AGENDA ITEM No. ...4...

THE SCOTTISH OFFICE

Social Work Services Group

43 Jeffrey Street
Edinburgh EH1 1DG

Telephone 0131-244
Fax 0131-244 5387 5452

Consultees as per attached list

GKC/1/1

25 September 1995

Dear Colleagues

COMMUNITY CARE PLANNING: PLANNING STRUCTURES

I enclose for comment a draft circular advising the new unitary Councils to establish, in conjunction with their planning partners, joint planning structures where the present arrangements are no longer applicable as a consequence of local government re-organisation. Copies of this letter and its enclosure for the attention of Directors of Social Work/Chief Social Work Officers and Directors of Housing in the new Councils have been forwarded "care of" the Chief Executive.

The circular invites decisions by Councils on:

- The level at which joint planning will be struck (e.g. the area of the unitary Council or the Health Board's area, etc)

- The substance of the joint planning structure.

Decisions on the above matters are for local determination. The guidance is not therefore prescriptive, but does identify key elements which ought to figure in the arrangements; and it emphasises the imperative of ensuring continuity in implementing the community care policy.

It will be assumed that responses may be made publicly available unless respondents indicate that they do not wish all or part of their reply to be made more widely available.

YH006908

Comments should be forwarded, by 25 October to:

Mrs L Malcolm
The Scottish Office
Room 415
43 Jeffrey Street
Edinburgh
EH1 1DG

Yours sincerely

G A ANDERSON

YH006908

COMMUNITY CARE PLANNING: JOINT PLANNING STRUCTURES

List of Consultees:

Heads of Paid Services of Unitary Authorities
Directors of Social Work/Chief Social Work Officers of Unitary Councils
Directors of Housing/Chief Housing Officers of Unitary Councils
General Managers of Health Boards
Directors of Social Work, Regional/Islands Councils
Directors of Housing, District Councils
Chief Executive, Scottish Homes
Relevant voluntary organisations and representative bodies

Our Ref: GKC/1/1

D R A F T

SWSG /95

Heads of Paid Services of Unitary Authorities

Copy to: Directors of Social Work/Chief Social Work Officers of Unitary Councils
Directors of Housing/Chief Housing Officers of Unitary Councils
General Managers of Health Boards
Directors of Social Work, Regional/Islands Councils
Directors of Housing, District Councils
Chief Executive, Scottish Homes

August 1995

Dear Colleague

COMMUNITY CARE PLANNING: JOINT PLANNING STRUCTURES

Summary

1. This circular invites Chief Executives of unitary Councils, together with Directors of Social Work/Chief Social Work Officers, to develop in conjunction with health, housing and other interests, joint planning arrangements for community care, where the present arrangements are no longer applicable as a consequence of local government re-organisation. This calls for decisions to be made on:

- the level at which joint planning will proceed (unitary Council level or otherwise);

- the substance of the joint planning structure.

The guidance is directed mainly at unitary Councils which were formerly part of larger local government areas, although it is relevant also to those Councils with the same territorial boundaries as current Regional/Islands Councils.

Action

2. Unitary Councils together with existing Councils, health boards, housing interests and other relevant local agencies are therefore invited in terms of this circular to determine in the near future, the level at which joint planning is to take place in their area (paragraphs 15 to 18) and the structure for joint planning, (paragraphs 19 to 27). The Scottish Office would expect that in order to maintain continuity and sustain the different levels of joint planning these decisions should be taken by about the end of 1995 and certainly not later than 28 February 1996. Councils should therefore submit the planning structure they have adopted to SWSG by the latter date.

Background

3. As this is the first circular on community care planning to be issued to unitary Councils it may be useful to explain something of the background. Care in the community has long been the policy for meeting the needs of vulnerable people. It received additional impetus following the White Paper "Caring for People" and the consequent, phased implementation of the Government's community care reforms, the last and most significant tranche of which was introduced on 1 April 1993. The success of the policy depends on effective inter-agency working and collaboration, particularly between social work departments, health boards, housing authorities and Scottish Homes on the planning and delivery of community care services.

