

EAST AYRSHIRE COUNCIL

POLICY AND RESOURCES COMMITTEE: 2 OCTOBER 2003

PROPOSAL FOR THE DISSOLUTION OF NHS TRUSTS AND ESTABLISHMENT OF AN INTEGRATED HEALTHCARE SYSTEM WITHIN NHS AYRSHIRE AND ARRAN; AND THE SCOTTISH EXECUTIVE'S CONSULTATION PAPER ON GUIDANCE FOR COMMUNITY HEALTH PARTNERSHIP

CONSULTATION RESPONSES

Report by Depute Chief Executive/Director of Corporate Resources

1.0 PURPOSE OF THE REPORT

- 1.1 To present to Committee the Council's proposed response to NHS Ayrshire and Arran's proposals for the dissolution of NHS Trusts and the establishment on an integrated healthcare system within NHS Ayrshire and Arran.
- 1.2 To provide Members with an overview of the officers' response to the Scottish Executive's consultation paper on guidance for Community Health Partnerships.

2.0 BACKGROUND

- 2.1 The health White Paper 'Partnership for Care', and accompanying action plan 'Improving Health in Scotland: the Challenge', were published in February and March respectively this year. They bring forward proposals on how NHS redesign, integration and quality of services can be progressed, in addition to calling for a step change in health improvement.
- 2.2 The Council voiced its support of CoSLA's proposal to protest to Ministers regarding the lack of local government involvement in the development of both papers. Officers also contributed to a local government response on the challenge document in April 2003.
- 2.3 The National Health Service Reform (Scotland) Bill, which was introduced in the Scottish Parliament on 26 June 2003, sets out provisions for those issues in Partnership for Care which require changes to primary legislation.

The proposed issues are as follows:

- the dissolution of NHS Trusts
- the establishment of Community Health Partnerships (CHPs)
- the placing of a duty on Health Boards to co-operate with each other, with Special Health Boards and with the Common Services Agency, in the interests of developing effective regional planning of health services
- the extension of ministerial powers to intervene to secure quality healthcare services, and
- the placing of a duty on Scottish Ministers and Health Boards to take action to promote health improvement.

- 2.4 The Health Department Letter (2003) 11 'Moving Towards Single System Working' offers guidance to local NHS Boards on how to bring forward proposals to dissolve remaining Trusts as separate legal entities and for their functions, assets and staff to be transferred to operating divisions of NHS Boards. NHS Ayrshire and Arran has now brought its proposals forward for consultation locally, inviting comments by 3 October 2003.
- 2.5 As part of the NHS Reform Bill process, the Scottish Executive has also now issued a guidance paper on the development of Community Health Partnerships for comment by 12 September 2003.

3.0 CONSULTATION MECHANISMS

- 3.1 The Council's Chief Executive has been involved in discussions about this agenda through SOLACE. The Leader of the Council has also been involved in discussions regarding the implications of this agenda through CoSLA.
- 3.2 A meeting has taken place between the Chief Executives of NHS Ayrshire and Arran and Chief Executives of the three Ayrshire Councils to discuss the implications of the Community Health Partnerships Guidance.
- 3.3 The Chief Executive of Ayrshire and Arran NHS Board presented local proposals for single system working to elected members on 26 August 2003, providing an opportunity for initial discussion around key aspects of the proposed changes.
- 3.4 Both the Scottish Executive's consultation paper on guidance for the development of Community Health Partnerships and NHS Ayrshire and Arran's proposals for the dissolution of Trusts have been made available to officers for comment.
- 3.5 It is anticipated that NHS Ayrshire and Arran will convene a meeting in the near future with potential Community Health Partnership partners in each local authority area to discuss common principles for Community Health Partnerships. It is anticipated that draft proposals will then be presented to a future meeting of the NHS and local authority Chief Executives in Ayrshire.

