

DUNDEE CITY COUNCIL

REPORT TO: POLICY AND RESOURCES COMMITTEE – 9TH SEPTEMBER 2013

REPORT ON: HEALTH AND SOCIAL CARE INTEGRATION

REPORT BY: CHIEF EXECUTIVE

REPORT NO: 351 - 2013

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report to the Policy and Resources Committee is to advise on the content of the Public Bodies (Joint Working) (Scotland) Bill (the Bill) and on how local arrangements are progressing to ensure the Council and its partners are in a position to deliver on the requirements of the legislation once enacted.
- 1.2 Reference is made to Article XII of the minute of meeting of Policy and Resources Committee held on 10th September 2012 wherein report 334-2012 was submitted in relation to Health and Social Care Integration which explained the Government's proposals and the Council's response to these proposals.

2.0 RECOMMENDATIONS

It is recommended that members of the committee:

- 2.1 Note the description of provisions of the Bill as summarised in paragraph 4.1.4 of this report.
- 2.2 Agree that in any evidence about the Bill, given by the Chief Executive on behalf of the council, the position of agreement with the principles of integration as outlined in paragraph 4.2.1 of this report is confirmed and the position on democratic accountability, partnership and community planning outlined in paragraph 4.2.6 of this report is also confirmed.
- 2.3 Agree that the Chief Executive, other Council members of the Executive Group and Health seek to establish that the arrangements for the Shadow Board be set up for the population of Dundee as defined by the local authority boundary.
- 2.4 Agree that the Chief Executive, other Council members of the Executive Group and Health work to establish the 'integration authority' by delegating functions and resources to a 'body corporate'.
- 2.5 Agree that the Chief Executive, other Council members of the Executive Group and Health work to establish that the locality arrangements for the 'integrating authority' be developed to be consistent with local community planning partnership arrangements.
- 2.6 Request that the Chief Executive and Health make arrangements to establish the joint Health and Local Authority Executive as a Shadow Board from November 2013.
- 2.7 Request that the Chief Executive and Health put in place arrangements for interim Chief Officer arrangements as outlined in paragraph 4.3.3 (e) of this report.

- 2.8 Request that the Chief Executive and Health bring forward proposals for the establishment of a Joint Board in line with the timescale and detailed prescribed by regulation.

3.0 FINANCIAL IMPLICATIONS

- 3.1 If, as recommended, resources are integrated into an 'integration authority' under the body corporate arrangements, the 'joint board' would have delegated responsibility for an agreed amount of resource. The resource would remain subject to the respective financial governance arrangements of each partner, being NHS Tayside and Dundee City Council.

4.0 MAIN TEXT

4.1 Introduction

- 4.1.1 Reference is made to Article XII of the minute of meeting of Policy and Resources Committee held on 10th September 2012 wherein report 334-2012 was submitted in relation to Health and Social Care Integration which explained the Government's proposals and the Council's response to these proposals.

- 4.1.2 On the 29th May 2013 the Public Bodies (Joint Working) (Scotland) Bill was published. The Bill provides for the Government's framework to support the improvement of the quality and consistency of health and social care services in Scotland. The provisions of the Bill are as anticipated in that the Bill enables health boards and local authorities to integrate planning and service arrangements. The minimum level of integration required by law will be services for adults. This is an extension beyond the consultation proposals which concentrated on older people.

- 4.1.3 The regulatory framework will also allow for, but will not require, the inclusion of other functions, like for example children's services if local partnerships so wish.

