

Appendix 1

Integration of Adult Health And Social Work Services – Response by Renfrewshire Council

Overview

The Council has prepared this overview paper in response to the consultation launched by the Scottish Government in May 2012. Whilst the consultation questionnaire is very helpful in terms of highlighting some of the key elements contained within the integration proposals, there are many other considerations which require to be reflected in the Council's consultation response, therefore we believe it is helpful to submit this overview report in addition to the questionnaire.

Due to the complex nature of some of the areas under consideration, it is not possible for the Council to agree/disagree with each question, and therefore this paper seeks to provide an overview of the Council's position on the integration agenda in a positive and constructive manner.

It is likely that much of the detail around some of the issues that need to be worked through, is being considered through the national workstream groups or through consultation with COSLA. In order to move forward and to ensure proposals are streamlined with the review of community planning arrangements at a national level, there would be potential benefit in undertaking further consultation activities, particularly with service users and carers. Community groups and service users who participated in the Council's local consultation process were particularly keen that further consultation was undertaken prior to legislation being developed.

General comments on the framework for integration

Renfrewshire Council is committed to working with all partners across the public, private and voluntary sectors, to improve the health and wellbeing of local people living in local communities. The focus on improving outcomes for local people is at the heart of our improvement agenda, and we recognise that the demographic and financial pressures flowing from the ageing population in particular, require local authorities and Health Boards to work together more closely than ever before, to ensure that older people are able to live as safely and independently as possible in their own homes and communities. With this in mind we are supportive of the focus on older people in the first instance.

Strong and effective partnership working arrangements have been developed locally within Renfrewshire, particularly in health and social care where there are now over 300 staff working in joint teams, with an annual expenditure on services

of £10 million. In excess of 500 staff are co-located in various buildings across Renfrewshire across at least 6 locations. Joint working now encompasses services in learning disabilities, mental health, addictions and care for older adults. This has been successfully achieved within existing arrangements.

Whilst the proposals for integration may not be intended to create an agenda for structural reform within health and social care services, much of the detail within the consultation document will inevitably direct local authorities and health boards towards a process of structural reform, with the joint focus on outcomes perhaps becoming diluted as energies are directed to issues arising from structural change.

In order to achieve this joint focus and achievement of improved outcomes, it is essential that proposals for integrated working between health and social care are extended to encompass the overarching aim of improving general health and wellbeing across a local area. Social care and health services are significant determinants in the ability of public services to improve the health and wellbeing of older people or the local population more generally, and there is an opportunity to consider and capitalise on the role that housing, leisure, transport and other services could play within local partnerships.

It is suggested that by focusing on a wider health and wellbeing agenda, embedding proposals within the community planning framework, and underpinning this with Single Outcome Agreements, much more progress can be made in terms of both improving outcomes and financial efficiency. This type of approach could be facilitated by legislative change which is linked to the review of community planning arrangements at a national level by strengthening the duty, as opposed to the legislative change which would be required to implement the current proposals.

Finally, whilst some level of detail is helpful in terms of prompting discussions on the nature of the partnership arrangements to be developed, in places the proposals are very prescriptive. It would be helpful if legislation when developed, facilitated local determination of key issues relating to budgets, accountability and governance in order to direct resources to best meet local need.

Integrated budgets

The Council is supportive of proposals for the further development of integrated budget arrangements, whereby partners work together to consider the best use of the totality of resources available to them, map these against identified local needs, and jointly plan and commission services over the longer term. This is an approach which is currently being used successfully by local partnerships as part of the Reshaping Care for Older People agenda, as well as through the Clyde Valley Health and Social Care collaborative where there has been significant success

around the commissioning of specialist children's services across authorities and health boards. In addition, in children's services locally a community planning type approach is being adopted to redesign children's services in Renfrewshire through the Achieving Step Change Programme. These examples demonstrate that much can be achieved through closer joint working and aligned budgets where there is a joint focus on outcomes, as opposed to pooled budgets which are untested.

To maximise the effectiveness of this approach, further consideration and detail would be required in the guidance on the role of the acute sector and the level and nature of the resources which would be expected to flow from the acute sector to joint partnership arrangements such as Health and Social Care Partnerships. This was a particular concern to emerge through consultation undertaken by the Council with community groups and service user representatives.

Should pooled budgets be the preferred means of achieving this type of integration in the future, we believe that there are number of financial governance issues which we suggest need further consideration and clarification before the Council was in a position to support them. It is the Council's understanding that a joint response will be submitted by Directors of Finance in local government and Health outlining these issues in more detail.

