

AGENDA ITEM No. 4 NORTH LANARKSHIRE COUNCIL
JOINT REPORT

To: Housing Committee	Subject: "Community Care Planning: Planning Structures"
From: David McKendrick, Director of Social Work and Gavin Whitefield Director of Housing	
Date: 12 October 1995	

1. PURPOSE OF REPORT

1.1. The purposes of this report are:

- [a] to propose the Council's response to a draft Circular on this subject issued by the Scottish Office for consultation;
- [b] to identify issues for the organisation of joint planning from April 1996.

2. CONTENT OF THE DRAFT CIRCULAR

2.1. The draft Circular proposes that:

- [a] new Councils should decide for themselves whether joint planning will be conducted at Health Board or new Council level. They should also decide on the joint planning structures which they intend to establish;
- [b] decisions on future joint planning arrangements should be taken by the end of 1995 and certainly not later than February 1996. Councils will be required to submit the planning structure they have adopted to the Social Work Services Group by the latter date;
- [c] initially, the Scottish Office expects Unitary Councils to focus on short term community care planning, with the aim of preserving and maintaining social work services;
- [d] the Scottish Office sees value in new Councils taking on board the community care plans they inherit and concentrating on protecting the continuity of the community care agenda;
- [e] it is likely that the first plans of Unitary Councils will be expected for the period 1997 - 2000, to be published in April 1997.

3. COMMENTS ON THE DRAFT CIRCULAR

3.1. A proposed response to the draft Circular is attached to this report for the Committee's consideration. The main points to highlight are:

- ◆ the first round of Plans which are expected in April 1997 should be in the form of a Review of 1995-8 Plans with the first full Plans due in April 1998
- ◆ financial planning assumptions must be made available by the Scottish Office well in advance of Plans being produced
- ◆ early consideration should be given to the roles of housing and education in joint planning arrangements
- ◆ there should be a stronger emphasis on the importance of building user and carer participation at local and strategic level
- ◆ attempts should be made at Scottish Office level to harmonise planning systems and timescales.

4. ISSUES FOR FUTURE JOINT PLANNING IN LANARKSHIRE

4.1. The following will require early consideration by the Council:

- ◆ the need to ensure that future joint planning arrangements will strengthen the lead role of social work authorities in community care planning and afford housing the status as an equal partner in the planning process.
- ◆ joint planning should be established at a level which enables local authorities to exercise strategic leadership in community care planning. To this end, consideration should be given to a partnership between the two Lanarkshire Councils with a view to establishing strategic planning arrangements at Health Board level.
- ◆ it is essential that strategic joint planning at Health Board level is closely linked to well developed, local community care planning arrangements. These which would include local implementation plans, structures which facilitate the ongoing participation of service users and carers, and consultation with housing and care providers. Planning at this level should be locality based, and consistent with the Council's de-centralisation arrangements.

4.2. In relation to future planning at Health Board level, it is proposed that the Council initiates a process of officer consultation with South Lanarkshire Council and Lanarkshire Health Board, with a view to bringing forward options for joint planning structures for member consideration. These should take due regard of the input of the Council's housing and education departments to joint planning. The timescale for this process should be the identification of options no later than the end of December 1995.

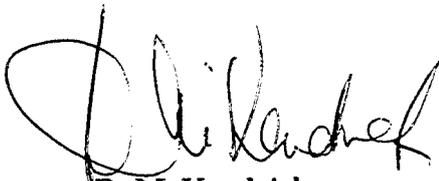
4.3. With regard to local arrangements for community care planning, it is proposed that the Director of Social Work consults within the new Department and with representatives user, carer and provider organisations in order to bring forward proposals for consideration by elected members. Again, the involvement of housing and education in local joint planning arrangements needs to be fully considered. This work should be undertaken as soon as possible in the life of the new Council.

- 4.4. There would appear to be major advantages in the Council to producing a joint Community Care Plan for North Lanarkshire in due course. This would include a strategic overview agreed with South Lanarkshire Council and Lanarkshire Health Board. The rest of the Plan would focus on local implementation through locally negotiated action plans with a heavy emphasis on user and carer input.

5. **RECOMMENDATIONS**

5.1. The Committee is invited:

- [a] to consider the attached comments as the basis of the Council's response to the draft Circular on joint planning structures;
- [b] to agree that the Director of Social Work should initiate officer discussion on strategic planning for community care with South Lanarkshire Council and Lanarkshire Health Board, with a view to clarifying options by the end of December 1995; and
- [c] to agree that as soon as is practicable, the Director of Social Work should initiate discussions internally within the Council, and in consultation with representatives of users, carers and provider organisations, with a view to making recommendations on local joint planning arrangements.