4. Under Section 55 of the Social Work (Scotland) Act 1968, local authorities have a statutory duty to prepare community care plans for their area in conjunction with, amongst others, health boards. All such plans are currently joint, i.e. as between the Regional/Islands Council and the Health Board, and we expect joint plans to be the norm in future. The Secretary of State has issued Directions that plans will cover a three year period, beginning

in 1992 and they are to roll forward annually. Existing Regional/Islands Councils have all drawn up or are close to finalising plans for the period 1995-98.

5. Community care plans are but one of the planning tools for social work services: annual plans are required for criminal justice social work services and the Children's Scotland (Act) 1995 contains provisions to introduce formal plans in that field. Unitary Councils may wish to have regard to these wider elements in determining the management of their planning functions. On community care, complementary plans are, of course, housing plans to be drawn up by the new Councils, and the local health strategies of Health Boards.

6. The main guidance on community care planning is contained in a number of Scottish Office circulars:

- **SWSG1/91 "Community Care Planning" (also issued to Health Boards as SHHD/DGM(1991)1**: this sets out the basis for community care planning. The requirements in the legislation on consultation, etc and the original expectations for the content of plans.

- **SWSG4/93 "Directions on Consultation"**: this requires local authorities to state in their plans the process for consultation and requires them to consult organisations representing providers in the independent sector.

- **SWSG13/94 "Directions on Purchasing"**: this directs local authorities to include in their community care plans a statement of their purchasing intentions.

- **SW14/94 "Community Care Planning"**: this amends part of SWSG1/91 (also SHHD/DGM(1991)1) by revising the expected content of plans to make them more of a management tool, focused on intended action in

support of strategic objectives. This is the key document on the content of community care plans.

- **SWSG7/94 "Community Care - The Housing Dimension"**: this identifies, amongst other things, the role of housing at the strategic and operational levels and sets out the expectation that housing should be an equal partner in community care planning.

- **Env 9/94: Housing Plans, Annual Policy Statements and Annual Policy Proposals**

- **SWSG letter of 2 February 1995**: this invites local authorities in their community care plans for 1998 to disaggregate information on current and prospective services to the areas of unitary authorities.

- A wide range of guidance on community care and joint planning has been issued to the NHS in Scotland. Of particular relevance in this context are that on resource transfer (NHS MEL(1992)55) and the Priorities and Planning Guidance from the NHS Management Executive expecting development of particular care group strategies on a joint basis, including the reprovisioning of long-stay hospital care.

7. Joint planning for community care, particularly as between social work and health, has been in place for many years. Housing is a more recent partner, though the circular "Community Care: The Housing Dimension" seeks to make up for lost ground by according equal status to housing in planning matters. The private and voluntary sectors (including housing associations), users and carers are all stakeholders in this field and their involvement needs to be properly addressed. In all areas except Strathclyde, social work and health currently share the same territorial boundaries, which is reflected in the joint planning structures. In Strathclyde, the structures are effectively at the level of the four Health Boards. Beneath these general boundaries, some areas are developing locality

planning approaches (which may be at the level of either local government or convenient administrative divisions) but this approach is not well developed as yet. Councils will also wish to be aware of the requirements of section 23 of the Local Government etc (Scotland) Act 1994 to prepare and implement schemes for the decentralisation of their business, which may be of relevance to locality-based planning.

8. The outcome of this guidance should be substantial and effective community care plans. Those for 1995-98 should have set out the broad strategic agenda for community care and particular service and other developments to that end, the essence of which the current planning partners share. Moreover, the plan should be disaggregated to the areas of the new Councils. The plans for 1995-98 should therefore provide both a policy and development lead to the new Councils (see paragraphs 11 and 12, and 29 and 30).

