Annex G 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 ☐

The focus on older people is understandable given the scale of the demographic challenge. However West Lothian Community Health and Care Partnership (CHCP) currently includes community care, children and families, health improvement, criminal justice, mental health, primary care, allied health professionals, community nursing and hosted services (Lothian wide services managed by the CHCP on behalf of NHS Lothian, namely the Salaried Primary Care Dental Service and smoking cessation).

Many adult services are already integrated or delivered jointly e.g. mental health, learning disability and addictions and it would be essential that any proposals include these. It would be anticipated therefore that in order to further develop the CHCP under the new arrangements locally these would constitute the minimum level of service areas in West Lothian.

Also when considering older people it may not be helpful to focus on age bands as this can create artificial differences. It may be more helpful to focus on biological age and individual need rather than only chronological age.

West Lothian CHCP asks for assurances that local flexibility will be given in determining the scope of the partnerships beyond the statutory minimum.

Prior to the formation of the CHCP in 2005, secondary and primary care services were integrated in West Lothian. Since the establishment of the CHCP, primary care and social care services have been integrated. We would now seek to develop a complete integrated care pathway for local people .

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 ☐

Yes the framework appears to be comprehensive with sufficient flexibility to allow for local requirements.

Integration will only succeed nationally if the correct legal framework is put in place through statutory amendments, and if the lines of accountability are clearly drawn.

However very little mention is made of the role of health improvement to advance wellbeing and reduce health inequalities. Also other than a brief reference in Annex B no mention is made of addiction services in the consultation document.

The status of the partnership under one model is described as “a body corporate”, this requires to be clarified as to whether this means a separate legal entity, or some new form of hybrid body. There are models available to use, or else the body could be part of the decision-making structures of both partners as a form of committee or joint committee (see Question 7).

The complications of establishing a separate corporate entity are unnecessary, when a committee model is achievable with minor statutory amendments. That arrangement fits with traditional decision making in both councils and health boards.

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 ☐

West Lothian CHCP has developed an integrated approach to performance management over the last year and close partnership working between Council and NHS staff has led to considerable progress in the development of a more comprehensive range of performance indicators across the CHCP. Work is ongoing to extend the range of performance indicators to include measures related to GP practices and community nursing.

Some of the national outcomes are very high level and clarity is required regarding the detail. A single unified set of outcomes/targets is required to replace the current separate sets to avoid duplication and make best use of resources. Also there needs to be a clear connection between these and the parent body’s set. An outcome–based focus is more useful but not if it results in being pulled in different directions by the target.

Responsibility for delivery of services and outcomes should lie with the partner bodies and not directly with the JAO, which is the traditional and familiar arrangement. The JAO will in turn be responsible for delivery to the partner bodies

through their Chief Executives. Separate audit and scrutiny arrangements are required to ensure councils and health boards comply and perform.

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 ☐

It will be essential to have strong and effective linkages to the community planning agenda in order to provide an opportunity to give expression to the broader contribution of the partners to the SOA.

West Lothian Community Planning Partnership is currently completing a CPP wide strategic assessment that will help determine local priorities and focus for the new combined West Lothian Community Plan and SOA from April 2013. Analysed data and information from across all the SOA themes will provide a clearer focus of local priorities. CHCP services are very involved in that process and are members of the core project team. It is expected that nationally agreed but locally focused outcomes for adult health and social care will feature in our new SOA.

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 ☐

West Lothian CHCP is well placed to respond to the new arrangements, already having a single joint director, integrated management arrangements and a number of fully integrated operational teams and in many ways already represents the integrated model of health and social care proposed by the Scottish Government. Our governance arrangements also reflect the equal involvement of both partners, with equal representation from each on the CHCP Board. The NHS element of the Board consists of two Non-Executive Directors, one Partnership representative (nominated by Lothian Partnership Forum) and one GP (nominated by the West Lothian GP Practice forum). The Board provides governance oversight to the activities of the CHCP to ensure the remit of the CHCP is being effectively discharged. The CHCP has found that this approach allows an equitable relationship between partners and satisfactory assurance regarding governance and accountability.

Delivery/decision-making and oversight/scrutiny are two separate functions, and should be separated clearly. The proposal for accountability adds an unnecessary layer to current arrangements for scrutiny and accountability which apply to councils and health boards.