4.0 CONSULTATION RESPONSE

- 4.1 Officers welcomed the opportunity to comment on both consultation papers. It is anticipated that the move to an integrated NHS system, and particularly the evolution of Local Healthcare Co-operatives (LHCCs) into Community Health Partnerships will strengthen joint working relationships between the NHS, the Council and wider community planning Partners.
- 4.2 Appendix 1 outlines the key points contained within NHS Ayrshire and Arran's proposals for the dissolution of NHS Trusts and the establishment of an integrated healthcare system in NHS Ayrshire and Arran. The summary result of officers' comments on the paper is also shown.
- 4.3 Appendix 2 outlines the key points contained within the Scottish Executive's draft guidance on the development of Community Health Partnerships, and the summary result of officer's comments on the paper.

5.0 LEGAL/POLICY IMPLICATIONS

5.1 The Scottish Executive is satisfied that the legislative changes proposed in the National Health Service Reform (Scotland) Bill will not have a direct impact on local government. The intention is that the creation of Community Health Partnerships will facilitate greater co-operation between the NHS and local authorities. Similarly, the new duty to promote health improvement will be taken forward in liaison with local authorities through the community planning process.

6.0 FINANCIAL IMPLICATIONS

6.1 None arising directly from this report.

7.0 RECOMMENDATIONS

7.1 The Policy and Resources committee is asked to:

- (i) agree the Council's response to NHS Ayrshire and Arran's proposals for the dissolution of Trusts and the establishment of an integrated healthcare system within NHS Ayrshire and Arran as set out in Appendix 1;
- (ii) agree the Council's response to the Scottish Executive's consultation on draft guidance for Community Health Partnerships as set out in Appendix 2;
- (iii) remit the Depute Chief Executive/Director of Corporate Resources to submit the response to NHS Ayrshire and Arran; and
- (iv) otherwise note the content of the report.

Fiona Lees

Depute Chief Executive/Director of Corporate Resources

8 September 2003

Appendix 1: Corporate response to NHS Ayrshire and Arran's proposals for the dissolution of NHS Trusts and the establishment of an integrated healthcare system in NHS Ayrshire and Arran.

Appendix 2: Corporate Response to the Scottish Executive's guidance on Community Health Partnerships.

Members wishing further information should contact Elaine Caldwell, Public Health Co-ordinator on 01563 576248.

Implementation Officer: Elaine Caldwell, Public Health Co-ordinator.

BACKGROUND PAPERS

Scottish Executive, Partnership for Care: Scotland's Health White Paper (2003) available at www.scotland.gov.uk/library5/health/pfcs.pdf

Scottish Executive, Improving Health in Scotland: The Challenge (2003) available at www.scotland.gov.uk/library5/ihis-00.asp

Scottish Executive, The National Health Service Reform (Scotland) Bill (2003) available at www.scottish.parliament.uk/bills/index.htm#6

Scottish Executive, Moving Towards Single-system Working (2003) available at www.show.scot.nhs.uk/sehd/mels/HDL2003_11.pdf

Scottish Executive, Community Health Partnerships: Consultation Paper on Guidance (2003)

HMSO, Local Government in Scotland Act (2003) available at www.hmso.gov.uk/legislation/scotland/acts2003/30001—d.htm

NHS Ayrshire and Arran, Consultation on Proposal for the Dissolution of Trusts and establishment of an Integrated Healthcare system within NHS Ayrshire and Arran (2003) available at www.show.scot.nhs.uk/aahb

1.0 NHS AYRSHIRE AND ARRAN PROPOSALS FOR THE DISSOLUTION OF NHS TRUSTS AND THE ESTABLISHMENT OF AN INTEGRATED HEALTHCARE SYSTEM IN NHS AYRSHIRE AND ARRAN

1.1 Within the consultation document, NHS Ayrshire and Arran bring forward a number of proposals on how it will achieve the objectives in 'Partnerships for Care' and 'Moving Towards Single System Working'. These include:

- the dissolution by April 2004, of the current Acute Hospital Trust and Primary Care Trust and the establishment of two operating divisions, namely the Community Health Division and the General Hospitals Division
- the NHS Board Chief Executive becoming the Accountable Officer for the performance of the whole NHS system
- the integration of support services such as information management and technology, finance, estates and human resources
- changes in representation on the NHS Board (including the addition of the Chair of the LHCC Professional Committee, an additional 4 non-executive lay appointments, and the transfer of Trust Chief Executive positions to Divisional Chief Executives), and
- a review of committees within the proposed integrated health system.