Effects of Local Government Reform

9. Local government re-organisation will bring about considerable changes in structures, boundaries and personnel. While we wish to minimise as far as possible the demands on local government during reorganisation, our aim will be to ensure that inter-agency planning structures for community care are put in place taking account of the new boundaries, and that continuity is assured for existing community care services, developments already in train and for planning in the longer term. While in some mainland health board areas there will now be a number of social work authorities instead of one as at present the bringing together of housing and social work in a single local authority will facilitate co-operation between these services, and in some mainland areas health, social work and housing will have the same boundaries for the first time. That said, there are a small number of cases where a new Council's area falls into more than one Health Board's area. Planning partners in these areas will have to relate to both Health Boards in constructing their planning base.

10. The community care agenda is both active and substantial. It is clearly desirable that the progress made so far with the policy is both maintained and built on in the run up to the handover to the new councils. The existing planning systems can clearly act as a bridge to

ensure that the impetus is maintained and every effort should be made to that end. The Scottish Office has sought to use plans to that end, as described below.

Preparations for Local Government Reform

11. The Scottish Office sees considerable value in using the current planning systems to ease the transition by requiring current social work authorities to provide their successors with a planning inheritance. The community care plans for 1995-98 prepared by existing Regional/Islands Councils will identify the underlying policies and strategies for the provision of community care in their area. In addition, the guidance issued in February 1995 expects these Councils to identify within their plans the levels of current and planned community care services disaggregated to the areas of unitary Councils. This should, therefore, provide the unitary Councils with a baseline against which to consider the future services for the area. Similarly, we would expect existing housing authorities to make existing housing plans, annual policy statements and housing capital programmes available to the new authorities who will be asked to prepare in 1995-96 annual policy statements and programmes, but not full housing plans. These statements and housing programmes should cover community care housing in collaboration with Scottish Homes, and in consultation with other housing, health and social work agencies.

12. Initially, we would expect Unitary Councils to focus on planning for community care in the short term, so as to preserve and maintain social work services during the early period of re-organisation. Unitary Councils will probably, in due course, wish to develop a community care plan of their own for their area, but in the meantime The Scottish Office sees value in their taking on board the plans they inherit and concentrating on protecting the continuity of the community care agenda in concert with their partners in health, housing etc. Maintaining that continuity is imperative: failing to implement existing plans, without having in place a viable alternative, is not a reasonable option.

Action for Unitary Councils

13. Under the legislation, the lead agency for community care planning is the social work authority. This will apply to the new Councils as much as to the old. Unitary Councils, but particularly those with new boundaries, will have to reach decisions on two important areas, as follows:

13.1 The level at which joint planning will proceed.

13.2 The organisation of the joint planning structure.

14. All Councils will have to ensure that housing (through the housing authority and Scottish Homes) is an equal partner in the planning process.

Planning Level

15. Currently, joint planning is at two levels - outside Strathclyde, it is at the coterminous Council and Health Board level (though this may be built up from plans developed at the district or administrative level); and within Strathclyde it is at the level of health board areas, though the process is still led by the Council (which has organised its planning staff according to these areas). Unitary Councils will therefore have to take a view on what is the most appropriate level for joint planning in their area. The immediately apparent options are:-

15.1 the level of the unitary Council (whether or not coterminous with the health board); or

15.2 the level of the appropriate health board (clearly in disaggregating areas along with other unitary Councils).

Both are compatible with locality planning for smaller areas.

16. At a practical level, the first of these will accord with the territorial responsibilities of unitary Councils. There may, however, be a lack of or only limited experience of planning for community care in some disaggregating areas, at least initially. As regards the health dimension, the territory of the unitary Council will in many areas equate to only part of the that covered by the relevant Health Board. This would mean the Board having to "localise" on planning matters and the development of strategic thinking. However, this level may be too narrow to address key issues at a Health Board wide level, e.g. the long-stay sector. The second option covers the territory of a health board and would mean in some instances a number of unitary Councils grouping together to effect joint planning on a scale larger than their own individual area. In disaggregating areas this would preserve intact at least one of the current planning partners, would facilitate consideration of Health Board wide issues and may make for easier decisions on resources. This option would mean individual Councils looking beyond their own boundaries strategically. It would, however, be open to the planning partners to decide for themselves whether they produced a corporate joint plan for the planning area or individual joint plans for the area of the unitary Councils, based on the wider strategic picture, or even some combination of these.