- 4.1.4 In summary, the provisions of the Bill:

- Require each health board and local authority to establish an 'integration authority'. The integration authority will be responsible for delivery on national outcomes for health and wellbeing;
- Outline that the integration authority can be established either
 - by delegating functions and resources to a 'body corporate' governed by a joint board, with a reporting Chief Officer (previously referred to as the Jointly Accountable Officer); or
 - by delegating functions and resources between health and social care – the 'lead agency model' which does not require a Chief Officer. The integration plans will establish that the Chief Executive of the 'lead agency' will be jointly accountable to the health board and local authority for management of the integrated services.
- Set out principles for planning and delivery of integrated functions to which local authorities, health boards and joint integration boards will be required to have regard;
- Establish 'integration joint boards' and integration 'joint monitoring committees' as the partnership arrangements for the governance and oversight of health and social care services. Community Health Partnerships are removed from the statute;

- Require Health Board and Local Authority partners to enter into arrangements to delegate functions and appropriate resources to ensure the effective delivery of those functions. This will be done through an 'integration plan' which will include the model of integration to be adopted and a description of the functions and resources to be delegated. It will also cover other partnership issues like dispute resolution, financial management, staff governance and clinical and care governance. The Bill provision in such areas will be enhanced by statutory guidance;
- Require the 'integration authority' once established to prepare a 'strategic plan' for the area which sets out arrangements for integration for the area and how it will meet national health and well being outcomes. A range of partners including local professionals in the third and independent sectors will have to be involved in the development of the strategic plan and it will have to be consulted upon widely. There will also have to be arrangements in place to consult and plan locally for the needs of the population.

4.1.5 Irrespective of the model of integration adopted service delivery will remain through Health Board, Local Authority or independent sector providers. Staff will remain employed by the Health Board or Local Authority, where the 'body corporate' model is adopted although the Bill does make provision to allow integration joint boards to employ staff if local partners and the minister judge this appropriate.

4.2 **Review of the provisions of the Bill**

4.2.1 The principles of the Bill are set out in Part 1 of the Bill as follows

- a) *that the main purpose of services which must or may be provided in pursuance of functions which must or may be delegated under an integration plan is to improve the wellbeing of recipients,*
- b) *that, in so far as consistent with the main purpose, those services should be provided in the way which, so far as possible –*
 - (i) *is integrated from the point of view of recipients,*
 - (ii) *takes account of the particular needs of different recipients,*
 - (iii) *takes account of the particular needs of recipients in different parts of the area in which the service is being provided,*
 - (iv) *is planned and led locally in a way which is engaged with the community and local professionals,*
 - (v) *best anticipates needs and prevents them arising, and*
 - (vi) *makes the best use of the available facilities, people and other resources.*

These principles are as anticipated in the proposed framework put forward through consultation.

4.2.2 In its response to the consultation document the Council argued that there was some 'commonality of understanding' with the Government's position "in terms of vision, partnership working, a shared outcome agenda and the necessity for change and continuous improvement". The council also argued that there were some areas where emphasis is not as it would prefer. These centred around definition of partnership, democratic accountability and the need for local flexibility.

4.2.3 The areas that were the focus of the consideration were: local flexibility to determine the breadth of the partnership, strengthening of the governance framework in terms of local democratic accountability, with more flexibility as to how many councillors are members of the Health and Social Care Partnership

Committee (now referred to as integration joint boards); the ordering of the reporting arrangements to maintain the principles of collective responsibility; flexibility to interpret the role of the Jointly Accountable Officer (now referred to as the Chief Officer) and flexibility to develop the devolution of local decision making. These comments addressed issues to do with the establishment of the body corporate model since it was agreed this approach would represent the best development of Dundee local partnership arrangements.

4.2.4 The provisions of the Bill remain prescriptive in their definition of partnership and in the arrangements of joint boards. The Bill confers considerable autonomy on the board once it is established through the integration plan. It does not require referral back to parent bodies on its total spend. Similarly, the 'strategic plan' or commissioning plan does not require the endorsement of the parent bodies. However, the Bill does not prevent referral back or approval of parent bodies.

4.2.5 On the role of the Chief Officer the Bill continues to describe the accountability arrangements and to indicate that the responsibilities of the Chief Officer are subject to the agreement of Scottish Ministers. However, it does not provide formal powers to prescribe these responsibilities. The Bill is less prescriptive than the consultation document on the shape and population base for local devolution but more so on the matter of the process of consultation and to whom it should be addressed.

