

REPORT TO: East Lothian Council

MEETING DATE: 24 June 2014

BY: Director of Health & Social Care

SUBJECT: Integration of Health and Social Care

1 PURPOSE

- 1.1 To update the Council on progress with integration of health and social care.
- 1.2 To seek agreement on a range of issues to enable progress with proposals for integration.

2 **RECOMMENDATIONS**

Members are asked to:

- 2.1 Note progress on integration of health and social care.
- 2.2 Agree the proposed response on key issues arising from the consultation on draft guidance.
- 2.3 Agree that the Chief Executive (in consultation with the Council Leader and Spokespersons) should have delegated authority to submit a full response from the Council on the guidance by 1 August 2014.
- 2.4 Agree that the Council should, in conjunction with NHS Lothian, approve that the body corporate model should be adopted in East Lothian.
- 2.5 Agree the definition of adult social care functions to be delegated.
- 2.6 Agree the proposed position on integration of Criminal Justice services.
- 2.7 Agree the proposed position on integration of Children's Health and Social Care Services.
- 2.8 Note the position on NHS services that will be delegated.

3 BACKGROUND

- 3.1 In March 2013 the Council approved a report on integration of Health and Social Care proposing the establishment of a Shadow Joint Board with NHS Lothian to oversee the process of integration and the appointment of a Joint Director of Health and Social Care.
- 3.2 Both of these proposals have been implemented.
- 3.3 In March 2014 the Public Bodies (Joint Working) (Scotland) Act was passed by the Scottish Parliament. This requires all Councils and NHS Boards to formally and legally establish integration of health and social care by April 2016 at the latest.
- 3.4 The legalisation allows for two models of integration. The "Body Corporate" and the "Lead Agency".
- 3.5 The Scottish Government issued the first tranche of draft guidance for consultation on 12 May 2014. This covers:
 - Prescribed information to be Included in the Integration Scheme
 - Prescribed Functions that must be delegated by Local Authorities
 - Prescribed functions that must or may be delegated by Health Boards
 - Prescribed national health and wellbeing outcomes
 - Interpretation of what is meant by health and social care professionals
 - Prescribed functions conferred upon a Local Authority officer

The second tranche was issued on 26 May 2014. This covers:

- Prescribed groups which must be consulted on integration schemes, strategic plans and localities.
- Membership, powers and proceedings of Integration Joint Boards
- Establishment, membership and proceedings of Integration Joint Monitoring Committees.
- Prescribed membership of strategic planning groups
- Prescribed form and content of performance reports.
- 3.6 The deadline for responses to the first consultation is 1 August 2014 and the second consultation is 18 August 2011. These dates are during Council recess. Therefore it is proposed that the Chief Executive should have delegated authority to submit a full response on behalf of the Council in consultation with the Council Leader and Cabinet Spokesperson.

Issues Arising from Set 1 of Guidance

Model

3.7 In line with the March 2013 report it is proposed that the Body Corporate model should be the model used for the scheme of integration and that the Council should agree with NHS Lothian that the Scheme of Integration should be based on this model.

Scope of Delegation of Council Functions

- 3.8 In line with the March 2013 report and taking account of the draft guidance it is proposed that Social Work Services for adults and older people (defined as services that relate to persons of at least 18 years old) should be delegated by the Council to the Integration Joint Board in April 2015.
- 3.9 This includes (as set out in the guidance):
 - Services and support for adults with physical and learning disabilities
 - Mental Health Services
 - Drug and Alcohol Services
 - Adult Protection and Domestic Abuse
 - Carers Support services
 - Community Care assessment teams
 - Support services
 - Care home services
 - Adult placement services
 - Health improvement services
 - Housing support services including aids and adaptations
 - Day services
 - Local area co-ordination
 - Respite provision
 - Occupational therapy services
 - Re-ablement services, equipment and telecare
- 3.10 The guidance does not specifically mention Home Care. Given the scale of that service and its crucial role in supporting people at home. It is proposed that the Council agrees that directly provided and externally provided home care should be included.
- 3.11 The guidance does not specifically mention Criminal Justice services. Given the importance of these services and since the Scottish

Government consultation document on redesigning these services suggested including them in health and social care partnerships. Through Community Planning Partnerships these services could improve outcomes by building on the links with mental health services, drug and alcohol services, public protection, domestic abuse and women's services. In addition the outcome of the recent national review is that Councils should continue to provide these services. It is proposed that the Council agree that the provision of Criminal Justice social work services should be included.

