

**Health and Social Care Integration****Report by Eibhlin McHugh Director of Health and Social Care****1 Purpose of Report**

This report summarises the progress made over recent months in the establishment of a local Health and Social Care Partnership.

**2 Background**

- 2.1** Following the publication of Scottish Government's Consultation on Integration of Health and Social Care in the summer 2012, Midlothian Council, along with other Lothian Councils agreed with NHS Lothian to establish Health and Social Care Partnerships. Initially this was envisaged to be on a "Shadow" basis to enable the arrangements to incorporate any new requirements arising from the legislation.
- 2.2** The Government is currently in the process of seeking comments on the Public Bodies (Joint Working) (Scotland) Bill. There are no substantial changes to the original objectives of the consultation report. However the Council and NHS Lothian have expressed an opinion that the Bill would be enhanced by strengthening reference to continuing accountability of HSCPs to the parent bodies.
- 2.3** A local Shadow Board has been established and the core members have met on two occasions as well as having an induction tour of Midlothian led by Ian Johnson Head of Planning. Membership is still being finalised with a member of the public and a carer having been appointed whilst decisions have still to be made regarding the involvement of the Third Sector.
- 2.4** The new post of Joint Director of Health and Social Work has been filled. Eibhlin McHugh has, from the 1<sup>st</sup> August, assumed direct responsibility for all local health services in Midlothian and is now a member of NHS Lothian's senior management team as well as being a member of the Council management team.
- 2.5** The key issue at present is ensuring that the local health services remain effectively managed and arrangements are being made to realign the existing staff complement to reflect the move away from a Midlothian and East Lothian CHP structure.
- 2.6** A range of work-streams have been established to improve joint working in areas such as the use of financial resources; organisational development; risk management and information systems. Progress on such matters will be informed by work being undertaken at both a national and Lothian-wide level.
- 2.7** Alongside this work, progress is being made on the creation of a new single service for people with dementia due to become operational in

September and on the enhancement of the Rapid Response Service through the establishment of a Frailty Project funded by NHS Lothian to reduce hospital admissions.

- 2.8** Whilst recognising that these are significant developments, staff are being reassured that, for the majority there are no immediate changes to their working arrangements nor are their plans in the foreseeable future to review existing terms and conditions. Staff remain employed by either the Council or NHS Lothian.

### **3 Report Implications**

#### **3.1 Resource**

A key dimension of the creation of HSCPs is the development of a joint approach to the use of resources. However there are no imminent plans to implement this recommendation. The Government's guidance on this matter has not yet been finalised while work continues within national working groups to address such technical issues as the treatment of VAT which is different between Councils and the NHS.

#### **3.2 Risk**

The Council and Midlothian CHP continue to manage risk according to their own established policies. However Risk Managers in both organisations are now involved in helping to identify potential risks associated with the creation of this new partnership body.

#### **3.3 Policy**

##### **3.3.1 Strategy**

The new HSCP is firmly embedded in the Community Planning Partnership with the Shadow Board assuming responsibility for the Adult Health and Care Thematic Group. The Shadow Board will have, as its primary responsibility, the remit of developing and delivering strategic commissioning plans for health and community care. This will include such key strategic issues as addressing health inequalities.

##### **3.3.2 Strategic Principles**

As mentioned earlier the importance of involvement of users and carers is reflected in the decision to include representatives on the Shadow Board as well as strengthening the existing arrangements for their involvement in joint planning groups and in service redesign forums.

Prevention is already well- recognised to be critical to the sustainability of services to older people and this is reflected in the development of telecare and the establishment of the re-ablement service. Prevention is also threaded through strategies for adult services examples being the healthy reading scheme in mental health and travel training for people with learning disabilities.

### **3.3.3 Consultation**

As this report is essentially for information no consultation was considered necessary.

### **3.3.4 Equalities**

No service changes are proposed in this report so no impact assessment is required.

### **3.3.5 Sustainability**

This report provides an update rather than proposes a new policy, strategy, plan, and therefore does not merit a 'Strategic Environmental Assessment'.

## **3.4 IT Issues**

None

## **4 Summary**

Progress is being made in establishing the new Health and Social Care Partnership. The immediate priority is to ensure the transition to new managerial arrangements within the local health service is made effectively. In the meantime a detailed project plan outlining the key steps required to enable the HSCP Board become fully operational, is being developed. The actual timescales for this may be influenced by the finalisation of the Government's Bill and associated guidance.

## **5 Recommendations**

Cabinet is asked to note the progress being made in establishing the local Health and Social Care Partnership and in developing more integrated services.

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**Report Contact:** Tom Welsh Tel No 0131 271 3671  
[Tom.welsh@midlothian.gov.uk](mailto:Tom.welsh@midlothian.gov.uk)