4.2.6 If the Council was to remain consistent with the position it put forward during consultation, in any other advice or opinion that is sought as the Bill and regulations complete the Parliamentary process, it would confirm its agreement with the principles of integration as outlined in the Bill; confirm its commitment to delivery to agreed joint outcomes that improve the health and wellbeing of its citizens; continue to argue that provisions and prescribed arrangements should not undermine local democratic accountability and that the local authority should continue to be respected as a full partner; and argue that community planning should be given its proper place in the consultation process.

4.3 **Progress with Local Arrangements**

4.3.1 Reference is made to Article XII of the minute of meeting of Policy and Resources Committee held on 10th September 2012 wherein report 334-2012 was submitted in relation to Health and Social Care Integration recommended partnership arrangements for the governance of transitional planning in anticipation of the proposed joint working arrangements. These included the establishment of an Executive Group (the Executive) and an Officer Reference Group (the Officers Group) to support the work of the Executive.

4.3.2 The Executive and Officer Groups, which are joint Health and Local Authority Groups, have been established and are following an agreed workplan. The workplan opens up streams of activity that include consideration of the preparation of an Integration Plan, processes for the agreement of supporting governance arrangements; Strategic Planning arrangements including consultation arrangements and the development of joint strategies for all care groups; joint performance reporting; organisational development and workforce development; communication arrangements; community engagement; professional engagement; and health improvement and equalities planning. These workstreams have been assessed against the provisions of the Bill and the accompanying Policy Memorandum and Delegated Powers Memorandum and will be adapted as further guidance is developed. The Executive Group has organised its examination of matters to ensure it keeps the individual and collective needs of the Dundee population at the centre of its considerations.

4.3.3 The joint Health and Local Authority Executive Group has a recommended timeframe of April 2014 for the establishment of formal shadow arrangements.

This has been set to coincide with the anticipated enactment of the Bill. To establish a shadow board the partners have to agree the terms for the establishment of the 'integrating authority'. In the establishment of the integration authority the Council will want to be aware that of the two methods of establishments, the one that would be most consistent with the current partnership arrangement would be the 'body corporate' approach. With this in mind it is recommended that the Council members of the Executive Group seek to establish through the continuing negotiations:

- a) that the integration authority arrangements should cover the population of Dundee as defined by the local authority boundaries.
- b) that the 'integrating authority' be established by delegating functions and resources to a 'body corporate' with a reporting Chief Officer as the preferred option.
- c) that locality arrangements for the integrating authority are developed to be consistent with community planning arrangements and health zones.
- d) that the current Executive Group be established as a Shadow Board as from October 2013.
- e) that joint arrangements for an interim Chief Officer be put in place by formalising responsibilities between the current General Manager of the CHP and the Social Work Department Head of Strategy, Integration, Performance and Support Services and that a full time jointly appointed Chief Officer be appointed by April 2015.
- f) that a report outlining the detail of the proposed Joint Board arrangements be brought before the Council in time to allow the Joint Board to be established in line with regulatory requirements.

4.4 CONCLUSION

- 4.4.1 In conclusion, the proposed arrangements for Health and Social Care Integration have developed further with the publication of the Public Bodies (Joint Working) (Scotland) Bill. The Council will seek to use the revised arrangements to improve the health and wellbeing of its citizens. The further development of arrangements outlined in this report continue that process.

5.0 POLICY IMPLICATIONS

- 5.1 This Report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management. There are no major issues.
- 5.2 As the detail of the future arrangements become clearer an appropriate risk register will be developed to ensure compliance with the Council's risk control and management requirements.

6.0 CONSULTATIONS

- 6.1 The Chief Executive, Director of Corporate Services and Head of Democratic and Legal Services have been consulted in preparation of this report.

7.0 BACKGROUND PAPERS

None.

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Director of Social Work

DATE: 29th August 2013