Accountability and governance

The consultation document sets out proposals to create Health and Social Care Partnerships which would be spearheaded by a Jointly Accountable Officer, who would then in turn report to a Partnership Committee and ultimately to the Leader of the Council/Chair of the NHS Board and Scottish Ministers.

Such arrangements could not be facilitated through the existing legislation and governance arrangements which are applicable to local government. Professional groups will provide detailed responses regarding the issues which need to be overcome through further discussion and consultation, for example around the role of the key statutory officers of the Council in the proposed governance arrangements. In summary :

- The Chief Executive is head of paid service within local government and reports to the Council, with the proposals requiring multiple accountabilities to be established.
- The Monitoring Officer ensures that the Council complies with relevant codes and legislation and would be obliged to review and report on any issues relating to the Health and Social Care Partnership to Council, which is not considered as part of the current proposals.
- The Section 95 officer is responsible for securing the proper administration of the Council's financial affairs. The effective discharge of these duties would be compromised within the proposed governance arrangements around the decision

making powers of the Jointly Accountable Officer.

- The Chief Social Work Officer is obliged to provide members and officers with professional advice about the delivery of social work services. It is unclear how this independent role would fit within the proposed governance structure of the Health and Social Care Partnership.

In terms of developing such arrangements, it is critical that accountability and governance arrangements reflect the correct balance between local and central accountability. The role of elected members in promoting and ensuring local democratic accountability is a key plank of local government, which should be strengthened within the proposals and subsequent legislation.

Further consideration is required as to the constitution and delegated powers of the Partnership Committee and how this would link to existing Council and NHS Board governance structures. In Renfrewshire, the chair of the CHP Committee is a non-voting member of the policy board which oversees social work matters, and successful arrangements like these could be built upon within existing legislation rather than implementing the proposed arrangements which would require legislative change.

Jointly agreed outcomes

The Council supports the development and agreement of joint outcomes for any revised partnership arrangement. Joint outcomes should be ambitious and should not be ringfenced to solely health and social care, involving all key partners from across the public, private and voluntary sectors who each have a role in supporting local people, or indeed a particular group such as older people. It is suggested that the most effective way to do this is by embedding outcomes within community planning arrangements and Single Outcome Agreements.

The Council would seek to work with local health partners in particular to shift the focus from process and output measures (e.g. Statutory Performance Indicators and HEAT targets) to outcome measures which describe the impact that partnership working is having in practice. A community planning approach would assist in mitigating any concerns that may exist around the continued focus and prioritisation of HEAT targets and in fully embedding the role of the acute sector in local planning structures.

Jointly agreed outcomes should be underpinned by joint commissioning strategies, which should be developed across partnerships for client groups such as older adults.

Public performance arrangements also require to be strengthened within the proposals, and again it is suggested that these would be enhanced through Single Outcome Agreements.

Role of jointly accountable officer

The role of the Jointly Accountable Officer (JAO) is critical to any future partnership arrangement. It is essential that the JAO has the skills, professional experience and credibility required to lead joint services. It is also essential that the JAO is able to work effectively and develop partnership arrangements which extend beyond health to other service areas such as leisure, transport and housing which also provide vital services to older people.

It would be helpful if the proposed legislation facilitated the ability of local partnerships to design and agree the exact nature and level of the role, which would be dependent on a range of local factors.

In terms of the responsibilities of the JAO, it is clear from previous comments that more consideration needs to be given within the proposals and legislation on the governance and accountability arrangements for financial management. This would ensure that there is clarity on the delegated responsibility of the JAO and ultimately the Health and Social Care Partnership, thereby allowing all partners to move forward and operate in a constructive and positive manner for the benefit of local people.

In particular there needs to be clarity around reporting mechanisms as under the current proposals the JAO reports and sits on the Partnership Committee and reports to the local authority and health board Chief Executives, who also report to the Partnership Committee. This needs to be simplified and greater consideration given to the role of the JAO and the statutory officers within local authorities, the interdependencies and accountabilities between which are critical in ensuring proper governance. Both the Health Board and the local authority will need to consider how performance will be reported internally within organisations, which will be dependent on the final agreed constitution of the Health and Social Care Partnership.

Self-directed support

The proposals, particularly in relation to budget flexibility, will also need to consider the impact of self-directed support legislation working its way through Parliament. The legislation at present focuses solely on social care rather than health services, and requires a greater deal of budget flexibility than pooled budgets could facilitate. This was a particular concern arising from consultation with community groups and service user representatives, many of whom were positive about the potential

impact of self-directed support and regarding closer working between health and social care partners, but less so about the resources which may be put aside by Health and Social Care Partnerships for this type of approach.

