PERTH AND KINROSS COUNCIL

Executive Sub-Committee of Housing and Health – 5 September 2012

INTEGRATION OF ADULT HEALTH AND SOCIAL CARE IN SCOTLAND – CONSULTATION RESPONSE

Report by Executive Director (Housing and Community Care)

ABSTRACT
This report outlines a proposed response for Perth and Kinross Council to the Scottish Government's consultation proposals for the Integration of Adult Health and Social Care in Scotland.

1. RECOMMENDATION

The Executive Sub-Committee approve the response attached at Appendix 1 to this report.

2. BACKGROUND

2.1 In May 2012, the Scottish Government published consultation proposals in relation to the Integration of Adult Health and Social Care in Scotland. (Link to consultation document: www.scotland.gov.uk/Publications/2012/05/6469) Consultation responses were requested by 11 September 2012.

3. PROPOSALS

3.1 Extensive discussions have taken place with all Council Services, national and local stakeholders, professional bodies, NHS and voluntary sector colleagues and other interested parties to inform the proposed Council response to the consultation attached at Appendix 1.

3.2 The proposed response generally supports the key ethos and direction of travel laid out for the future Integration of Adult Health and Social Care and provides answers to the specific questions outlined in the proposals.

3.3 The proposed response also clearly sets out the Council's view that it is vital that future proposals for the Integration of Adult Health and Social Care ensure a transfer of resources from the Acute Health Sector towards care in community settings.

3.4 Key areas which are highlighted in the proposed response that will require further detailed discussion are:

- The need for Health & Social Care Partnerships to have in place clear, unambiguous arrangements for governance and accountability that fit with other statutory responsibilities placed on organisations and individuals.

- The extent to which the Acute Sector in Health is expected to contribute to the shift in the balance of care. In particular, which acute care budgets will be within the scope of the integrated budget of the Health & Social Care Partnership.

- A broader range of models for integration in terms of budget and governance than outlined in the consultation proposals should be available to Health & Social Care Partnerships.

- Arrangements for ensuring that General Practitioners engage in the development of commissioning and strategic planning.

4. CONSULTATION

All Council Services have been consulted in the preparation of this report.

5. RESOURCE IMPLICATIONS

There are no resource implications arising directly from the recommendations contained in this report.

6. COUNCIL CORPORATE PLAN OBJECTIVES 2009-2012

The Council's Corporate Plan 2009-2012 lays out five Objectives which provide clear strategic direction, inform decisions at a corporate and service level and shape resources allocation. They are as follows:-

(i) A Safe, Secure and Welcoming Environment
(ii) Healthy, Caring Communities
(iii) A Prosperous, Sustainable and Inclusive Economy
(iv) Educated, Responsible and Informed Citizens
(v) Confident, Active and Inclusive Communities

The subject matter of this report relates to the achievement of all of the Objectives.

7. EQUALITIES IMPACT ASSESSMENT (EqIA)

7.1 An equality impact assessment needs to be carried out for functions, policies, procedures or strategies in relation to race, gender and disability and other relevant protected characteristics. This supports the Council's legal requirement to comply with the duty to assess and consult on relevant new and existing policies.

7.2 The function, policy, procedure or strategy presented in this report was considered under the Corporate Equalities Impact Assessment process and was assessed as **not relevant** for the purposes of EqIA.

8. STRATEGIC ENVIRONMENTAL ASSESSMENT

8.1 Strategic Environmental Assessment (SEA) is a legal requirement under the Environmental Assessment (Scotland) Act 2005 that applies to all qualifying plans, programmes and strategies, including policies (PPS).

8.2 The matters presented in this report were considered under the Environmental Assessment (Scotland) Act 2005 and no further action is required as it does not qualify as a PPS as defined by the Act and is therefore exempt.

9. CONCLUSION

It is hoped that the Council's response to the consultation proposals will help in informing future national legislation and guidance to support the continued development of effective partnership working and improved health and social care outcomes for the people of Perth and Kinross.

DAVID BURKE
Executive Director (Housing and Community Care)

Note: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information) were relied on to any material extent in preparing the above report.

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Appendix 1

PERTH & KINROSS COUNCIL

FINAL DRAFT CONSULTATION RESPONSE

INTEGRATION OF ADULT HEALTH & SOCIAL CARE

INTRODUCTION

Perth & Kinross Council welcomes the opportunity to respond to the consultation on the proposals to integrate Adult Health and Social Care in Scotland.

The continued demographic changes in our communities and unprecedented financial challenges facing public services makes Adult Health & Social Care services a key priority for Perth & Kinross Council.

We broadly welcome the central ethos of these proposals in terms of focussing on a partnership approach to the delivery of Adult Health & Social Care services, breaking down organisational and cultural barriers and targeting joint efforts and resources towards improved outcomes.

