

Integration of Health and Social Care in Dumfries and Galloway

The following principles provide the foundation for the development of the Dumfries and Galloway model of integration of health and social care. They reflect our Strategic Partnership's submissions on earlier consultations on Public Service Reform proposals and support the four national pillars of reform:

1. A decisive shift towards prevention
2. Greater integration of public services at a local level driven by better partnership, collaboration and effective local delivery
3. Greater investment in the people who deliver services through enhanced workforce development and effective leadership
4. A sharp focus on improving performance, through greater transparency, innovation and use of digital technology

In Dumfries and Galloway:

- Integration must focus on improved health and wellbeing outcomes for local people; quality of care and the needs of the individual are central to how we plan and provide services
- All adult health and social care services, including acute services, will be included from the outset; opportunities to extend integration across other service areas, for example, children's services, will be actively explored
- Services will be provided at community or locality level wherever possible and we will avoid unnecessary hospital admissions and duplication of professional input
- Local GPs must be at the heart of our community and locality services
- Clear and robust decision-making structures will fully reflect the unique and different roles of the NHS and the Local Authority, retaining the respective accountability for resources, outcomes and performance and quality of services through a continuing commissioning approach
- A joint health and social care board will have oversight of the delivery of all commissioned services, from both the NHS and the Local Authority, and will comprise elected Council Members, NHS Board members and an appropriate role for accountable officers
- Health and social care services in each locality will be accountable to their local community and a joint partnership board
- Clear and robust structures will provide for full delegation and empowered decision-making
- Professional leadership and oversight and practice development should remain with senior professional officers in each organisation
- Professionals will be freed up to focus on delivery and solutions, learning from experience through, for example, Joint Future
- An integrated budget should be in place to respond to all situations; the work being progressed in Dumfries and Galloway on a Joint Resourcing Framework will assist

- 2013 will see the development of our proposals for integration, with the aim of delivering a fully integrated model from 1 April 2014. Our aim is to achieve excellence immediately post-integration
- The Community Health and Social Care Partnership Board in Dumfries and Galloway provides the kernel of a structure for a future Health and Social Care Partnership

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

It should be a matter for local decision about how integration is taken forward as this could vary depending on local circumstances and the opportunities available to develop different models. However, a focus on older people initially is seen to be useful. This would inform thinking and learning for future wider alignment and integration of health and social care, recognising that many health and social care issues are experienced throughout a lifetime and the positive impact early intervention and prevention can have on health and wellbeing in older age.

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

While the framework is acceptable for each Local Authority/NHS area to take forward as appropriate to their arrangements (it must be able to reflect local circumstances, geography and demography), it must also ensure equity and accessibility to services and engagement. Reference to the nine protected characteristics and cognisance of socio economic factors should be built into the framework.

Health and Social Care Partnerships (HSCPs) should take an holistic approach to improving

outcomes for people in the new arrangements by establishing close working relationships and links with a wide range of services such as housing, planning, economic regeneration/development and environmental health.

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

A shared accountability between the partner organisations for agreed outcomes is an important principle and strongly supported, with the outcomes being agreed for each local area within the Scottish Government’s National Performance Framework.

The performance management mechanisms can remain as at present with the [Single Outcome Agreement](#) (SOA) being the way in which Health Boards and Local Authorities are held jointly and equally accountable for the adult health and social care outcomes within them through the NHS Chair and Chief Executive’s accountability to the Scottish Government and the Council’s Audit and democratic accountability.

The Dumfries and Galloway SOA identifies our shared Council and NHS Board (and other community planning partners) Priorities, Ambitions and Actions, together with

corresponding performance indicators and targets. The Council and NHS Board report to the Strategic Partnership (our Community Planning Partnership) for delivering on the SOA and both organisations clearly have separate, but complementary, accountability mechanisms and arrangements.

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 should be a matter for each Local Authority/NHS area to determine what outcomes for adult health and social care are within the SOA although it would be anticipated that some relevant national outcomes would be included subject to local agreement e.g. we have referenced several HEAT targets during the lifetime of our three Dumfries and Galloway SOAs. The SOA could be explicit in demonstrating how it contributes to the National Performance Framework.