Community planning and engagement

As outlined above it is suggested that the proposals seek to build on the already well-developed community planning arrangements which have been established in Scotland over many years. The Council is clear that community planning provides an ambitious framework within which closer working between health and social care services could be further enhanced; a framework which is built around strong community involvement and engagement mechanisms.

A range of locality planning arrangements are currently in place within local authority areas, as indeed they are within health board and CHP areas. It is suggested that locality planning is further developed to enhance and consolidate these existing arrangements. For example, in Renfrewshire local area committees were established in order to decentralise decision making and promote community involvement in local areas. There would be positive benefits to health and social care services working with other partners to consolidate and enhance these arrangements, particularly to link GPs and other local partners more closely to this agenda.

Summary of feedback from community consultation

The Council held a consultation event for community groups and organisations and service user representatives in August 2012, which was led by the Director of Social Work. Overall, attendees were supportive of local health and social care services working more closely together, and were positive about potential opportunities for these organisations to consider the needs of the person in a holistic way, rather than in isolation. In particular representatives were clear that all organisations including transport and leisure, needed to work together to improve outcomes for older people in a joined up way. A number of key points were raised :

- There is a perception that the proposals are financially driven and the public require more information on how things will work in the future and what the reforms will cost. There should be further consultation around the proposals in order to address these concerns.
- The impact of integration proposals needs to be reflected in self-directed support arrangements and legislation to ensure that the potential benefits of the policy are maximised for all.
- The implications of the proposals on adult service users, particularly adults with learning disabilities or with a sensory impairment should be made clear. There was

concern that the focus on older people as the demographic pressures continue to be felt, will lead to a reduction in adult social care services, towards acute-based hospital services for older people.

- There is a need for any further proposals to focus more on the role of the community and wider service provision such as transport, leisure and those services provided by the voluntary sector, which play a vital role in supporting older people to live independently in their own homes and communities.

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 improving outcomes for older people as an overarching principle of the proposed reforms is welcomed and supported by this Council given the significant demographic and financial challenges which are being experienced. The Council is committed to developing joint working arrangements which allow partners to be innovative in their approach to service redesign and improvement.

To improve outcomes in practice it is important that the proposals recognise the likely impact across other social work and Council services which provide care and support to adults with learning disabilities, mental health problems, sensory and physical impairments, children's and criminal justice services etc.

It is suggested that by limiting proposals to the role that health and social care services have in terms of supporting older people, there is a missed opportunity to consider the valuable role which services such as housing, transport and leisure also play. This could be achieved through community planning arrangements, with all partners agreeing to jointly target and achieve a number of defined outcomes for older people.

We would suggest that the proposals as they exist would inevitably drive some degree of structural reform, whilst as a Council we are keen to ensure that public sector reform drives service improvements which achieve improved outcomes for local people. The evidence in terms of the barriers to success around structural reform within health and social care services, is well –documented through for example the Petch report for ADSW. In moving forward to achieve such a programme of generational change, the public sector must be ambitious and build on many of the strengths that already exist, particularly within local government and health services.

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

As stated in the overview section, the Council is committed to working with all partners to improve the health and wellbeing of local people, and is acutely aware of the need to foster innovation in these partnerships to meet the significant financial and demographic challenges with which we are faced.

In its current form the proposed framework would necessitate legislative change and significant reform to implement. In order to achieve the Scottish Government's aim of improving outcomes for people accessing health and social care services, we would be keen to consider ways of harnessing what is already positive and working well within the health and social care sectors and building on this through a community planning type approach.

We would suggest that in order to achieve this joint focus and achievement of improved outcomes, it is essential that proposals for integrated working between health and social care are extended to encompass the overarching aim of improving general health and wellbeing across a local area. Social care and health services are significant determinants in the ability of public services to improve the health and wellbeing of older people or the local population more generally, and there is an opportunity to consider and capitalise on the role that housing, leisure, transport and other services could play within local partnerships.

We believe that strong and effective partnership working arrangements have been developed locally within Renfrewshire, particularly in health and social care where there are now over 300 staff working in joint teams, with an annual expenditure on services of £10 million. In excess of 500 staff are co-located in various buildings across Renfrewshire across at least 6 locations. Joint working now encompasses services in learning disabilities, mental health, addictions and care for older adults. This has been successfully achieved within existing arrangements.