The JAO will be responsible by means of contractual arrangements to the partners through their Chief Executives for performance and delivery, and the partners will retain responsibility for meeting agreed outcomes, and will be subject to audit and scrutiny through existing mechanisms. Ultimate accountability for strategic service development decisions will remain with each partner (NHS Lothian/West Lothian Council). This needs to be clear in how we structure any future models. It would be helpful therefore if the Bill recognised the potential risk of a partner following a course of action which might be at odds with the direction of the partnership.

The position of Council Leader is not a legal requirement, and no single councillor, whether Council Leader or not, carries the legal and management powers and responsibility the proposed arrangement envisages.

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

Yes ☐ No √☐

West Lothian CHCP benefits from being coterminous across health and local authority boundaries. This coterminosity has proved advantageous for West Lothian and facilitated joint working/planning, generally reducing bureaucratic obstacles that may otherwise have resulted from straddling boundaries.

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

Yes ☐ No ☐

See response to Q.5.

The proposals do not address existing statutory limitations on councils' powers in relation to their decision making structures. Councils can only establish a joint committee with other councils, not health boards, and there are rules which prevent appointment of an equal number of non-councillors to decision-making committees. Relatively simple amendments can be made to remove those obstacles and ensure there are options available in determining the decision-making structure to apply.

Those amendments will also help with audit and scrutiny arrangements, since a similar committee can be established to perform that role and oversee the way the partnership board operates.

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 ☐

More detail is required to ensure arrangements are sufficiently robust without being inhibiting.

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 ☐

West Lothian has operated a community health and care partnership which has included a substantial range of council and health services spanning all age ranges including community care, health improvement, primary care, community nursing, mental health, children and families, allied health professionals, criminal justice and Lothian wide services. In order to further develop the partnership it will be essential to continue and build upon these services to meet the twin challenges of shifting the balance of care and advancing wellbeing. The opportunity to include elements from the acute sector is welcomed. As stated in Q.1 this will be necessary to enhance the development of care pathways and to provide seamless services for people encompassing primary, secondary and social care.

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 ☐

It is likely that Option A – Delegation to the Health and Social Care Partnership, established as a body corporate will be the preferred model for West Lothian. The definition of body corporate is to be advised. It is not envisaged that conditions of service of staff in either Health or Social Care will be altered. Consequently the overall responsible manager having full executive autonomy of decision making is crucial to its efficacy.

The West Lothian Model currently envisages both partners agreeing an annual financial contribution to the Health and Social Care Partnership. Each contribution would still be accounted for through respective bodies financial systems and accounts but would be delegated to the Partnership under the management of the Jointly Accountable Officer.

Given the demographic demands in this area over coming years it is important that the provision of health and social care services is operated as one and decisions are made jointly within overall resources available.

Therefore the principles made in the case for change are strongly supported. It is

important to acknowledge however that significant work will be required in order for the budgetary and financial aspects of this to work effectively. It will be important that council and health finance work closely over the coming months to agree approaches required for annual and medium term budgeting, in year monitoring and financial reporting including final accounts. This will need to take account of separate current financial frameworks and systems in place. However harmonisation of planning/budget cycles within health and council should be considered.

A key aspect of successful integrated budgets will be both public sector bodies at all levels embracing the integrated budget principle and accepting that each of their resources need to be seen as a total resource to be prioritised towards shifting the balance of care and achieving key outcomes. This will mean resources being vired across public sector bodies from and to areas that previously would have been seen as a council or health responsibility. Every effort will be made to ensure joint budgets are utilised to improve the outcome for the West Lothian population and enhance existing public sector workforce within West Lothian.

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 ☐

West Lothian's excellent performance in relation to managing hospital discharge (since the census in July 2009, only one patient in West Lothian has been recorded as being delayed for longer than six weeks in hospital) illustrates the benefits of collaborative working and flexible use of resources across health and social care services.

Also the establishment of the Health and Social Care Change Fund has given an indication of how integrated budget can be operated. Through this mechanism an overall pot of money has been allocated to West Lothian and council and health have jointly agreed (with community planning partners) on priorities for how this money has been utilised.

This has worked effectively and has been very helpful in improving joint working between both bodies. It has also helped to understand issues and perspectives of both bodies which has aided understanding of resource issues each have.

From a finance perspective, it has led to a much closer working relationship between finance professionals in both bodies. During the year this has resulted in money being vired from Health-led project to Council-led project which underlines a joint working approach and a genuine acceptance that the Change Fund is a West Lothian resource rather than belonging to an individual organisation.

