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Additional information:

This is a copy of a submission to the Scottish Parliament's Health and Sport Committee in response to their call for evidence on the Public Bodies (Joint Working) (Scotland) Bill

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Public Bodies (Joint Working) (Scotland) Bill

Response from East Lothian Council 09-08-2013.

EAST LOTHIAN COUNCIL

East Lothian Council is pleased to support the response from our partners, NHS Lothian. Additionally, it would want to highlight the following.

1. Do you agree with the general principles of the Bill and its provisions

Yes, East Lothian Council agrees with the general principles of the Bill. In response to the Bill East Lothian has, like other authorities and NHS Boards, established a Shadow Health and Social Care Partnership Board.

East Lothian Council has concerns regarding the Governance implications of the 'body corporate' model as it is detailed in the Bill. This requires clarification and more detail as it will strongly influence which model of integration partners choose to follow. For example, the nature and level of accountability to both NHS Boards and Local Authorities should be made explicit. There should be clear legal and financial structures to enable alignment of budgets and rules if integration is to achieve the desired outcomes.

Further clarity on the division of statutory responsibilities between the Jointly Accountable Officer, the Chief Social Work Officer and other Statutory Officer posts (including Chief Finance Officer and Monitoring Officer) would be required.

2. To what extent do you believe that the approach being proposed in the Bill will achieve its stated policy objectives?

The Bill will only achieve its objectives if local authorities and health services are each enabled and required to delegate statutory responsibilities, and resources either to each other, or to a new body. As an example, are Local Authorities and their partners should be enabled to choose the financial model most appropriate for the partnership. The outcomes for patients and service users will be as limited as has happened with previous integration initiatives if the model does not fit with the partnership requirements.

In addition, the approach taken will not in itself reduce demand for both health and social care services, or the expectations of the public. It will, if successful, improve

access, quality and deliver efficiencies and deliver some savings in the medium term. There will be one off costs, as well as those arising from the process of change. If these are not recognised and supported by Government then the Bill cannot achieve its objectives.

3. Please indicate which, if any, aspects of the Bill's policy objectives you would consider as key strengths

It is good to see that the Bill offers different options and models for integration and that local areas can make decisions about which model best suits their local needs, circumstance and history. It will be very important, however, that this approach is supported by very clear required outcomes and quality standards.

The policy objectives indicate the potential that the integration of services can achieve. However, the achievement of these objectives will be dependent on the local plans.

4. Please provide details of any areas in which you feel the Bill's provisions could be strengthened

Shifting the balance of care from institutional to community care is a key driver for NHS and Local Authorities. Although Delayed Discharges are part of this agenda, the Bill seems to fall short of acknowledging the resources required to implement effective support in a community setting. As demand grows, integration should, if fully achieved, enable improvement to the experiences and outcomes for patients and service users through faster access and more streamlined less bureaucratic delivery. It will not significantly reduce the overall resource pressures currently experienced by both health services and local authorities, nor significantly add capacity to meet future demands.

The provision of the draft Bill relating to Housing Services should be significantly strengthened. The representation of Housing Services on the Board needs to be re-considered. The importance of adequate provision of aids and adaptations to people's homes, in making sure they have the most appropriate community based care or do not become delayed at discharge or an unplanned admission to hospital, should be acknowledged.

5. What are the efficiencies and benefits that you anticipate will arise for your organisation from the delivery of integration plans?

East Lothian Council anticipates that an integrated service should eliminate duplication in assessment, speed up decision making, clarify accountability for individual care, and should improve the delivery of person centred services to those who most need them.

The change from current models to the future models of service will incur some transitional costs, as referred to in '2' above, and this should be fully recognised within the Financial Memorandum. Given the severe pressure on local authority community care resources, it should be emphasised that there can be no immediate

capacity to meet the inevitable costs of a change of this significance as well as the Council continuing to achieve its Local Outcome Agreements.

6.What effect do you anticipate integration plans will have on outcomes for those receiving services?

East Lothian Council expects that it will become easier for people who need services to understand an integrated system, how to access it, and how to hold it to account.

Working together to improve outcomes for those receiving services has been a key policy driver for health and social care in East Lothian for many years. There have been notable successes and achievements in services for people with mental illnesses, and learning disabilities.

Integration should improve the service users' and carers' ability to meet their individual outcomes. It has to be recognised that improvements in services, including those for older people, were not achieved to the extent that was hoped from earlier integration initiatives such as 'Joint Futures'. If lessons are learned from those experiences (for example, as particularly referred to in '2' above), and included in the provisions of the Bill, the beneficial effect on outcomes will fall short.

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