

Integration of Health and Social Care – Proposals for Interim Governance Arrangements

Policy and Strategy Committee

2 October 2012

1 Purpose of report

- 1.1 This report outlines a joint governance arrangement for the creation of a shadow Health and Social Care Partnership (HSCP), in response to the Scottish Government's proposals for the integration of health and social care services.

2 Main report

Background

- 2.1 The Scottish Government consultation outlined a number of key requirements for integration between health and social care services. Effective governance is essential to ensuring delivery of these requirements and to making a positive difference to people's lives. The key elements, which relate to governance include:
- the dissolution of Community Health Partnerships and replacement by Health and Social Care Partnerships (HSCP), which will be the joint and equal responsibility of the NHS and the local authority;
 - a nationally agreed set of outcomes applicable across health and social care, with joint accountability of NHS boards and local authorities for delivery of these outcomes;
 - a requirement on statutory partners to integrate budgets to ensure that combined resources achieve the maximum possible benefit for individuals and to deliver the shared national outcomes; and
 - a single, senior, locally accountable officer to ensure that partners' objectives and national outcomes are delivered.
- 2.2 Policy and Strategy Committee approved a joint Council and NHS Lothian response to the government's consultation on 4 September 2012. The joint response included:
- welcoming the principles of the integration proposals;

- encouraging the Scottish Government to give local autonomy in progressing the proposals, with support through national guidance; and
- indicating that in Edinburgh, a broad view would be taken of services to be integrated in the best interests of the people who use our services. This includes the proposed integration of all adult care services.

2.3 It is expected that the Scottish Government will release final proposals for integration in the autumn of 2012.

Governance

2.4 In recognition of the benefits to accrue from integration and of the scale of the anticipated change, the early establishment of good governance arrangements is essential to direct and oversee the work.

2.5 The current Joint Board of Governance is a good example of a partnership approach to delivering services and is therefore well placed to continue this role. However, to reflect the scale and scope of the future HSCP, it is proposed that the membership and remit of the partnership should be broadened to allow it to act as a shadow HSCP, prior to full implementation.

2.6 These arrangements can then be developed formally into the new HSCP, subject to final enactment of the legislative changes. It is envisaged that, in Edinburgh, the new HSCP will be established from 1 April 2013 and will direct further integration development up to and beyond 1 April 2014, subject to legislative enactment.

Composition of Shadow HSCP

2.7 In order to include the best elements of both NHS and local authority governance, it is proposed that the shadow HSCP be made up of:

- rotating chair/vice chair and other voting members;
- non voting members, including professional/clinical representation, and representation from staff, the third sector and people who use health and social care services and their carers; and
- senior officers in attendance.

Voting members

2.8 The initial chair of the shadow HSCP is proposed to be the convener of Health, Social Care and Housing Committee (or its successor) for the duration of the shadow partnership. The vice chair is proposed to be the current chair of the Edinburgh Community Health Partnership. It is proposed that tenure of chair roles be extended to 2 years once the new HSCP is established and rotated between the NHS and Council on a 2 yearly basis. It may be appropriate to reduce this tenure once the partnership is established.

2.9 Voting members will include 7 senior Health Board representatives, 4 of whom will be Non-Executive Directors, and 7 elected members. Elected members will include the Convenor and Vice Convenor of the Health Social Care and

Housing Committee (or its successor), 2 other councillors from the coalition and an additional 3 councillors, one from each of the other political parties, to ensure representation from all groups.

Non-voting members

- 2.10 The shadow HSCP will include a number of non-voting members, present in an advisory capacity. These members will include, as a minimum, the Clinical Director and Chief Nurse of the current Community Health Partnership and the Council's Chief Social Work Officer.
- 2.11 The current contribution and experience of 'subject-matter experts' within the governance of the Community Health Partnership (CHP) are valued. Their interim advisory role will ensure that the best elements of the CHP are available to assist in the establishment and development of the new Health and Social Care Partnership. The shadow partnership will need to agree a process to maximise the engagement of General Practitioners, Dentists, Pharmacists and Opticians.
- 2.12 To ensure that people who use both NHS and social care services and their carers are represented, it is proposed that two representatives from the NHS Public Partnership Forum are included, one from the North Partnership and one from the South. In addition, effective and meaningful representation is required from people who use Council and other social care or related services, and their carers. Discussions are underway with relevant individuals and bodies to develop a mechanism to allow for this representation, taking into account the complexities of the issue. The outcome of this work will be reported at a later date.
- 2.13 Representatives will also be required from the third sector, staff and trade unions.
- 2.14 Non-voting membership of the shadow HSCP will be reconsidered, following legislation and Scottish Government guidance, prior to the transition to a full Health and Social Care Partnership.

In attendance

- 2.15 The "Jointly Accountable Officer", who is described in the consultation paper as a single manager of integrated services, will be in attendance along with members of his/her senior management team.

Support arrangements

- 2.16 The shadow HSCP will be supported by a programme governance arrangement to ensure delivery of the key work streams for integration, e.g. finance and resources, performance management.

3 Financial Implications

- 3.1 There are no significant financial implications arising from this report. There may be a small increase in expenses arising from supporting some non-voting members to attend shadow Health and Social Care Partnership meetings

4 Equalities Impact

- 5 There are no adverse equalities impacts arising from this report. Final proposals for the governance of the new partnership are expected to be more inclusive than current arrangements, and as a result will reflect more effectively a range of perspectives across all stakeholders.

- 6 Given the scale and nature of the integration proposals, a full Equalities Impact Assessment will be required. Arrangements for this are being built into the integration change management programme.

7 Environmental Impact

- 8 There are no adverse financial impacts arising from this report.

9 Conclusions

- 9.1 Interim governance arrangements are proposed to support the integration of health and social care services. The shadow HSCP will be made up of voting and non-voting members and will over see the establishment of a new joint HSCP from 1 April 2013, subject to Scottish Government legislation and guidance.

10 Recommendations

- 10.1 It is recommended that Policy and Strategy Committee:
- a) approves the proposed interim governance arrangements for the shadow HSCP;
 - b) notes that regular update reports will be presented to Policy and Strategy Committee as proposals develop; and
 - c) notes that the final arrangement for HSCP governance will require joint approval by the Edinburgh Community health partnership, NHS Lothian and City of Edinburgh Council.

Peter Gabbitas
Director of Health and Social Care

Appendices 1 None

Contact/tel/Email Susanne Harrison
Corporate Programme Office
Tel: 0131 469 3982
Email: Susanne.harrison@edinburgh.gov.uk

Heather Rolls
Health and Social Care
Tel: 0131 469 3092
Email heather.rolls@ edinburgh.gov.uk

Wards affected All

Single Outcome Agreement National Outcome 6 - We live longer, healthier Lives; and
National Outcome 7 - We have tackled the significant inequalities in Scottish society.

Background papers Scottish Government Consultation on the Integration of Health and Social Care Services – Joint Response City of Edinburgh Council and NHS Lothian. Policy and Strategy Committee 4 September 2012