Finally, whilst some level of detail is helpful in terms of prompting discussions on the nature of the partnership arrangements to be developed, in places the proposals are very prescriptive. It would be helpful if legislation when developed,

facilitated local determination of key issues relating to budgets, accountability and governance in order to direct resources to best meet local need. The key area where further information is undoubtedly required is around the role of the acute sector within Health and Social Care Partnerships and the level of resources which would flow to the new arrangement.

A full response is provided in the overview paper above.

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

The focus on achieving jointly agreed outcomes is fundamental to the integration agenda, and is where real differences can be made to the lives of people living across Scotland. This approach will allow health and social care partners to focus on impact rather than on the processes involved in service delivery.

The Council would seek to work with local health partners in particular to shift the focus from process and output measures (e.g. Statutory Performance Indicators and HEAT targets) to outcome measures which describe the impact that partnership working is having in practice. A community planning approach would assist in mitigating any concerns that may exist around the continued focus and prioritisation of HEAT targets and in fully embedding the role of the acute sector in local planning structures. For example, the HEAT target around delayed discharges conflicts and may compete with the ability of partnerships to shift the balance of care to community settings going forward, and continue reliance on bed-based provision in care homes.

Jointly agreed outcomes should be underpinned by joint commissioning strategies, which should be developed across partnerships for client groups such as older

adults.

Accountability and governance arrangements within the proposed framework require further consideration, and we have listed possible concerns and solutions within the overview comments attached to this response.

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

Health and social care outcomes should be an integral part of Single Outcome Agreements which all local partners should contribute to achieving in conjunction with the Health and Social Care Partnership.

It is essential that performance management and accountability arrangements are clearly defined in order to ensure that Health and Social Care Partnerships are focused on achieving outcomes for people rather than solely HEAT targets or other process related measures. Single Outcome Agreements and community planning arrangements are critical to making this work at a local level.

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

It is important that any revised partnership arrangement ensures that the right balance exists between local and national accountability for health and social care services, and we would suggest that the current proposals need to be strengthened particularly in terms of local democratic accountability.

In terms of making an integrated approach work in practice, the guidance

should be updated to reflect that the Jointly Accountable Officer would require to be accountable to the Chief Executive rather than the Leader, who in turn is accountable to the Council. In terms of national governance, this would require the Chief Executive to fulfil multiple accountabilities which would require a change to existing legislation, albeit this is not necessarily a barrier to the type of the accountability to Ministers which is proposed.

The proposals also need to recognise more fully the role of elected members in local decision making, which requires financial and policy decisions to be subject to approval by relevant policy boards or the full Council. In terms of the Health and Social Care Partnerships, the level of future local democratic accountability would be dependent on the extent to which local elected members could influence the activities of the Health and Social Care Partnership, which in turn would be dependent on the nature of the organisation or partnership arrangement which is established.

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

Yes No

There are a number of examples of effective collaborative working arrangements between multiple local authorities and Health Boards. For example, the Clyde Valley Health and Social Care collaborative was established in early 2010 in response to the Clyde Valley Review. The collaborative meets monthly and has developed an agreed programme of work, one of the most successful examples of this being the work of the Regional Childcare Commissioning Pathfinder which is led by Renfrewshire Council. The collaborative is also currently working with other health boards and local authorities on an ambitious plan to develop telehealthcare services through European funding. These are very good examples of partnership working across organisations and boundaries, which have been achieved without formal structures or arrangements.

Given this, the option to develop this approach should be subject to local determination, with legislation in place which facilitates any local decision making around this issue.

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

Yes No

The proposed arrangements in their current form do not reflect existing legislation and decision making processes in local government. As these stand at the moment these could not be implemented without significant amendments to legislation.

Professional groups will provide detailed responses regarding the issues which need to be overcome through further discussion and consultation, for example around the role of the key statutory officers of the Council in the proposed governance arrangements. In summary :

- The Chief Executive is head of paid service within local government and reports to the Council, with the proposals requiring multiple accountabilities to be established.
- The Monitoring Officer of the Council ensures that the Council complies with relevant codes and legislation and would be obliged to review and report on any issues relating to the Health and Social Care Partnership and report these to Council, which would be problematic within the governance proposals detailed in the consultation.
- The Section 95 officer is responsible for securing the proper administration of the Council's financial affairs. The effective discharge of these duties would be compromised within the proposed governance arrangements around the decision making powers of the Jointly Accountable Officer.
- The Chief Social Work Officer is obliged to provide members and officers with effective professional advice about the delivery of social work services. It is unclear how this role would fit within the proposed governance structure.