Perth & Kinross Council supports the principles and policy direction outlined in these proposals, with the emphasis on health and social care services integrated around, and focussed upon the needs of, individuals, their families and carers.

We are proud of our track record of working in partnership with NHS Tayside and others to provide effective, responsive services and positive outcomes for our communities. We are well placed to build upon our successes to date and see this legislation as an opportunity to take forward innovative approaches within a supportive national framework.

We believe that the proposed legislation should be aligned with the Community Planning framework as the overarching mechanism for the delivery of public service improvement. We welcome the alignment of Health & Social Care Integration outcomes within the performance management structure of Single Outcome Agreements.

We also particularly welcome that the broad ethos of the legislation is to provide a framework which will be enabling in its form, allowing local arrangements to be agreed to best fit local needs and priorities.

We recognise that there is much detailed discussion still to emerge from the ongoing work to develop the legislation and we look forward to engaging positively with our partners in these discussions.

Furthermore, we recognise the particular challenges in drafting legislation which provides both clear direction and allows flexibility for local determination and interpretation.

Key areas which will require further detailed discussion are:

- The need for Health & Social Care Partnerships to have in place clear, unambiguous arrangements for governance and accountability that fit with other statutory responsibilities placed on organisations and individuals.

- The extent to which the Acute Sector in Health is expected to contribute to the shift in the balance of care. In particular, which acute care budgets will be within the scope of the integrated budget of the Health & Social Care Partnership.

- A broader range of models for integration in terms of budget and governance than outlined in the consultation proposals should be available to Health & Social Care Partnerships.

- Arrangements for ensuring that General Practitioners engage in the development of commissioning and strategic planning.

We look forward to continuing to inform the development of these proposals and will now address the specific questions within the consultation.

Consultation Questionnaire

The case for change

Question 1: Is the proposal to focus initially, after legislation is enacted, on improving outcomes for older people, and then to extend our focus to improving integration of all areas of adult health and social care, practical and helpful?

Yes ✓ No □

Comments:
It is important that Health & Social Care Partnerships are given flexibility to progress the integration agenda in a way that is consistent with existing local practices and experiences. Opportunities for further integration should be available flexibly to fit local circumstances within a national framework.

Older people services are rightly the priority. The case for making this a priority is clear, given funding and demographic challenges. However, it is important that Health & Social Care Partnerships are given flexibility to progress the integration agenda in a way that is consistent with existing local practices and experiences. Opportunities for further integration should be available flexibly to fit local circumstances within a national framework.

Outline of proposed reforms

Question 2: Is our proposed framework for integration comprehensive? Is there anything missing that you would want to see added to it, or anything you would suggest should be removed?

Yes □ No ✓

Comments:
In general, the framework provides a general route map to integration but requires more detail on issues such as the decision-making process, clinical and strategic leadership and how locally determined budgets and disputes should be resolved. Locality planning/management issues and the role of councillors in those arrangements should be addressed in this framework.

The Acute Sector's contribution to the development of seamless services, shifting the balance of care and contribution to integrated budgets and resourcing is underdeveloped in these proposals. The ultimate success of the integration agenda will not be achieved unless there is clarity in respect of the types and levels of resources available to the Health & Social Care Partnership.

National outcomes for adult health and social care

Question 3: This proposal will establish in law a requirement for statutory partners – Health Boards and Local Authorities – to deliver, and to be held jointly and equally accountable for, nationally agreed outcomes for adult health and social care. This is a significant departure from the current, separate performance management mechanisms that apply to Health Boards and Local Authorities. Does this approach provide a sufficiently strong mechanism to achieve the extent of change that is required?

Yes ✓ No ☐

Comments:
The proposals would be strengthened by clearly aligning Health & Social Care Partnerships within the framework of Community Planning and Single Outcome Agreements.

However, it is important to recognise that at this point Community Planning Partnerships do not have an appropriate legal status which would allow them to be the mechanism through which Health & Social Care Partnerships could be held accountable.

We believe that Health and Social Care Partnerships should report back through their own host organisations to ensure appropriate accountability and effective scrutiny of performance.

A joint approach to performance management and improvement will be vital to the success of the integration process. Different performance management arrangements currently exist within the NHS and councils. Local government has locally agreed targets and performance monitoring systems and a strong culture of self-evaluation. Within the NHS there is a high degree of prescription on target setting and centralised reporting of performance. It will be important that a single set of performance management and reporting arrangements is put in place.

Question 4: Do you agree that nationally agreed outcomes for adult health and social care should be included within all local Single Outcome Agreements?

Yes ✓ No ☐

Comments:

Governance and joint accountability

Question 5: Will joint accountability to Ministers and Local Authority Leaders provide the right balance of local democratic accountability and accountability to central government, for health and social care services?

Yes □ No ✓

Comments:
Further consideration is required on this issue. At present, it is the Council who have overall responsibility and are accountable, not solely the Leader of the Council. The role of Leader is not a statutory role and has no executive authority.

