

Midlothian Health and Social Care Partnership – Progress Including Financial Scope

Report by Eibhlin McHugh, Director Health and Social Care

1 Purpose of Report

This report gives an update on the Midlothian Health and Social Care Partnership and seeks the Council's approval for the scope of the Council's budget to be included in the resources to be delegated to the Midlothian Health and Social Care Partnership Board.

2 Background

- 2.1 It was reported to Council on 6 November 2012 that the Scottish Government planned to legislate for the requirement to establish Health and Social Care Partnerships. The follow-up report considered by Council on 8 January 2013 sought and received agreement to the proposal to establish a Midlothian Health and Social Care Partnership, including the establishment of a Shadow Board from 1 April 2013.
- 2.2 A report considered by Council on 19 March 2013 gave a further update on the development of the local arrangements for a Health and Social Care Partnership and sought and received agreement to the appointment of a Joint Director of Health and Social Care with NHS Lothian.
- 2.3 The Public Bodies legislation is expected to pass through the Scottish - Parliament in April 2014. During 2014 each Partnership will be required to develop and consult upon both an Integration Plan and a Strategic Commissioning Plan. The Integration Plan will lay out how the NHS and the Council will work together including which services fall within the scope of the Partnership. This plan will be submitted to Scottish Government in early 2015 following formal approval by Midlothian Council and NHS Lothian. Once the Plan has been approved by Scottish Government the Partnership can move to full implementation.
- 2.4 This is a longer timescale than originally envisaged. As a consequence it is now proposed that the chairing arrangements for the Shadow Board be revised. The original agreement was that chairing alternate annually between NHS Lothian and the Council. For the sake of continuity over the formative shadow period it is proposed that Peter Johnston NHS Lothian Non-Executive be asked to continue in the chair for a further 12 months.

- 2.5 Previous reports have referred to the scope of the Midlothian Partnership being restricted initially to Adults and Older People. Neighbouring Partnerships – Edinburgh and West Lothian – are giving serious consideration to the inclusion of the Criminal Justice Service. There are undoubtedly synergies to be gained through strong links between this service and both the Mental Health and Substance Misuse services. It is now proposed to include Criminal Justice as a delegated function to the Partnership recognising that it will be vital that the existing strong links with Community Safety services are maintained.
- 2.6 Initially the focus of the Partnership is on addressing the needs of Adults and Older People but there is an increasing recognition that stronger inter-agency working is also vital to the delivery of effective Children's Services. The proposal is that Children's Services be included in Phase 2 of the partnership and that work be undertaken now to scope out which services would be included. This would be with a view to inclusion in the Partnership from April 2016.
- 2.7 There are a range of NHS Lothian services which are currently provided on a Lothian-wide basis. Active work is underway to examine which of these services would benefit from an integrated approach providing the scale of the service makes a locally integrated approach viable.
- 2.8 Joint resourcing is a central plank of Integration and work is being undertaken in Midlothian, across Lothian and on a national basis on developing financial frameworks for the new Partnership arrangements. The proposals outlined in this report regarding the financial scope of the Partnership have been discussed and agreed in principle by the Shadow Board and by NHS Lothian.
- 2.9 It is recognised that there are fundamental differences in the financial environment within which the Council and NHS Lothian operates, for example the treatment of VAT is different and there are differences in the way that capital funding is accessed. Access to services is different, with access to social care services being via eligibility criteria with service users contributing to the cost of the services they receive based on a financial assessment.
- 2.10 Appendix 1 shows the proposed elements of the Council's Adult and Social Care revenue budget to be included in the resources delegated to the Midlothian Health and Social Care Partnership Board. Appendix 2 shows, for information, an indication of the financial scope from an NHS perspective. The value of the budget which will be in scope is still to be determined. The figures show the opening recurrent budget of the CHP. The total of £46m includes £15m for prescribing which will be part of a risk share across the partnerships for the first year or so due to the potential for this budget to generate both over and under-spends.

3 Report Implications

3.1 Resource

It is proposed that the elements of the Adult and Social Care revenue budget detailed in Appendix 1, amounting to £35m, will be included in the resources, along with NHS Lothian budgets, to be delegated to the Midlothian Health and Social Care Partnership Board.

This figure represents the budget controlled by the Head of Adult and Social Care and excludes central support costs and budgets which are managed across the council such as utilities costs and property repairs.

The resources delegated will then be used by the Midlothian Health and Social Care Partnership Board to commission services from Midlothian Council and NHS Lothian. Council and Health staff will remain employees of their respective organisations.

Work is ongoing to develop a joint financial framework within which the Board will operate.

Capital expenditure will remain outwith the resources being overseen by the Board.

3.2 Risk

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

A joint financial framework is under development. This will include the responsibilities and liabilities of the partners under the joint arrangements. The joint financial framework is being informed by national guidance will ensure that both organisations are able to control and manage any new financial risks arising from the partnership arrangements.

The risk to both the Council and NHS Lothian in failing to progress these integration arrangements is that adult care services will become financially unsustainable in view of the pressures arising from the rapidly ageing population.

4 Policy

4.1 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.

4.2 Consultation

Ongoing discussion and agreement with senior officers in NHS Lothian.

4.3 Equalities

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

4.4 Sustainability

None

5 IT Issues

None

6 Summary

Work is ongoing to develop an Integration Plan to be submitted to Scottish Government in November 2014, following which the Partnership can move to full implementation. A change in timescales means that it is now proposed that the current Chair of the Shadow Board remains in this role until April 2015.

It is proposed that the scope of the budget to be included in the resources to be delegated initially to the Midlothian Health and Social Care Partnership Board comprises the elements of the Adult and Social Budget, including Criminal Justice, as detailed in Appendix 1. It is further proposed that work commences now on scoping the extent of Children's Services to be included at a future date.

7 Recommendations

Council is asked to:

- (a) Agree in principle to the scope of the budget to be included in the resources to be delegated to the Midlothian Health and Social Care Partnership Board as outlined in the Resource section of this report.
- (b) Agree that the Chief Executive in conjunction with the Leader of the Council be given delegated authority to finalise the scope of Phase 1 services being delegated to the Board.
- (c) Note that the Integration Plan, which will include a detailed financial framework, will be the subject of future reports to Council during 2014.
- (d) Agree that the current Chair of the Shadow Board continue for a further 12 months until April 2015
- (e) Agree to the principle that at an appropriate time in the future Children's Services should be included in the Partnership.

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