

RP/EA

5 September 2012

Integration and Service
Development
Division(Consultation)
The Scottish Government
2ER, St Andrew's House
Edinburgh
EH1 3DG



SOCIAL WORK and HEALTH

Director: Dr Robert Peat

St Margaret's House
Orchard Loan
Orchardbank Business Park
Forfar
DD8 1WS

T: (01307) 461460

F: (01307) 474899

e-mail: socialwork@angus.gov.uk

Dear Sir/Madam

Integration of Adult Health and Social Care in Scotland – Consultation on Proposals - May 2012

Angus Council welcomes the opportunity to respond to the proposals on the Integration of Adult Health and Social Care in Scotland. Please find attached our response highlighting areas where we believe integration will support the development of positive outcomes for service users in Angus and highlighting where we believe the proposals merit some further consideration.

We would like to stress that the role of corporate bodies is crucial in terms of agreeing the vision and budgets of the proposed Health and Social Care partnerships and that care needs to be taken in future legislation to ensure that primary accountability will be to the corporate body, whether Local Authority or NHS Board, and will not be vested in an individual. Governance arrangements need to be very clear with recognition that, from a local authority perspective, the leader is responsible to the Council. The importance of the democratic process in particular the role of elected members will require further clarification.

We welcome the move towards nationally agreed outcomes but are keen to stress that we must avoid any move towards a target based culture leading to national league tables. Joint accountability for the delivery against such outcomes will be crucial and we are of the view that accountability and monitoring should be through the single outcome agreement and well established community planning process. Performance management arrangements need to be developed and it is important that there is an alignment of performance management and public performance reporting arrangements to support partnerships.



INVESTOR IN PEOPLE

Data Protection Act 1998

The Data Protection Act 1998 states that we must make any information we hold about a person available for them to see unless there are good reasons for not doing this.

We are supportive of the proposals to include all adults in the scope of Health and Social Care Partnerships and would welcome the flexibility for local partnerships to further agree their scope based on local demography and assessed need.

As we endeavour to manage the challenge of the changing demographics we are confident that our interface with the third and independent sectors will improve allowing us to build capacity within local communities.

We look forward to the publication of draft legislation in the near future and welcome this opportunity to contribute to the shaping of a new era for Health and Social Care across Scotland.

Yours faithfully

A handwritten signature in dark ink, appearing to read 'R Peat', with a stylized, flowing script.

R PEAT
Director of Social Work and Health

Angus Council Response 16 July 2012

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?

We are not convinced that this can be as simple as a yes/no response. It is our view that improving outcomes for all adults should be considered from the outset. The principles underlying the plans to integrate health and social care are sound however care will be required to ensure that the 'selection of older people' cannot be perceived as discriminatory by disconnecting older people's services from other key services provided by local authorities in particular those services which focus on the reduction of harm.

Local partnerships should be left to determine what their primary focus will be following legislation.

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?

No X

Yes X

While we are of the view that this mechanism is strong and will ensure accountability for outcomes at a local level we do, as in question 2, feel that the issue of democratic accountability has not been taken into account in this consultation paper.

As previously noted in question 2 the composition of a partnership board will be key to the success of integration and on this basis we feel that this consultation paper lacks insight into how the current variances in accountability between Local Authorities and NHS Boards is to be addressed. There is potential for local authority leaders, who are held accountable by their communities, to no longer be in direct control of service delivery. Without strong democratic ties this could lead to a weakening of their democratic mandate.

As noted in our response to question 2 we are of the view that there should be a statutory duty placed on GPs, and other key partners, to engage with integration. Accountability particularly for GP's through the new Health and Social care Partnerships would go a long way towards ensuring credibility and transparency.

We suggest that the approach taken by local community planning partnerships, which has worked well in Angus, ensures that performance measures are relevant and appropriately scrutinised. This positive approach to accountability will allow local leaders to ensure that they are moving towards improved outcomes for all service users.

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 X

We agree that outcomes for health and social care should be included in Single Outcome Agreements. Consideration will need to be given to how variance across Scotland will be taken account of and how proposed new measures will be developed to ensure a consistent and robust approach is taken in terms of benchmarking.

It is not clear how audit and scrutiny, at a national level, will be undertaken. We would welcome some indication as to the future role of scrutiny bodies such as the Care Inspectorate, Audit Scotland and Health Care Improvement Scotland and in particular how the future of Local Area Networks will be determined.

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

No ☒

The response to this question should be seen in the light of proposed new guidance on the development of Single Outcome Agreements and changes to Community Planning. Amendments to governance and accountability arrangements at community planning partnership board level will have perhaps unintended consequence for the establishment of new Health and Social Care partnerships.