- 3.12 The guidance does not cover the interface between adult and child protection. In East Lothian a decision has been taken with Midlothian and other Partners to establish a public protection service covering children and adults.
- 3.13 It is recommended that these issues should be included in the Council's response to the consultation.
- 3.14 A number of these functions are currently partially provided by the Adult Wellbeing service and partially provided by other services for example, Health Improvement and Housing Support. There is also overlap with the Children's Wellbeing services as regards public protection and transitions for young people with complex needs. Further work will be undertaken to clarify the detail of what is proposed to delegate to the Integration Joint Board. This will be set out in the Scheme of Integration.
- 3.15 The partnership for adult and older people's services as set out in this paper will be established from April 2015. The delegated NHS functions will include Health Visiting and School Nursing.
- 3.16 The Council and NHS Lothian propose that for the first year Council Children's Wellbeing services will not be included in the partnership in order to allow the partnership to become established. The Council and NHS Lothian will work with the partnership to review progress in the first year and to reach agreement on the details of the future partnership arrangement that will apply for Children's Health and Social Care Services and the statutory functions around Child Protection and GIRFEC.
- 3.17 The benefits of integrating health and social care services could apply equally to Children and Young People and therefore The Council and NHS Lothian intend to include Children's Wellbeing and East Lothian NHS Children's Services in a partnership arrangement subject to the review in 3.20 above. It will be important to take account of the ongoing requirement for strong links with Education services.
- 3.18 In this period accountability for NHS Children's services will be carried by the Integration Joint Board. These services are currently managed across East and Midlothian and an arrangement will be put in place to secure the viability of these services in this period. This will include the option of joint management arrangements.

- 3.19 This will be co-ordinated with Midlothian Health and Social Care Partnership since Midlothian Council has agreed that Children's services will be part of the health and social care partnership within two years.
- 3.20 The East Lothian Community Planning Partnership has agreed to establish a Children's Strategic Partnership to provide strategic leadership for all service for children and young people in East Lothian. All partners have agreed the importance of this and of joint working. This will be required regardless of future organisational arrangements for Council and NHS services.

Scope of Delegation of NHS Functions

- 3.21 NHS Lothian will receive a report on integration of health and social care at its meeting on 25 June.
- 3.22 The NHS functions that must be delegated that are already in East Lothian CHP are:
 - District Nursing
 - Health Visiting
 - Community mental health
 - Allied Health professional services
 - General Medical Services
 - GP Prescribing
 - Unplanned inpatients (Roodlands, Edington, Belhaven)
 - Care of Older People (Roodlands, Edington, Belhaven, Herdmanflat)
- 3.23 The guidance does not specifically mention School Nursing Services which are a core part of CHP services. NHS Lothian will include these services in the scope of delegation.
- 3.24 The guidance does not specifically mention General Dentistry, Community Pharmacy or Optometry in the delegated functions list, but the professions are covered in the definition of health professionals. It is proposed to suggest to NHS Lothian that these functions should be delegated.
- 3.25 The NHS functions that must be delegated that are currently hosted by East Lothian CHP for the whole of Lothian are:
 - GP Out of Hours services
- 3.26 The NHS functions that must be delegated that are not currently managed by East Lothian CHP are:
 - Unplanned inpatients (at hospitals outside East Lothian)
 - Accident and Emergency