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

The right balance between central and local democratic accountability is essential. Closer alignment of the Local Authority and the NHS Board at Full Council/Board level or integration through an HSCP will develop local joint accountability and new arrangements for engagement between the Minister, NHS Chair and Council Leader will develop central accountability. It is not appropriate to identify the Local Authority Leader as an individual as being accountable and this should be amended to read the Local Authority. As referred to in Question 4, joint accountability for the relevant outcomes as part of the

performance against the SOA should be the key driver.

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

Yes No

Yes and it should be a matter for each local NHS Board and Local Authority to put in place the arrangements that deliver the most effective and efficient services and achieve the best outcomes.

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

Yes No

The arrangements outlined in this Consultation Paper provide a very useful outline for HSCPs. However, as for Community Planning Partnerships, it should be a matter for each NHS Board and Local Authority to put in place the right arrangements for its HSCP, consistent with the individual and partnership governance framework for that area.

The involvement of relevant wider stakeholder interests for the area (e.g. health care professionals, carers, service users/patient representatives; minority communities; and the Third and Independent Sector representatives) is welcomed. While voting rights would require to be restricted to the NHS and the Local Authority representatives because of their statutory duties and liabilities, meaningful contributions from other stakeholders will be key. Developing and supporting these representatives should be part of the HSCP's founding and ongoing arrangements. In particular, support will be needed to allow the identification of representatives (for the Third Sector this should be from the Third Sector Interface, but for other interests there may be no established bodies in place from which to identify a representative); develop their understanding of personalisation, person-centredness, co-production etc.; and their two-way flow of communication and engagement with the sector and/or people they are representing).

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

The new arrangements for Health and Social Care need to be complemented with local mechanisms for dealing with service failure. The new performance management arrangements will have a particular contribution to strategic planning, monitoring and review of the outcomes desired for each area. Improvements in all aspects of performance management will increase public confidence. There must be robust joint systems across Scotland to enable accurate benchmarking and which take into account local variation in geography and demographics.

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

Yes it should be a matter for each NHS Board and Local Authority to determine what services and budgets are within the scope of their HSCP.

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 models provide a helpful framework for integrating budgets and resources. It should be a matter for each Local Authority/NHS area to determine how it organises available

funds and resources, within the financial and governance frameworks of the NHS and local government, to meet the particular needs of that area. Resilience and flexibility are key and the financial and resourcing framework must support this.

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

- **Joint Strategic Planning and Commissioning Directorate**
The Joint Planning and Commissioning department comprises a number of joint posts that work across health and social care, supporting joint planning and enabling service commissioning across adult care to be planned in the wider context of the whole partnership.
The team is currently leading on the preparation of the Joint Commissioning Strategy for Older People and on the work being taken forward on Reshaping Care for Older People.
- **Joint Health and Wellbeing Unit**
In April 2011 the NHS and the Local Authority agreed the joint funding of a unit based within the Public Health Department of the NHS to address issues of health and wellbeing in the population. This entailed not only the agreement to joint fund the unit, but involved the transfer of three Council employees into the joint unit. Accountability is to the Council and the NHS and there is reporting to the community planning structures. Council resources have been transferred to the NHS for the joint unit and the unit is accountable to the Council for the use of these resources. No practical problems have arisen and the unit has allowed greater efficiency and avoided potential duplication of work.
- **Short Term Augmented Response Service (STARS)**
In 2009, following a need to respond to immediate Social Work budget pressures, the STARS (Short Term Augmented Response Service) remit expanded to include responding to the majority of discharges from Dumfries and Galloway Royal Infirmary over a short period. Following a successful evaluation, which informed the Council's Care at Home Strategy, a threefold increase in the capacity of the Service has been achieved by the incremental transfer of 30 wte support workers from the Council's Care and Support Service. At the same time, the focus of the Service has moved to include maximising long term independence through the provision of re-ablement for a period of up to six weeks. These developments have enabled the Service to support 1,039 patients in 2011/12 and this is projected to increase to over 1,200 in 2012/13. Outcomes for people have

included increased confidence and ability to stay at home while the partnership has maintained its good performance on Delayed Discharges and has seen a reduction in ongoing long term packages of Social Care for those people who have received the Service.