In terms of developing such arrangements, it is critical that accountability and governance arrangements reflect the correct balance between local and central accountability. The role of elected members in promoting and ensuring local democratic accountability is a key plank of local government, which should be strengthened within the proposals and subsequent legislation.

For example under the current proposals, the number of elected members on the committee will require to be increased to reflect the scale of the budget which could be overseen by the Partnership Committee and the political representation from within the local authority administration, even if this should require the number of NHS Non-Executive Directors to be increased to ensure parity. Increased democratic accountability would be particularly important given proposals to rotate the chair, and also when considering the scale of the potential budget involved. Current proposals would not ensure a proportionate level of local political scrutiny, with 3 elected members being involved in overseeing a larger budget than potentially the overall Council budget in some authorities which could be overseen by over 30 councillors.

Further consideration is required as to the constitution and delegated powers of the Partnership Committee and how this would link to existing Council and NHS Board governance structures. In Renfrewshire, the chair of the CHP Committee is a non-voting member of the policy board which oversees social work matters, and successful arrangements like these could be built upon within existing legislation rather than implementing the proposed arrangements which would require legislative change.

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

It could be argued that local people are primarily concerned with access and quality of service and less so in accountability and performance management arrangements. The role of external inspection and regulatory bodies such as the Care Inspectorate or Audit Scotland is perhaps more likely to be valued by citizens in terms of monitoring the performance of local public services. The consultation document does not specifically cover the role of external scrutiny and existing regulatory bodies which would need to be considered in future guidance.

On a practical level, it is unclear how performance management and reporting will be carried out. The Jointly Accountable Officer would report to both Chief

Executives through to the Scottish Government, and also to the proposed committee of the Health and Social Care Partnership (HSCP). It is unclear whether the HSCP would be a committee of the Council, and therefore also accountable to that body in terms of performance management.

The Jointly Accountable Officer could report to the Chief Executives of the NHS Board and local authority, who would in turn be accountable for outcomes and performance, and therefore answerable to their respective organisations and ultimately to the Scottish Government. This would require a change to existing governance arrangements within local government.

Embedding outcomes and performance management within Single Outcome Agreements and community planning agreements would ensure that accountability was strong and would allow partnerships to take advantage of existing public performance reporting mechanisms.

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

It would be helpful if the legislation facilitated the ability for local partnerships to have this freedom of choice.

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

The general principle of combining resources to jointly tackle agreed outcomes is supported as set out in the overview paper appended to this response. In Renfrewshire a range of joint services and teams have been established with health services through aligned budgets, and there are some very good examples

of these having a very positive impact on the provision of services to local people.

It is suggested that there are likely to be many opportunities to develop this type of arrangement further rather than a “pooled budget” approach, where we are unaware of any examples of this type of arrangement having been successfully adopted and implemented.

In order to positively tackle the disconnects which the consultation document highlights between the health and social care systems, there is a need for further detail and guidance around the role of the acute sector. In older people’s services, a significant proportion of the public sector budget is held by the acute sector, and it is in this element of the system where the most innovation and opportunity exists to fundamentally improve care and support to older people. There is a danger that without expanding on this more fully, impact will be limited to the type of benefits which are already being achieved at a local level through joint teams and effective partnership working.

Should pooled budgets be the preferred means of achieving this type of integration in the future, we believe that there are number of financial governance issues which we suggest need further consideration and clarification before the Council was in a position to support them. It is the Council’s understanding that a joint response will be submitted by Directors of Finance in local government and Health outlining these issues in more detail.

Importantly, the proposals do not consider the impact of the implementation of self-directed support across Scotland on the ability of Health and Social Care Partnerships to use the joint budget in a flexible manner. Self-directed support will have wide-reaching implications, as service users will be supported to make individual choices regarding the nature of their care and support and will have a great deal of flexibility in terms of where they purchase this from. In turn this will limit the flexibility of social care services to shift resources between service areas. In addition, there is a real opportunity to maximise the impact and benefit of self-directed support by extending the legislation to cover health services.

Finally, whilst the Council is supportive of joint working and of ensuring that staffing resources across health and social care services work as closely as possible to improve outcomes for local people, this is tempered by a need to be realistic about differences in the flexibility of staffing resources across health and social care services. Local authorities and Health Boards operate with different cultures, terms and conditions and negotiating arrangements, and there will be a requirement for greater flexibility in particular around the deployment and flexibility of NHS staffing resources.