This working relationship, and joint reporting stemming from this, has established a solid footing for further integration.

West Lothian also has a strong and effective CHCP with existing areas of joint resourcing operating in Mental Health, Community Rehabilitation and Brain Injury Service (CRABIS), Joint Equipment Store and through partnership centres at Strathbrock and Fauldhouse.

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 ☐

Given the strong track record of joint working in West Lothian between the council and health it is felt that clear guidance on this would be sufficient to achieve the integrated budgets and resourcing objectives set out.

West Lothian CHCP supports the position that the method of integration should not be imposed on councils and health but rather that local agreement on what is most suited for an area will provide the best means of effective integration.

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 ☐

The position of JAO requires clarification. Responsibility for delivering agreed outcomes should rest in statutory terms with the partners. The partners should be required to appoint a JAO who would be accountable to them in a contractual sense in the same way as any other employee or officer.

The partners should then be required by the legislation to delegate certain powers to the JAO as a minimum, with the power to delegate more depending on local agreement. That will ensure maximum flexibility whilst requiring partners to take the basic steps necessary for the success of the JAO position.

Strong and effective oversight will be needed of the JAO, especially where major investment decisions are involved. There should also be appropriate involvement of relevant finance professionals such as the Section 95 officer in local authorities and Health equivalent.

However it is essential that the JAO has the required delegated authority to vire resources as appropriate without having to refer back to the parent bodies.

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

Yes √☐ No ☐

A joint Director post, similar to the proposed Jointly Accountable Officer post, has been in place in West Lothian since 2005. The Director post manages the Senior Management Team who in turn manage all CHCP health and social care staff. This level of seniority is crucial to the effective management of resources and avoids ambiguity regarding accountability and reinforces equity as ultimately all staff are accountable to the joint post who in turn is equally accountable to both partner bodies.

However concerns have been expressed in the past in relation to legal/contractual responsibilities of the Director post which resulted in a formal Partnership Agreement failing to be signed off. The legal position of the single accountable officer in relation to resource and staff management would therefore need to be clarified and redefined in legislation if required to enable the post to have sufficient autonomy to discharge his/her duties effectively.

Given the significance of the role, it may be appropriate to designate the JAO as a statutory officer of the council, in the same manner as the head of Paid Service and Head of Social Policy.

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 ☐

It would be inappropriate for locality planning to be directed by the government. By its very nature locality planning needs to be informed by local needs and priorities. Current strategic arrangements in West Lothian reflect this approach. Local priorities need to be identified locally otherwise there would be no local autonomy.

Also see response to Q4.

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 ☐

Further clarification is needed regarding how the active and meaningful

involvement of key players will be encouraged and supported otherwise there is a danger of tokenism. Local input and influence will be important to meet local requirements. From NHS and Council a system comprising of local professionals, manager and staff representatives will be developed.

Also see response to Q4.

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

West Lothian is currently completing a Community Planning Partnership wide strategic assessment that will help determine local priorities and focus for the new combined West Lothian Community Plan and SOA from April 2013. The analysed data and information will provide a clearer focus of priorities for West Lothian and local practitioners/professionals.

The development of a local interface group in West Lothian has contributed to more effective involvement between clinicians and social care professionals. The group meets bimonthly with membership from acute, primary care and social care, clinicians and managers. This has improved communication, tackled service and patient safety issues and facilitated implementation of integrated care pathways.

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 ☐

This should be agreed locally according to local needs and circumstances. See response to Q. 17 regarding West Lothian Interface Group. Also West Lothian has a Primary Care Forum which involves all GP practices.

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

This should be agreed locally according to local needs and circumstances.

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

Yes ☐ No ☐

Again this should be agreed locally according to local needs and circumstances.

Do you have any further comments regarding the consultation proposals?

Other than a brief reference in Annex B no mention is made of addiction services in the consultation document. Addiction services are included in the services provided by West Lothian CHCP and we would intend to continue this arrangement given the links between addictions and health and wellbeing.

Also very little mention is made of the role of health improvement to advance wellbeing and reduce health inequalities.

Do you have any comments regarding the partial EQIA? *(see Annex D)*

In Annex D reference is made to health care being 'free at the point of need'. This is not the case. NHS community dental services, as provided by the Salaried Primary Care Dental Service, are chargeable (Lothian SPCDS is a Lothian wide service within West Lothian CHCP).

Do you have any comments regarding the partial BRIA? *(see Annex E)*

No.