17. These are matters which have to be determined locally with planning partners according to the circumstances of the area. Relevant factors include the size of authority, whether the community care agenda is heavily localised or more closely related to wider (regional) factors and whether at a practical level authorities have or can secure reasonably quickly the specialised knowledge of community care planning which is vested in relatively few hands at present. There may be advantage, for the sake of continuity, in maintaining initially at least the present structures or something closely resembling them. This would give the new planning partners an opportunity to come to terms with current strategic developments on an inter-agency basis and give time to consider more fully the way ahead.

18. Whatever the level at which joint planning is struck, it is essential that particularly Councils and Health Boards recognise the need to consider together strategic issues at the Council/Board level. Health Boards must not be in a position where the need for health

services is addressed in isolation from the needs for parallel community care services, and vice versa.

Planning Structure

19. The second decision for unitary Councils is to determine the planning structure, irrespective of the level at which joint planning is struck. The legislation places a duty on local authorities to consult a wide number of interests in their area on their community care plans. These include health boards, housing authorities, voluntary organisations representing service user and carers, housing associations, other bodies providing housing or community care services (e.g. in the voluntary and private sectors), and representatives of providers in the private and voluntary sectors. They also require to consult other Council Departments such as Education (including community education), Recreation and Transport etc, and also Colleges of Further Education and, as appropriate, NHS Trusts and GPs. A distinction needs to be drawn, however, between parties who have to be consulted on community care plans and those who should figure more prominently in the joint planning structure. Quite clearly the latter should be much more focused and considerably smaller than the number of organisations consulted on the community care plan.

20. The joint planning structure is a partnership of key local interests led by the local authority whose goal is to develop strategic thinking and to implement service developments across the area. The partnership needs to be effective, business like and drive forward the community care agenda, and be representative without being bureaucratic.

21. Key stakeholders in community care who would be expected to have a locus in the joint planning structure, include:

- Members of the unitary Council (social work and housing) and of the health board.

- Chief officers of social work, health and housing.

- Senior officers in other local authority departments or other bodies, e.g. local Scottish Homes Districts, Education (including Community Education and Colleges of Further Education), Transport, Leisure and Recreation, etc.

- Representatives of the private and voluntary sectors and of housing associations and voluntary housing bodies.

- Representatives of umbrella voluntary sector/user/carer groups.

- Voluntary organisations representing individual care groups who would normally slot in to working groups dealing with their particular client interests.

- NHS Trusts and GP representatives, as appropriate.

22. Not all these players have equal standing in the community care planning structure. The key partnership is between the key strategic and purchasing agencies, i.e. social work, health boards and housing, which should feature at all levels. Other elements would feature as relevant, though we would expect representatives of all sectors to have an input to the decision taking level.

23. There is no single model of a joint planning structure. Much depends on the particular needs of the area and how they can best be accommodated in an effective, working structure. The Scottish Office has, however, identified a number of features which are central to a successful structure, as follows:

- The involvement of members of Councils and Health Boards.

- The engagement of housing as an equal partner with social work and health.

- The explicit commitment to joint planning of Directors of Social Work, Directors of Housing and General Managers of Health Boards.

- Clarity about remits and lines of accountability.

- A permanent focus on strategic developments for the main care groups but with sufficient flexibility to accommodate short-life working groups on specific issues.

- Consistent treatment of other interests e.g. users and carers, voluntary and private sector providers, etc.

- Appropriate to the size of the local authority/health board area.