For example it is not intended that the chair of the health board nor the leader of the Council will hold key positions on the Health and Social Care Partnership however changes to community planning board membership may mean that they both have a leadership role on the community planning board. Transparency of accountability in this regard will need to be clearly thought through to ensure that tensions do not arise which may impact on decision making

The Chief Executive of the Council should be a designated non voting member of the Health and Social Care Partnership if he/she is to be held accountable for the delivery of outcomes that will be overseen by the Partnership.

Careful consideration will require to be given as to how poor partnership performance will be addressed if direct accountability is to Ministers. There is a danger that the partnership activity, to date, at a local level will be eroded and that key partners will retreat into silos creating issues with, for example, the sharing of information and a lack of transparency in decision making.

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?

No ☒

We are of the view that this is an area for growth. Enhanced public scrutiny, which is current practice in local government, will add to the robust approach which will be required to ensure delivery on the key outcomes.

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?

The integration proposals are predicated on the basis that the removal of barriers / protectionism will facilitate a more effective use of resources. A model whereby health and social care resources and outcomes are the responsibility of a single body should assist in removing such barriers / protectionism and allow more effective use of resources.

Whether the proposed corporate and financial governance arrangements for the new partnerships can work effectively remains open to question. The principle being proposed is good in theory but we feel that we will need to see evidence of robust legislation before we can give an honest answer to this question.

With regard to financial governance / administration, the following comments are made regarding the practical application of the models:-

- **VAT** – under Section 33 of the 1994 VAT Act local authorities can recover VAT on costs relating to non-business activities. This “power” is not applicable to the NHS. The use of a delegation model (per 5.13 b) whereby the local authority delegates services to the NHS may result in increased costs (e.g. in relation to contracted out adult services) due to the inability of the NHS to recover the associated VAT;
- **Staffing** – any proposed staff transfer between local government and the NHS will present a challenge to current structures and salary scales as these are not aligned between the two organisations. This will also be evident with regard to the differing pension schemes the most significant aspect being that the local government one is “funded” and the NHS “unfunded”. These issues will be more evident where there are multiple local authorities within an NHS boundary;
- **Handover** – sufficient time will require to be devoted to planning the handover of administrative functions between organisations in any proposed delegation model. The complexity and issues of determining handover arrangements for payroll, payments processing, etc., in order to ensure that the financial governance requirements of the respective organisations are met, should not be underestimated. This will apply to IT systems and the long standing issue of the effective and appropriate sharing of information between key partners.

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 X

It is our view that there is a lack of clarity in the consultation paper as to the statutory role of the Chief Social Work Officer if there is to be a Jointly Accountable Officer for new partnerships.

The role of the Jointly Accountable Officer could be challenging given the need that will arise to work with disparate financial governance arrangements i.e. separate financial systems, financial regulations, procurement arrangements, etc. The approach noted in section 5.13 (b) of the consultation document would overcome this challenge for the Jointly Accountable Officer but would raise concerns for the delegating partner in these areas of governance given their ongoing statutory responsibilities for the delivery of the delegated service.

It is noted that the proposals envisage relatively wide but undefined autonomy for the Jointly Accountable Officer. From a local government perspective this could challenge the extent of existing limits on the delegation of authority to officers' dependent upon the level of autonomy that is envisaged and would require legislative change. The consultation paper appears to have a significant focus on Local Authority spend but this is not mirrored from an NHS perspective. This, in our view, requires to be rewritten.

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

Not sure

It would be helpful to have some indication of the outcome of discussion at a national level with regard to the seniority of this post. The size and scope of the budget for proposed new partnerships could be significant and will require to be considered in determining the seniority of the jointly accountable officer.

We are of the view that current gradings for posts of this nature should be taken into account when considering the seniority and position of this post and that this should be determined locally.

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?

No x

Cross boundary issues will lead to difficulties for partnerships if the focus is on GP clusters and could lead to the creation of the 'postcode lottery' syndrome. We believe that locality planning could link clearly with existing community planning arrangements. The natural geographic communities approach, which already works well in Angus, is our favoured option.

Consideration could be given to locality planning using electoral wards to ensure local accountability and transparency.

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

The Cabinet Secretary's announcement in December 2011 emphasised that successful integration was about 'localism' and 'leadership' rather than centrally driven reform. This is our view and we believe that this is not something which should be legislated for or determined at a national level.

We believe that locality planning should link clearly with existing community planning arrangements. It is our view that the level of responsibility and decision making which could, and should, be devolved to locality planning groups should be determined by each partnership based on demographics, local need and partnership priorities.

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?

No X

Locality planning should determine the range and size of population.

As noted in our response to question 19 we believe that locality planning should link clearly with existing community planning arrangements and should be based on demographics, local need and partnership priorities with size and range having little or no consequence.