1.2 It is likely that the NHS Board will assume the roles of health improvement, strategic leadership, resource allocation and performance management, as outlined in Partnership for Care.

1.3 Further changes are also likely to evolve within operating divisions over time as the result of the following service-led drivers:

- Local Health Care Co-operatives will develop into Community Health Partnerships to reflect their new and enhanced role in service planning and delivery
- Joint Future developments towards joint management and budgets between the NHS and local authorities will be required in services for older people and children, and for people with learning disabilities, mental health problems and addictions by April 2004
- the NHS Ayrshire and Arran Services Review, currently ongoing, is expected to recommend improvements to integrate the provision of current primary and secondary care services, and
- development of Managed Clinical Networks and other care networks, both locally and with other NHS Board areas, will have an effect on the current management reporting lines.

2.0 EAST AYRSHIRE COUNCIL'S COMMENTS ON NHS AYRSHIRE AND ARRAN'S PROPOSALS FOR SINGLE SYSTEM WORKING

- 2.1 The Council welcomes the opportunity to comment on the paper. The proposals present a clear first step towards a more integrated NHS system locally, building on developments already being implemented.
- 2.2 As the integration process develops, it will be necessary to ensure that councils and other key partners are actively involved, to ensure that developments build on existing partnership arrangements such as community planning, and the Joint Future agenda.
- 2.3 The paper emphasises positively that the focus of change in NHS Ayrshire and Arran is cultural and not structural. The NHS has undergone many re-organisations and structural changes. It is therefore important that these proposed developments are not viewed as another change for change's sake, but that the NHS, together with its partners, ensures that the desired outcomes of the White Paper and accompanying legislative changes remain central to the implementation process.
- 2.4 It is unclear from the document whether the proposed Community Health Division will be replaced by a number of Community Health Partnerships in the future, as the emphasis on further integration within the NHS and with Local Authorities develops. It may therefore be necessary to revisit these proposals at the appropriate time in order to review the role of operating divisions and management structures therein.
- 2.5 The paper also makes reference to the need to review existing NHS committee systems to determine requirements to discharge the business of the organisation. Again, it is uncertain at this time if this will include establishing Community Health Partnerships as committees of the NHS Board, as suggested in the Scottish Executive's guidance on Community Health Partnerships. This would also be useful to revisit as integrated working develops.
- 2.6 It is anticipated that the co-location and integration of the NHS Board's locality health improvement teams with existing Local Healthcare Co-operatives will strengthen links between the NHS Board, LHCCs, the Council and other community planning partners. It may be appropriate to revisit the NHS Board's health improvement function within local partnerships again as Community Health Partnerships develop, recognising that they will be expected to be the key NHS partner in relation to community planning.
- 2.7 The addition of a further four Non-Executive Lay Members to the NHS Board is to be welcomed. Again, as Community Health Partnerships develop, the NHS Board may wish to consider whether lay representation on the NHS Board may be sought from the proposed Public Partnership Forums to ensure a more localised perspective.
- 2.8 The report helpfully outlines the Chief Executive portfolios within the new NHS system. It may be useful for the NHS to provide further guidance to local authorities and other partners on expected changes within partnerships which will result from these arrangements.

1.0 SCOTTISH EXECUTIVE'S GUIDANCE ON COMMUNITY HEALTH PARTNERSHIPS

- 1.1 NHS Boards are required to produce a 'scheme' for the establishment of Community Health Partnerships (CHPs) in the near future (date dependent on the legislative timetable for the NHS Reform (Scotland) Bill). They are intended to evolve from Local Health Care Co-operatives (LHCCs) and should demonstrate a more consistent and strengthened role in service planning and delivery, with better accountability to local communities. They will also become statutory functions within NHS Boards. The consultation paper proposes that CHPs will:
- work as a key NHS partner with local authorities and others in relation to community planning to tackle priority health issues, and in developing and delivering joint approaches to local health and social care services
 - influence directly, NHS Board strategic planning, priority setting and resource allocation
 - plan primary and community based services, with delegated authority from the NHS Board to deliver services in ways that meet the needs of local people, and
 - create and strengthen local networks and partnerships with hospitals and specialist practitioners to deliver integrated health services.
- 1.2 In addition, Community Health Partnerships are required to ensure that they maintain an effective dialogue with local communities through the establishment of Public Partnership Forums, which will be supported professionally through the local office of the Scottish Health Council and its local Advisory Council.
- 1.3 NHS Ayrshire and Arran has conducted a review of the current LHCCs with services already migrating into newly defined 'meta' LHCCs, which are largely co-terminous with local authority boundaries. In addition, the NHS Board's locality health improvement teams have made plans to co-locate and integrate with the three Local Healthcare Co-operatives.
- 1.4 NHS Ayrshire and Arran plan to work with partners to develop key principles for Community Health Partnerships by December 2003, and will seek formal agreement on these principles by March 2004. A development period for implementation will take place during 2004/2005, with full implementation by April 2005.