- Care of Older People (at hospitals outside East Lothian)
- Clinical Psychology
- Community Learning Disabilities
- Addiction services
- Women's Health
- Public Dental Health service
- Continence service
- Home dialysis
- Health promotion
- 3.27 The guidance does not specifically mention Prison Healthcare Services and adult complex care services, both of which are currently hosted by East Lothian CHP.
- 3.28 NHS Lothian will propose that following services be disaggregated and directly delegated to each partnership:
 - Adult complex care
 - Learning disabilities
 - Addictions
- 3.29 NHS Lothian will propose that the following services remain managed by one partnership on behalf of all.
 - Clinical Psychology West Lothian
 - Women's Health Edinburgh
 - Public Dental Health West Lothian
 - Continence service Edinburgh
 - NHS equipment service Edinburgh
 - Home Dialysis University Hospitals
 - Dietetics Midlothian
 - Art and Music Therapy Midlothian
 - Prison Healthcare East Lothian
 - GP Out of Hours East Lothian
- 3.30 Concern has been expressed at the implications for the East Lothian Partnership of hosting these services.
- 3.31 Further work is required on hospital services outside East Lothian, which will need to address the complexity of four partnerships all having delegated functions for the same hospitals, but the guidance makes clear that the responsibility for integrated planning for these services will be delegated to the partnership.

Prescribed National Health and Wellbeing Outcomes

3.32 The list of prescribed outcomes does not raise any issues.

Interpretation of what is meant by Health and Social Care Professionals

3.33 This guidance does not raise any issues.

Prescribed Functions Conferred on a Local Authority Officer

3.34 This guidance restricts the specified persons who can carry out functions under the Adult Support and Protection (Scotland) Act 2007 that are delegated to the Integration Joint Board. This does not raise any issues.

Issues Arising from Set 2 of Guidance

Prescribed List of Consultees

3.35 The list of prescribed consultees does not raise any issues.

Membership, Powers and Proceedings of Integration Joint Boards

- 3.36 The guidance makes it clear that voting membership of Integration Joint Boards must be either elected councillors or members of NHS Boards in order to assure accountability. This maintains the current Council position on voting membership. It does, however, change the current NHS Board position which includes one voting member who is not a member of the NHS Board. It is proposed that the Council agree its support for this principle as it applies to the Council.
- 3.37 The guidance allows the currently agreed 4 voting members from each of East Lothian Council and NHS Lothian to be retained. It is proposed that the Council agree its support for this arrangement.
- 3.38 The guidance sets out a minimum list of non-voting membership which differs from the current non-voting membership of the Shadow Board in that it includes a staff-side representative and excludes an independent sector representative. It is proposed that non-voting membership is addressed in detail in the Scheme of Integration.
- 3.39 The arrangements for the chair and vice chair of the Integration Joint Board allow the current agreement between the Council and NHS Board to continue.

Prescribed Membership of Strategic Planning Group

3.40 The prescribed membership of the Strategic Planning Group does not raise any issues.

Prescribed Content of Performance Reports

3.41 The prescribed form and content of performance reports does not raise any issues.

4 POLICY IMPLICATIONS

- 4.1 The Council has already agreed in March 2013 to the integration of Adult Wellbeing services and NHS services.
- 4.2 The paper seeks agreement to the use of the body corporate model for integration.

5 EQUALITIES IMPACT ASSESSMENT

5.1 An equalities impact assessment is not required.

6 **RESOURCE IMPLICATIONS**

- 6.1 Financial there are no direct implications of this paper.
- 6.2 Personnel there are no direct implications of this paper.
- 6.3 Other none.

7 BACKGROUND PAPERS

- 7.1 East Lothian Council Cabinet paper September 2012 Response to the Scottish Government Consultation on Integration of Health and Social Care
- 7.2 East Lothian Council paper March 2013 Integration of Health and Social Care Update
- 7.3 Public Bodies (Joint Working) (Scotland) Act 2014
- 7.4 Consultation on set 1 of guidance http://www.scotland.gov.uk/Publications/2014/05/5284
- 7.5 Consultation on set 2 of guidance http://www.scotland.gov.uk/Publications/2014/05/6659

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