

ABERDEEN CITY COUNCIL

COMMITTEE: Council

DATE: 21 August 2013

DIRECTOR: Fred McBride, Social Care and Wellbeing

TITLE OF REPORT: Integration of Health and Social Care

REPORT NUMBER: SCW/13/037

1. PURPOSE OF REPORT

The Public Bodies (Joint Working) (Scotland) Bill was introduced in the Scottish Parliament on May 28, 2013. This is the Bill which sets out the Scottish Government's intentions for the integration of health and social care services in Scotland.

2. RECOMMENDATION(S)

Council is requested to

- (i) note the key requirements of the Bill;
- (ii) agree to work being commenced, on a joint basis, to develop a proposal for integration of adult services for Aberdeen, including a proposal for the integrated budget, based on the requirements of the Bill;
- (iii) agree to receive a further report on the proposal for integration, with a view to making an informed decision about implementing health and social care integration in Aberdeen.

3. SUMMARY OF THE BILL

3.1 In summary, the Bill:

- provides for national outcomes for health and wellbeing, with health boards and local authorities accountable to the Scottish Ministers for delivery;
- sets out principles for planning and delivery of integrated functions, the main aims of which are: improvement to the wellbeing of recipients of services; anticipation and prevention of need; and effective use of resources;

- establishes integration joint boards and integration joint monitoring committees as the partnership arrangements for the governance and oversight of health and social care services, with Community Health Partnerships removed from statute;
- requires health board and local authority partners to enter into arrangements, through an integration plan, to delegate functions and resources to ensure the effective delivery of those functions, either by delegation to an integration joint board established as a body corporate or by delegation by one partner to the other partner;
- requires integration joint boards to appoint a Chief Officer, who will be jointly accountable, through the board, to the health board and local authority, responsible for the management of the integrated budget and for the delivery of services for the area of the integration plan; and
- requires integration joint boards, or health boards or local authorities to whom functions are delegated, to prepare a strategic plan for the area, setting out arrangements for delivery of integration functions and how it will meet the national health and wellbeing outcomes.

4. FINANCIAL IMPLICATIONS

- 4.1 At this stage the full financial implications are not known, particularly in relation to the cost of establishing a model of integration and the partnership arrangements.
- 4.2 Establishing an integrated Health & Social Care budget is a requirement on Partnerships. The budget contribution for social care initially will be the budget for Older People's and Rehabilitation services, and the value of this has been declared through the Joint Commissioning Strategy for Older People for 2013-2014 (£78,316 gross and £61,025 net for 2013-14). Work is ongoing in NHS Grampian to identify the health budget and nationally to determine which parts of the acute sector budget will be included.
- 4.3 The Partnership will, be required to fund the post of Chief Officer. The Scottish Government plans to issue a Job Description for this post, which will allow determination of the salary level. It is expected that this cost will be offset in part by the existing resource used to fund CHP general managers.
- 4.4 The organizational development aspects of supporting a major change programme will come with costs to be borne jointly, and still to be determined. To the present, joint organizational development initiatives to support integrated working at the service delivery level have been

supported by existing resources and by awards from the Change Fund for Reshaping Care for Older People.

5. LEGAL IMPLICATIONS

The legal implications will not be fully known until the Bill reaches its final stage. As currently proposed, integration will not affect statutory responsibilities for delivery of social care to adults which will remain with the Council, or for delivery of health care which will remain with Health Boards

The role of the Chief Social Work Officer is retained.

A new legal body will require to be established. The Bill proposes a variety of models including establishment of a joint board and Scottish Ministers may prescribe a number of issues including powers and functions to be dealt with on an integrated basis.

Integrated budget and governance issues will require further consideration.

There appear to be different implications for staff depending on the integration model chosen

6. OTHER IMPLICATIONS

- 6.1 The introduction of the Bill has major implications for the Council and for Social Care and Wellbeing in terms of changes to responsibilities, structural arrangements and business planning
- 6.2 An Integration Authority is to be established as the legal entity that is responsible for integrated arrangements. The functions of the Integration Authority are as follows.
- 6.3 Integration Plans must be prepared in each local authority area to include the model of integration to be used. Where there are two or more local authorities in a health board area, as in Grampian, the integration plans must pay regard to the likely combined effect on the board area, and their inter-relationship in respect of the effective running of the Health Board.
- 6.4 The local authority and the health board will be required to submit their integration plan to Scottish Ministers for approval. Where a plan is refused approval, it must be modified and resubmitted to Scottish Ministers for approval. The Bill does not specify what the grounds would be for withholding approval of an integration plan.
- 6.5 Once a plan has been approved by Scottish Ministers, the local partners can establish an Integration Joint Board to which functions are

to be delegated. A Chief Officer is to be appointed to each integration board.