2.0 EAST AYRSHIRE COUNCIL'S COMMENTS ON COMMUNITY HEALTH PARTNERSHIPS GUIDANCE PAPER

- 2.1 The Council welcomes the opportunity to comment on the consultation paper on guidance for Community Health Partnerships. As 'schemes of establishment' are developed, it will be necessary to ensure that clear mechanisms are put in place to enable local authorities and other community planning partners to continue to influence this agenda, and maximise opportunities for joint planning and further integration of services. It is likely that the most appropriate mechanism for discussion would be through community planning arrangements.

- 2.2 Within East Ayrshire, extensive joint working arrangements are already in place between the NHS and the local authority. These include health protection arrangements, planning and delivery of joint services through Joint Future arrangements, and joint health improvement programmes. The roles and outcomes outlined for Community Health Partnerships in the document provide a sound basis for further joint working with local authorities and other community planning partners and for further integration within the NHS system. In order to make explicit the necessity of equal partnership to achieve these outcomes, it would be useful if the guidance was broadened to illustrate all the key legislative drivers for change, for example, community planning legislation.
- 2.3 More specifically, clear links require to be made in the guidance between the Local Government in Scotland Act (2003), which created the power to advance wellbeing and the new duties placed on Ministers and Health Boards to promote health improvement. Further guidance will be required for all community planning partners detailing the implications of both.
- 2.4 There is a need to ensure that Community Health Partnerships are given the support, and are delegated the responsibility and resources, to focus on the outcomes they are required to deliver. This will have an impact on the degree of integration that can be achieved between services provided primarily by the NHS and local authorities. NHS Boards may require further clarification on how this should be taken forward, such as clearer direction on whether Community Health Partnerships should be established as committees of the NHS Board and whether they will replace newly proposed Community or Primary operating divisions.
- 2.5 In order to facilitate joint working between the evolving Community Health Partnerships and local authorities, it would be helpful if they shared the same geographical boundaries.
- 2.6 The guidance proposes that one Community Health Partnership in an area may undertake a specific function or provide a particular service for all Community Health Partnerships in that area. Consideration will require to be given to how planning links will be developed across local authorities and how equity of access to services will be ensured.
- 2.7 Further guidance may be required around the roles and responsibilities of local government officers/elected members on Community Health Partnership management teams, and their relationship with Elected Members currently represented on NHS Boards.
- 2.8 Community planning provides an opportunity to co-ordinate and streamline community consultation and involvement. In order to avoid duplication of effort, it would be helpful if the role of the new Public Partnerships Forums is considered in the context of community planning. This will also ensure that Forums can influence action to tackle the wider determinants of health in addition to health services.
- 2.9 The guidance states that NHS Boards will require to monitor the performance of Community Health Partnerships within their performance management framework. There is an expectation that this should feed into and out of the community planning process. It would be helpful if the guidance directed that community planning partners consider this as part of the development of the 'scheme of establishment'

and as joint monitoring and evaluation mechanisms are developed, to support community planning locally. It would also be useful if this recommendation was fed into the development of the evaluation framework for community planning nationally.

- 2.10 Within East Ayrshire, the LHCC, through chairing the Improving Health Working Group, the Trusts and the NHS Board is currently involved in the community planning process. In light of the expected strengthened position of Community Health Partnerships, it may be advantageous if the guidance clarified the roles that the different parts of the NHS are expected to play within community planning partnerships.