The measures that will be used by Ministers to ensure accountability (i.e. Inspectorates, Regulatory Bodies) need to be detailed in future proposals.

Question 6: Should there be scope to establish a Health and Social Care Partnership that covers more than one Local Authority?

Yes ✓ No □

Comments:
This is in line with the ethos of local flexibility, expressed in the consultation narrative, which should be available to partners to meet local needs. Synergies on economies of scale may exist in regional structures being established, however structures and scope should be a matter for local determination.

Question 7: Are the proposed Committee arrangements appropriate to ensure governance of the Health and Social Care Partnership?

Yes □ No ✓

Comments:
Further detailed work should be completed on the governance and accountability arrangements to ensure that the level of democratic oversight and involvement is appropriately recognised.

The practical arrangements to ensure governance and accountability, particularly to democratically elected councillors, require further detailed discussion. Clarity is required on the legal basis for councils delegating budgetary authority to another body.

It is vital that the role and function of the Health & Social Care Partnership Board is well defined. The Board's responsibilities in terms of decision-making and use of resources require to be more clearly set out.

The existing proposals imply that resource allocation responsibilities lie solely with the Jointly Accountable Officer, rather than the Partnership Board.

Conflict resolution requires to be addressed. Arrangements will need to be put in place within the governance and accountability framework of the Health & Social Care Partnerships which outline what the mechanism is to resolve conflicts between constituent bodies of the Partnership, particularly in relation to interaction between Council and NHS Committees, and the Health & Social Care Partnership.

Question 8: Are the performance management arrangements described above sufficiently robust to provide public confidence that effective action will be taken if local services are failing to deliver appropriately?

Yes ✓ No ☐

Comments:
More detailed consideration is required to clearly set out how performance is to be managed and reported, including how the public will know effective services are being delivered and outcomes met.

Performance measures require to address the cultural change aspirations of the Partnership. It will be important to measure and report upon progress on the process of cultural change, for example, with regard to the integration of budgets, delivery, patient pathways, partnership working, employee satisfaction levels and effective leadership.

Question 9: Should Health Boards and Local Authorities be free to choose whether to include the budgets for other CHP functions – apart from adult health and social care – within the scope of the Health and Social Care Partnership?

Yes ✓ No ☐

Comments:
This proposal will allow maximum flexibility about the scope and remit of Health & Social Care Partnerships. This in line within the ethos of providing local flexibility to allow partnerships to reflect local needs and priorities.

Integrated budgets and resourcing

Question 10: Do you think the models described above can successfully deliver our objective to use money to best effect for the patient or service user, whether they need "health" or "social care" support?

Yes ☐ No ✓

Comments:
We would wish not to be restricted to the two models prescribed in the proposals. There are other models which may be appropriate to meets local requirements and we would wish to have discretion to identify the model that best fits our needs.

It is important to focus on outcomes rather than the organisational structures which will deliver them, whilst understanding that unless effective structures are in place improved outcomes will be difficult to achieve. A balance needs to be struck by having an enabling governance framework that has a 'light touch' so as not to stifle innovation and the excellent joint working that already exists.

Health & Social Care Partnerships would require to look at a range of models to find out what is appropriate to meet with local circumstances.

The proposals as set out don't provide adequate detail to allow proper understanding of options.

The move to Health & Social Care Partnership arrangements should seek to avoid getting too involved in transferring staff between bodies with the challenge of aligning service conditions.

It isn't clear in 5.1b) how budgets can be shared in a model where there are separate Governance arrangements. Guidance would be helpful on this issue.

If budgets are delegated from one agency to another agency, which agency is legally responsible for the activity if anything goes wrong, particularly where an agency has a statutory responsibility to deliver and has transferred the budget. Again guidance would be helpful on this matter.

In spite of accountability remaining with the statutory body responsible, if the budget and activity is transferred to another body, it will be difficult for the statutory body to maintain sufficient control over that activity to be held accountable.

Question 11: Do you have experience of the ease or difficulty of making flexible use of resources across the health and social care system that you would like to share?

Yes ✓ No □

Comments:
Clarity is required as to what Acute Service budgets come within scope of the Health & Social Care Partnership.

It is difficult to move budgets and activity from acute care to primary/social care e.g. close beds to free up resources for community/home care. Each proposal for change can also be subject to delay due to bureaucratic processes.

We nevertheless remain convinced that, as changes in care pathways develop, a simultaneous and proportionate reallocation of resources from the Acute Sector to care in community settings is mandated.

Workforce planning is a particular challenge given the different existing industrial relations agreements and practice. Local direction to allow a flexible approach appropriate to local circumstances would be desirable.