- Getting right the levels of involvement of each set of players so as to ensure ownership of strategic thinking without creating a bureaucracy.

- Representatives of the private and voluntary sectors and users/carers are involved at suitably senior (and preferably the decision taking) level.

- Participants in the joint planning structure are enabled to recognise that they are stakeholders.

- Planning is a continuum: the plan should be a vehicle for change and development, and not an end in itself. Implementation and monitoring are just as important.

24. The strategic planning structure ought to be based on permanency and consistency. That does not mean that elements within it should not have a short life. We would expect, however, that permanent groups would be formed at Member and Chief Officer level to

effect joint planning in the round and at officer level to draw up and implement strategies for individual care groups. We would also expect there to be a Housing Forum with suitably effective links into the senior structure. Community Care Forums representing user/carer/provider interests, as appropriate, have been formed in a number of areas and have clearly been beneficial to the development and ownership of community care planning in these areas. These, too, need to be linked to the main structure at an appropriately senior level. The key issue, however, surrounds the level at which decisions are taken. At that level, we would expect to see Chief Officers, plus representatives of other interests, as identified above.

25. A possible model for a community care planning structure is set out in the Annex. This distinguishes in a hierarchical way the role of members, Chief Officers and other key representatives and of the role played by specialised planning teams. It also shows where a Housing Forum and a Community Care Forum might fit within the structure. This is the kind of model which is working well in many areas at present.

26. Critical points are that the remits of each group and the lines of accountability are clear, and their level within the structure is appropriate. It also has to be acknowledged and understood that representatives of particular sectoral interests need to recognise that joint planning needs to be focused on strategic issues and that their contribution should be suitably directed.

27. Present joint planning structures involve a variety of interests of the type described in the preceding paragraphs. While unitary Councils serving the same territorial coverage as present Regional/Islands Councils will inherit that body of interests and representatives, Councils in areas smaller than the current joint planning levels will, if they decide on more localised structures, have to identify and develop these contacts for their own area. This may not be without its difficulties as many organisations, particularly those representing the voluntary and private sectors and users/carers may have established themselves on the basis of the present joint planning structure. In some smaller areas, key elements, e.g. in the provider network, may not exist. An initial task in some areas may therefore be to identify, facilitate and train individuals who will represent agencies and other bodies of opinion in

the new, more localised joint planning structure. Some areas have already begun to develop more localised approaches to joint planning which may stand them in good stead in the future.

Planning Skills and Expertise

28. Although community care planning has now been in place for some years, the number of individuals in Regional Councils with established experience in this field remains relatively small. Unitary Councils, particularly those in areas smaller than the previous levels of joint planning, may not have, initially at least, staff with suitable experience of strategic frameworks or the development of strategic thinking. This may therefore be seen as an early training need. Alternatively, existing Regional Councils may find it helpful to allocate staff with that experience to a particular unitary Council or Councils to aid them in establishing their own framework. It may also be helpful, particularly until new planning structures are in place, to engage Directors of Social Work/Chief Social Work Officers (or their representatives when appointed) for the Unitary Councils in the current joint planning fora for the area they will inherit. They will also recognise the experience of the scope for joint working with existing housing authorities in that and other regards.

Community Care Plans

29. Regional/Islands Councils have prepared or are close to completing community care plans for 1995-98. In the normal sequence of events these would be reviewed in April 1996. The advent of local government reorganisation requires that pattern to be adjusted and revised arrangements need to be put in place.

30. Creating a community care plan from scratch is a time consuming exercise taking probably the best part of a year. A pre-requisite, however, is that a planning infrastructure is already in place to develop thinking, to convert that to strategies, devise action plans, etc. Given that particularly in the unitary Councils created from larger authorities this infrastructure has not yet begun to be put in place The Scottish Office does not expect these

Councils to draw up community care plans for the period 1996-99. It would, however, be open to new Councils which have the same boundaries as Regional Councils, or other Councils if they feel able, to review and adapt with their planning partners the plan for 1995-98, if they so wished. . Current thinking is that it is more realistic for the first plans of Unitary Councils to be for the period 1997-2000, which would be published in April 1997.

