Aberdeen City Health & Social Care Partnership
Response to Integration of Adult Health & Social Care Consultation

The purpose of this response is to provide comments from the Aberdeen City Health & Social Care Partnership on the above Consultation.

This response will not take the form of responding to each consultation question, as this will be done in the individual responses from Aberdeen City Council and NHS Grampian. Instead the response will highlight some examples of integrated working in the Aberdeen Partnership that are already in place and how we plan to develop the Aberdeen Partnership to reflect the direction proposed by Scottish Government.

A few examples of what we have already achieved in Aberdeen

- Long established community based Integrated Teams.
- Establishment of Integrated Strategic Management Team in 2009.
- Review completed of Sheltered/Very Sheltered Housing.
- Publicity campaign to raise awareness of financial harm for older people (as part of Adult Protection work).
- Active involvement with community partners in getting their participation, scrutiny in service planning, including development of co-production models.
- The Older People’s Consultation and Monitoring Group and other ‘focus groups’ have continued to be engaged around a variety of key health and social care issues including the Council’s 5-year business plan, the Change Fund, the Health and Care Framework, Adult Support and Protection and Primary Care Redesign.
- Maintaining the zero “Delayed Discharge 6 Week Standard” in the annual national Census.
- Good examples of integrated working with Alcohol and Drug Partnership and Substance Misuse services.
- Highest numbers of people with a learning disability with personal budgets, as step towards full self-directed support.
- National recognition for wellbeing activities in Aberdeen.
- Establishment of an Annual ‘Golden Games’ (Free sport and activity festival for over 65s).
- Increased focus on ‘Reablement’.
- Shifting focus from residential to home-based care.
- Accelerating implementation of Anticipatory Care Plans.
- Primary Care Redesign, including appointment of four GP Cluster Leads, with aligned Senior Management from Aberdeen City Council Social Care and Wellbeing Directorate.

What is the Aberdeen City Health & Social Care Partnership Vision?

The Aberdeen Partnership is working together to optimise the health and wellbeing, social inclusion and independence of the people in Aberdeen.

The reasons for working together across Aberdeen are worthy of further thought.
The population deserve the best we can give them within the resources available, therefore the Aberdeen Partnership is willing to learn from each other, share good ideas and expertise to ensure the public get the best services we can offer.

Chief Executives have already agreed some principles for integration which are:

- The process of integration must focus on improved outcomes for the public.
- It is important to build on what has already been achieved in Aberdeen.
- The scope of integration will be agreed by the Aberdeen Partnership.
- Integration of Health & Social care (across agencies), should progress within a context of maintaining integration with other relevant services within the agencies towards achieving agreed outcomes. Integration between health and social care should not lead to their isolation from other services.
- Integration must be delivered within existing resources and pay due concern to the need for improved efficiency and cost reduction.
- Integrated services should be delivered locally to maximise the disruption to the recipient.

The Aberdeen City Community Health Partnership Committee has recently been re-established as the Aberdeen City Health & Social Care Partnership (ACHSCP), with an “Executive Group” to drive its work programme forward.

For several years the Aberdeen Partnership has produced an Annual Community Care Outcome Report and this has delivered significant improvements in the outcomes that service users and carers tell us are important to them e.g. user satisfaction; carer support; opportunities for social interaction/reducing isolation. This has enabled Aberdeen to make significant shifts in the ‘balance of care’ in recent years.

The ACHSCP has already joint accountability for many key targets, such as delayed discharges and multiple hospital admissions for over 75s. Similarly, the ACHSCP has already developed a model of four GP ‘Clusters’ and these now include Senior Management input from both Aberdeen City CHP, Aberdeen City Council Social Care & Wellbeing Directorate and the Third Sector.

Integration is being progressed at a locality level, with aligned social work services as key parts of GP ‘clusters’.

The ACHSCP has commissioned a Joint Strategic Needs Assessment to inform the development of a Joint Commissioning Strategy for Older People.

With regards to the proposed financial arrangements for ACHSCP, Indicative Aligned Budgets (Adult Health & Social Care) have already been produced by Senior Finance Managers from Aberdeen City Council and NHS Grampian. These have been scrutinised and will be developed by the ACHSCP “Executive Group.

There are some difficulties that we are experiencing around sharing client / patient information because of Data Protection and we would welcome Scottish Government support in making the necessary legislative changes in this context.

The ACHSCP has also reviewed Local data on the Integration Resource Framework and will continue to refine this with the ongoing support of NHS and Local Authority Finance Officers.
In terms of appropriate governance, the ACHSCP does not feel that the proposed Joint Accountable Officer is necessary. Instead, the following arrangements are proposed.

Summary

The ACHSCP is fully committed to ensuring that Aberdeen’s population live well at home or in the community for as much time as they can, and have a positive experience of health and social care when they need it.

We are confident that this can be achieved by the further development of integrated working within the Aberdeen City Health & Social Care Partnership, rather than huge structural change which would be both costly and time-consuming.

Multi Agency Operational Groups

Integrated Strategic Management Team

Aberdeen Health & Social Care Partnership Executive Group

ACC Director of Social & Wellbeing
Aberdeen CHP General Manager

NHS Grampian Chief Executive

Aberdeen City Council Chief Executive

Cabinet Secretary for Health