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

It should be a matter for local determination about what is included in an integrated budget and there should be no Ministerial direction. Budget integration in itself will not provide the impetus for change in health and social care - vision, leadership and commitment are the drivers.

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

Shifting the balance of care is not dependent on the financial authority of a Jointly Accountable Officer. The proposals in the Consultation Paper provide a useful model that should be considered when putting local arrangements in place.

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

Yes No

It should be a matter for each Local Authority/NHS area to determine the arrangements for any joint post so that it fits with the senior management frameworks of the local partners, recognising that there needs to be clarity in the final framework on the role of the NHS Chief Executive as Accountable Officer and the Chief Social Work Officer. The relationship between the Jointly Accountable Officer and the Chief Executives of the NHS and Local Authority also requires further development.

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 by its very nature must be a matter for local determination. However as there are a number of different approaches currently in place across Scotland, some basic criteria for an effective locality model could usefully be identified. Key to a successful model would be natural communities and boundaries and consistency with partners' locality models.

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

Any effective planning and delivery must be undertaken with the involvement of all stakeholders, including clinical and professional groups; and in particular the development of local arrangements will see the involvement of all interests within that local area and there are good examples and experiences across the country. Added to this, there is the potential for the HSCP to have local professionals as non-voting members and there is therefore no requirement to place a duty on HSCPs for consultation.

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?

Examples of good practice/guidance on engagement, consultation and communication with such groups and other stakeholders in the new AHSCI arrangements would be helpful.

In our region, we already have a number of different approaches to involving clinicians and social care professionals in planning at local level and how we do that is dependent on the project and the area. The *'Putting You First Programme'* in Dumfries and Galloway (our response to Reshaping Care for Older People) is taking forward a number of initiatives and tests of change that aim to support better integrated working. These tests include the development of a Dumfries Health and Social Care Hub (which includes district nursing, STARS, Social Work and allied health professionals developing new ways of delivering care and partnership working with the Third and Independent Sector). The Programme and the tests of change it supports seeks at all levels to involve the participation of clinicians, social care professionals and the Third and Independent Sectors but in different ways - seeking an innovative approach to planning. The latest [Putting You First Newsletter](#) provides further information on the Programme and the Hub. Clinicians' and professional views are also represented on our joint Community Health and Social Care Partnership Board whose membership includes the Area Clinical Forum Chair (as non Executive Board member) and the Executive Nurse Director - in addition, the Director of Social Work Services is in attendance.

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

It should be a matter for each Local Authority/NHS area to determine the geographic area covered, taking into account the locality framework, including natural communities, communities of interest and the local planning and delivery structures of partners e.g. the involvement of GPs in the projects highlighted in Question 17 and Local Health Partnership representatives' involvement in inter-agency Area Based Teams. These are examples where flexibility ensures that we have the right professionals involved in locality planning.

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

It should be a matter for each HSCP to determine, in consultation with partner organisations and communities, its relationship with locality planning groups. The principle of subsidiarity should be applied.

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

It is not appropriate to define the locality size by population alone as there are many other factors that could influence the appropriate local arrangements including e.g. geography, rurality, natural communities, culture. There is a range of different population sizes used for different projects and locality initiatives in Dumfries and Galloway that are suitable for purpose. It is essential that local evidence of need and data are taken into account e.g. currently being identified through our local work on the Integrated Resource Framework.

Do you have any further comments regarding the consultation proposals?

It is imperative that throughout the consultation process, and in introducing legislation, that the focus at all times is on improved outcomes for local people i.e. the

membership and performance reporting arrangements should follow the local needs and circumstances. One size will not fit all; unique solutions and structures may be required and this is reflected in the statement of principles being applied to the development of the Dumfries and Galloway model for integration, which is submitted separately but which accompanies this AHSCI response.

The development of Community Planning Partnerships, accountability and local arrangements should inform the thinking around AHSCI and HSCPs.

Further information on the likely timescales for the legislation; production of guidance materials; and proposed support arrangements would be helpful.

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

No

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

No