Consultation on Plans

31. The legislation requires Councils to consult a variety of bodies in their area on their community care plans, as set out at paragraph 19. In the new structure of over 30 Councils, service providers in particular may increasingly be located outwith the area of the purchasing Council. These organisations which may provide a substantial part of a particular service have just as much right to be aware of the Council's strategic thinking as providers within its area. Councils should, therefore, decide which providers (be they in the statutory, voluntary or private sectors) should be included in the list of consultees on their draft community care plans. Councils will also have to decide on the need to consult or be consulted on the plans of other strategic planners (e.g. health boards, housing authorities, other unitary Councils and Scottish Homes).

Enquiries

32. Any enquiries on the terms of this Circular should be addressed to Mrs Lorna Malcolm, Room 415, 43 Jeffrey Street, Edinburgh, EH1 1DG (telephone 0131 244 5424).

Yours sincerely

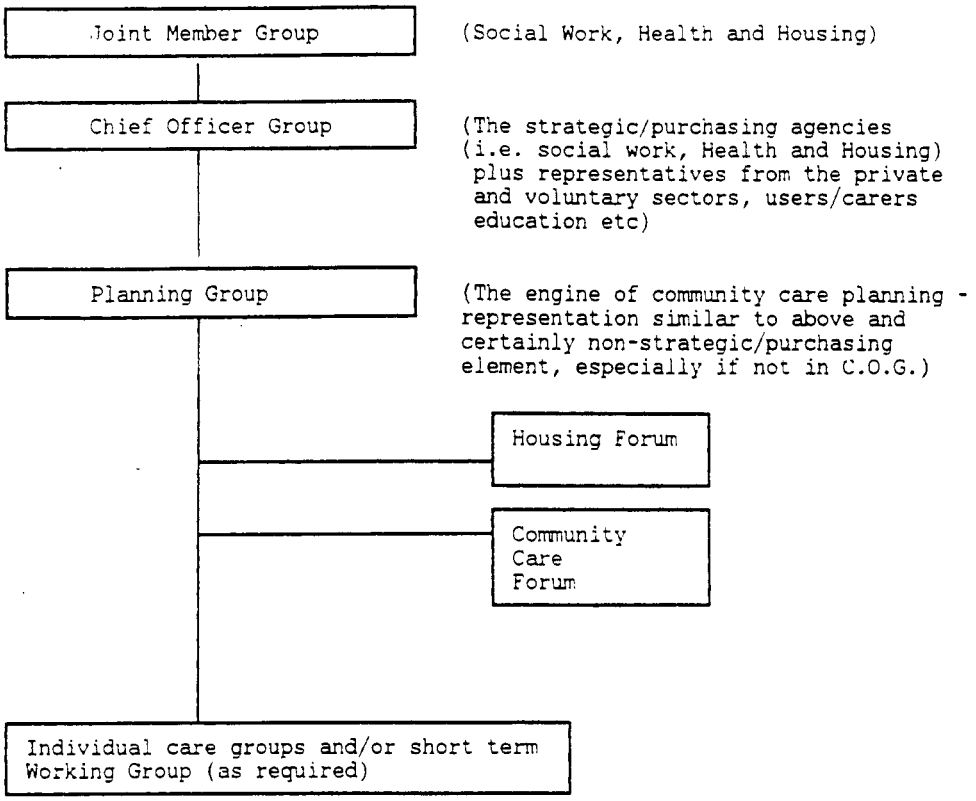
GAVIN A ANDERSON
Social Work
Services Group

JOHN ALDRIDGE
NHS Management
Executive

DAVID MIDDLETON
ENV Housing

ANNEX

ONE JOINT PLANNING STRUCTURE



The above does not prescribe a structure. It provides a map of key elements and options.