- 6.6 The Integration Joint Board will be a decision making body that will be accountable to full Council and to the Health Board. There will be parity of membership drawn from both organisations, supported by professional advisers. Scottish Ministers will make provision for the membership, proceedings and general powers of each joint board.
- 6.7 Each integration authority will be required to develop 3 year strategic plans which are reviewed and updated annually. They will set out arrangements for carrying out integration functions over the next three years and how these arrangements intend to achieve the national health and wellbeing outcomes over the same period.
- 6.8 Each integration authority must prepare and publish a performance report for the reporting year. This will set out an assessment of performance. Form, content, and period during which they will be published may be prescribed through regulations.

7. BACKGROUND/MAIN ISSUES

- 7.1 The original consultation on integration proposed 2 models of integration: the Body Corporate model and the Lead Agency model. The Bill talks about 4 models, which essentially refer to the Body Corporate Model, now called the Integration Joint Board, and the 3 possible permutations of the Lead Agency model.
- 7.2 The preferred model for Aberdeen City is the Integration Joint Board, where the local authority and the health board delegate functions into a new partnership body which will be the governance board that oversees the integrated arrangement. This model avoids the disruption of major structural change and time diverted from delivery of services to implement change. Under this model, staff would remain with their current employer, the local authority or the NHS, with the potential for the Integration Joint Board to appoint to posts at a later date.
- 7.3 The Lead Agency model could involve: delegation of functions by the local authority to the health board; delegation of functions by the health board to the local authority; delegation by both the local authority to the health board to the other; or delegation of functions by the Health Board to the local authority. A joint monitoring committee must be set up to monitor the operational delivery of the functions set out in the integration plan.
- 7.4 Unlike the Integration Joint Board where staff remain with their current employer, the Lead Agency model would involve the transfer of staff under TUPE arrangements. (Under the Highland Lead Agency model, 1400 local authority staff in adult services transferred to Highland

Health Board and around 230 staff transferred to Highland Council into children's services).

- 7.5 A Chief Officer is to be appointed to each Integration Joint Board. In the consultation this role was known as the Joint Accountable Officer. The Chief Officer, who will be jointly accountable to the health board and local authority through the joint board, is responsible for the management of the integrated budget, the delivery of services for the area of the integration plan, and the development and delivery of the strategic plan for the joint board.
- 7.6 The role of Chief Social Work Officer is to be retained and the relationship between the CSWO and the Chief Officer will need to be determined in terms of responsibilities and governance.
- 7.7 The Bill is now the property of the Scottish Parliament and the timescale for legislating is at their discretion. The Scottish Government expect Stage 1 to happen soon after the end of the summer recess and stage 2 to begin around November. As yet there is no timetable for drafting the regulations and guidance which will accompany the Act.
- 7.8 Scottish Ministers have made it clear that progress towards delivering integration should be made now, and not delayed until the Bill becomes law. By the stage of the passing of the Bill into law, local authorities and health boards will be expected to have integrated all adult services.
- 7.9 Any discretionary areas, such as children and families' services or homelessness, may be integrated beyond that date at the determination of local decision makers.

8. IMPACT

- 8.1 The approach of the Aberdeen Community Health and Social Care Partnership to integration to date has been to promote integrated working in the delivery of services to people at a local level. The focus has been on the development of 'cluster working', based around groupings of GP practices across the City, with alignment of social care staff to clusters to facilitate a multi-disciplinary approach.
- 8.2 At a Grampian level, the three councils and NHS Grampian proposed principles for integration which were agreed by the four Chief Executives and discussions have continued on common issue.

The principles for integration agreed by the Chief Executives, which are consistent with the principles of the Bill, are:

- The process of integration must focus on improved outcomes for the public.
- It is important to build on what has already been achieved.
- The scope of integration will be agreed by the local 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.

8.3 Concern remains across social work services in Scotland that the integration of adult health and social care services will lead to a loss of the integrated approach to provision of social work across the population and in relation to all social care needs. Consideration of the future position of children's services, in particular, is necessary to ensure an integrated approach to meeting the needs of individuals and families across the lifespan, and the needs of communities, is retained.

8.4 The introduction of the Bill requires a focus on the next stage, which is to establish the preferred model for integration and propose the detail of the Integration Joint Board for consideration by the Council and the Health Board.

8.5 This Report relates to new government policy and forthcoming legislation. There are no direct links to current service or corporate plans.

The information contained in this Report as it relates to the Public Bodies (Joint Working) (Scotland) Bill is in the public domain.

8.6 At this stage the Report will have no impact in relation to Equalities and Human Rights Assessment.

9. MANAGEMENT OF RISK

9.1 The risk to the Council at this stage lies in not complying with the directions of Scottish Ministers as set out in the Bill. To avoid this, it is recommended that the planning for the establishment of the Integration Joint Board is commenced and proposals are brought to Council for consideration.

10. BACKGROUND PAPERS

The following documents informed this Report:

The Public Bodies (Joint Working) (Scotland) Bill

Public Bodies (Joint Working) (Scotland) Bill - Explanatory Notes

<http://www.scottish.parliament.uk/parliamentarybusiness/Bills/63845.aspx>

Up-date on the Public Bodies (Joint Working) Scotland Bill

Association of Directors of Social Work (ADSW), 18 June 2013.

11. REPORT AUTHOR DETAILS

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