There are, however, numerous examples of good practice where progress is being made in creating the environment for the better alignment and sharing of resources. The Integrated Resource Framework and Change Fund activity in Perth & Kinross has provided such opportunities. We would encourage the development of a 'database' of best practice which could be shared across Scotland.

Question 12: If Ministers provide direction on the minimum categories of spend that must be included in the integrated budget, will that provide sufficient impetus and sufficient local discretion to achieve the objectives we have set out?

Yes ✓ No □

Comments:
Further guidance and direction is required on financial issues. A National Framework should be set out for resource allocation which provides local discretion, balanced with robust, national guidelines.

The integration of Acute Sector budgets is one of the most complex and challenging elements of the integration process. It will be important that the contribution of Acute Sector spend is transparent and that there is consistency of approach across Scotland in identifying the budgets that come within the scope of the Health & Social Care Partnership.

Among the other specific financial issues which should be addressed are the different arrangements which presently exist in terms of VAT, charging for services and capital funding arrangements.

Jointly Accountable Officer

Question 13: Do you think that the proposals described here for the financial authority of the Jointly Accountable Officer will be sufficient to enable the shift in investment that is required to achieve the shift in the balance of care?

Yes □ No ✓

Comments:
The Joint Accountable Officer role and remit requires further clarity particularly in relation to financial and human resource management delegation.

The Joint Accountable Officer requires well defined delegated authority to manage the strategic direction and activity of the Health & Social Care Partnership on a day to day basis without having to refer unnecessarily to Council, NHS (or both) decision making bodies.

How the Joint Accountable Officer would direct and influence the Acute Sector's involvement in the Health & Social Care Partnership is unclear.

The contribution and involvement of the Acute Sector in future partnership arrangements is unclear and should be defined. This is a challenge within the current system and the opportunity provided by this legislation should be taken to establish the expectations of all those involved - Ministers, Health Boards, Councils etc on the parameters of the Acute Sectors' contribution to the development of integrated services and integrated resources.

It is important that the Acute Sector resources spent on older people are available to the Health & Social Care Partnership to be directed towards its agreed outcomes to allow the necessary delivery of care.

The role of CHPs as the 'interface' for local authorities to access/communicate with the Acute Services was not successful. Lessons need to be learned and more robust authority needs to be given to Joint Accountable Officers to enable the necessary shifts in investment.

Question 14: Have we described an appropriate level of seniority for the Jointly Accountable Officer?

Yes □ No ✓

Comments:
It is unclear from the proposals. More details and a clearer remit, including the level of decision making and delegated financial authority, is required. It may be helpful to outline the relationship between the role of Joint Accountable Officer and Chief Social Work Officer and other statutory officers.

Clarity is also required about the level of remuneration for Joint Accountable Officers. Local Partnerships will require local discretion but within a national framework.

Professionally led locality planning and commissioning of services

Question 15: Should the Scottish Government direct how locality planning is taken forward or leave this to local determination?

Yes □ No ✓

Comments:
Locality planning structures and approaches should be subject to local determination.

A mix of locality planning arrangements may be necessary to reflect natural communities and local needs/priorities.

Service users' views need to be taken into account to ensure local ownership of locality arrangements.

Question 16: It is proposed that a duty should be placed upon Health and Social Care Partnerships to consult local professionals, including GPs, on how best to put in place local arrangements for planning service provision, and then implement, review and maintain such arrangements. Is this duty strong enough?

Yes ✓ No ☐

Comments:
The experience of the Change Fund has shown the benefit of engaging with stakeholders including GPs, voluntary and private sector in planning service re-design.

The involvement of service users will be also very important in shaping service delivery.

Question 17: What practical steps/changes would help to enable clinicians and social care professionals to get involved with and drive planning to a local level?

Yes ☐ No ☐

Comments:
A practical step would be to ensure that there is clear evidence of the impact that local planning has on the design, delivery and commissioning of local services. Engagement with GPs and others around the IRF/Change Fund will assist this process. Examples of practical measures to promote involvement would be:-

- Locality Partnership teams
- Co-location of staff
- The IRF and the development of a consumption fund to support and incentivise change
- Joint organisational development and learning plans/activity.

Question 18: Should locality planning be organised around clusters of GP practices? If not, how do you think this could be better organised?

Yes ☐ No ✓

Comments:
Local determination is vital, based around natural communities, following engagement with stakeholders/service users.

Question 19: How much responsibility and decision making should be devolved from Health and Social Care Partnerships to locality planning groups?

Yes ☐ No ☐

Comments:
It depends upon the agreed remits of locality planning groups and these will develop in different ways. However, we would support the principle of devolving decision making as close as possible to the point of delivery.

Question 20: Should localities be organised around a given size of local population – e.g. of between 15,000 and 25,000 people, or some other range? If so, what size would you suggest?

Yes ☐ No ✓

Comments:
One size will not fit with the diverse demography of Scotland. This is better left to local determination.