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

We would be able to provide a number of examples of effective joint working through joint teams and aligned budgets, and would be keen to hear from other areas if there are examples of pooled budgets having been successfully implemented.

In Renfrewshire, there are now 300 staff working in joint teams, with an annual expenditure on services of £10 million. In excess of 500 staff are co-located in various buildings across Renfrewshire across at least 6 locations. Joint working now encompasses services in learning disabilities, mental health, addictions and care for older adults. Recent innovations include one of the few single point of contact services in Scotland for all community care and health referrals and the consequent alignment of community health and social work resulting in rapid access to support when requested by agencies and/or family members.

We have developed responsive services which are much better placed to develop and improve upon integrated approaches to working with local health services, particularly through the implementation of the Change Fund locally.

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

Specific guidance on this, particularly in relation to acute resources would be

beneficial and would assist in clarifying and agreeing the local position.

Final decisions on this matter should be left to local determination.

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 council accepts the importance of having clear lines of accountability established for any revised partnership arrangements. As outlined previously, the proposed authority of the jointly accountable officer and related governance arrangements, are not consistent with the duties of the Council and more specifically the role of linked statutory officers such as the S95 officer, monitoring officer and Chief Social Work Officer as defined in legislation.

The ability of the Jointly Accountable Officer to make decisions involving budgets and funding, would not currently be possible without reference and the express agreement of the statutory finance officer and then political approval through either full Council or through the relevant policy board. It is suggested that the legislation also be amended to reflect that it is the Partnership Committee and not the Jointly Accountable Officer in isolation that would make decisions on financial matters.

The guidance in particular needs to be strengthened to consider the role of the Chief Social Work Officer and how this would relate to the Health and Social Care Partnership as well as to council services. Staff have raised particular concerns through our internal consultation exercise that the critical role of the Chief Social Work Officer could be lost within Health and Social Care Partnerships. This is a role that social work staff value and wish to continue in terms of their professional leadership and approach to practice. The Chief Social Work Officer, as with all other statutory officers of the Council, provides independent assurance to elected members on professional matters.

As noted above, further detail is also required given the role of acute services in

the partnership.

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

Yes No

It is essential that the jointly accountable officer has the seniority, credibility, experience and skills required to manage such complex partnership arrangements, particularly given the scale of the resources. Given the role of all community planning partners in terms of improving the health and wellbeing of older people, it is essential that the JAO is able to work across partner organisations to influence this agenda, particularly in relation to transport, housing, leisure and services provided by the voluntary sector.

However the level of this officer should ultimately be subject to local determination, based on the scale of integration agreed, and the level of resourcing involved. It would be helpful if the proposed legislation could facilitate local decision making on this issue.

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

Locality planning should be subject to local determination, and should relate to natural and recognised geographical communities. Health and Social Care Partnerships should be embedded within local community planning arrangements which are well-developed and work effectively in Renfrewshire.

Local government has a wealth of experience in this area, and could work very effectively with health partners to develop this approach much further.

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

The duty is clear within the proposals, but it is suggested that involvement should not be restricted and that consideration also needs to be given to the role of non-clinical staff and importantly to service user and carer involvement.

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?

Formal consultation arrangements could be put into place, but the decision making powers should rest with the Partnership Committee, and ultimately through the respective organisations, having taken all views into account.

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

Locality planning can be developed most effectively through community planning arrangements, and should be subject to local determination based on natural communities/care groups. Any artificial arrangements such as a GP cluster would be unlikely to deliver improved outcomes for local people, whereas community planning arrangements would be more likely to ensure that all partners providing service and support in a local area, do so in a joined up and outcomes focused way.

In Renfrewshire the Council has developed locality planning arrangements with partners through community planning. Renfrewshire Community Planning Partnership is accountable to residents through five Local Area Committees (LACs), which meet on a quarterly basis. Local Area Committees receive regular progress reports on the delivery of the objectives of the Community Plan and Single Outcome Agreement for Renfrewshire, tailored to each local area. This is a

strong and effective approach which could be further developed nationally.

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

Health and Social Partnerships should take a community planning approach to the planning and delivery of services. This should involve all key stakeholders including service, users, carers and professionals. Currently services are delivered around natural, geographical communities. Dividing Renfrewshire into smaller planning groups with devolved responsibility would increase the complexity of joint planning arrangements with no clear benefit.

Any devolution of local decision making needs to be carefully considered and should not be legislated for.

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

See 19 above

Do you have any further comments regarding the consultation proposals?

Comments

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

Comments

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

Comments

