proposals for the integration of adult health and social care services. The Chief Executives have instructed that a Programme Board is established, based on outline arrangements set out at **Appendix 2** of this report. A final remit and membership of this Programme Board will be agreed at the first meeting which is scheduled to take place in March 2013. The suggested membership of this Programme Board and its advisors is intended to reflect the wide range of interest and advice required to take forward the complex requirements of integration.

4.3 In preparing these arrangements both Chief Executives recognise the need to ensure the necessary resources are applied in terms of individual workstreams to deliver integration and also that the overall programme has dedicated oversight, at an appropriate senior level, to ensure success. This will ensure clarity of progress reporting, coordination and dedicated advice for the HSCP on integration developments. The Programme Board will consider actions necessary to secure this resource at its first meeting.

4.4 The first meeting of the Programme Board will also establish arrangements to consolidate existing joint and shared planning or initiatives on adult health and social care within the oversight of the integration programme, and direct workstreams that will result in detailed work on integration such as governance; workforce integration; funding; management structures; resource management; information and shared systems etc.

4.5 The detailed programme timescales and workstreams set out under this Programme Board will allow for further reflection on the HSCP workplan ensuring these are aligned.

## 5 Governance Assurance

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

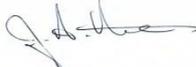
## 6 Impact Assessment

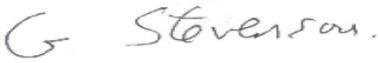
As this report does not propose a change in policy or the formal adoption of a plan, policy or strategy no Impact Assessment is required.

### Author(s)

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### Approved by

NAME	DESIGNATION	SIGNATURES
Jeff Ace	Chief Executive, NHS Dumfries and Galloway	

<b>Gavin Stevenson</b>	<b>Chief Executive, Dumfries and Galloway Council</b>	
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**Appendices – 2**

**Appendix 1-Comparison of agreed local principles with Scottish Government  
Response February 2013**

**Appendix 2 -Proposed Arrangements for Establishment of Integration Programme  
Board**