D. McKendrick
Director of Social Work



Gavin Whitefield
Director of Housing

October 1995

KS: RJPSTR1.SAM

PROPOSED COMMENTS ON DRAFT SCOTTISH OFFICE CIRCULAR:
"COMMUNITY CARE PLANNING: JOINT PLANNING STRUCTURES"

1. EMPHASIS ON LOCAL DECISION MAKING

- 1.1. The emphasis that decisions on joint planning are matters for local determination is welcomed.

2. PRODUCTION AND CONTENT OF COMMUNITY CARE PLANS

- 2.1. The guidance would be improved by a separate heading on the requirement to produce Community Care Plans. This would cover existing paragraphs 3 - 5.
- 2.2. Paragraphs 29 should be moved to this section, followed by Paragraph 30 under a sub-heading on timescales.
- 2.3. Paragraph 6 whilst useful, could be dealt with in an Annexe to the Circular
- 2.4. The expectation that Community Care Plans will be produced jointly with Health Boards should be accompanied by a statement of the importance of Unitary Councils ensuring that housing and education interests are given appropriate prominence in Plans.
- 2.5. It would be helpful if paragraph 4 were explicit in relation to full Community Care Plans and reviews. The requirement in early guidance on Community Care Plans was to produce a full Plan every three years with Plans rolling forward annually by means of Community Care Plan Reviews.
- 2.6. The draft Circular itself acknowledges that the production of a full Plan probably takes the best part of a year, and also that planning resources and skills inherited by new Councils will vary. A requirement for full Plans every three years with annual Planning reviews would streamline the planning process and help to make Plans more of a management tool. It would also ensure that the resources required for Plan production within all agencies are better focused and do not become disproportionate relative to the on-going processes of consultation and implementation.

3. TIMESCALE FOR FIRST COMMUNITY CARE PLAN (PARAGRAPH 30)

- 3.1. The decision to postpone the first round of Community Care Plans until April 1997 is realistic in view of the pressures of local government reform.
- 3.2. The timescale for future plans should be linked more closely to the guidance given in paragraph 12, where the emphasis is rightly on continuity in preserving and maintaining services during the early period of re-organisation. In line with this, it would be helpful if the requirement in the first round were to produce a Review of the 1995 - 1998 Plan which new Councils have inherited, with full Community Care Plans required by April 1998.

- 3.3. The statement in paragraph 12 that initially Councils would be expected to focus on planning in the short term should be given further consideration. The Community Care Plans which Councils will inherit will contain proposals of a long term, strategic nature and it will be important to take a view on these early in the life of new Councils.

4. BOUNDARY ISSUES (PARAGRAPH 9)

- 4.1. The draft guidance inadequately addresses the difficulties arising from boundary anomalies between Health Boards and new Councils, which will be a particular issue for areas within North Lanarkshire which remain within the Greater Glasgow Health Board boundary. There must be real concerns that the community care needs of such communities become marginalised in joint planning arrangements and there will be resource issues in duplicating representation in a second set of joint planning structures.

5. HARMONISATION OF PLANNING SYSTEMS (PARAGRAPH 5 AND 11)

- 5.1. The draft Circular's rightly recognises that Councils need to determine the management of their planning functions within the context of their other social work planning responsibilities for child care and criminal justice social work services.
- 5.2. Specific reference should be made to overlapping responsibilities within the Community Care Plans and Children's Plan with respect to children with disabilities.
- 5.3. On links between community care plans and the housing planning system, the draft guidance is weak. The final sentence of paragraph 11 deserves to be dealt with in greater detail, and given greater prominence.
- 5.4. It would be helpful if the Circular acknowledged the need for action at Scottish Office level to adopt a more systematic approach to the conflicting planning systems and timescales which different divisions of the Scottish Office require of the respective local agencies. This would include some harmonisation of timescales and systems in relation to local authority housing and social work plans, Scottish Homes plans, and the accountability review system of the NHS Management Executive. All of these require local agencies to take crucial decisions within different timescales and on occasion on the basis of competing policy objectives set at Scottish Office level.

6. PLANNING ASSUMPTIONS

- 6.1. No reference is made to the crucial issue of planning assumptions. It is essential that the timescale for clarifying GAE assumptions (including care element transfer) planning figures is known and is well in advance of the first round of Plans. The issue of planning figures in November 1994 for the 1995 Plans was too late since by that time much of the work had been done. This caused duplication and delay.

7. PLANNING LEVEL

- 7.1. The Circular correctly identifies that new Councils and Health Boards will have to make early decisions as to whether joint planning will proceed at Health Board level. The benefits in favour of ensuring strategic leadership and joint planning at Health Board level are likely to be persuasive, and early discussions are already being arranged between local authorities and Health Boards on this issue.
- 7.2. Paragraphs 16 - 18 could be condensed without loss of meaning.
- 7.3. Paragraph 27 should be linked more closely to the issue of planning levels. The Circular should avoid presenting planning levels as a simple alternative between Health Board level or more local planning since the issue will be one of harmonising different planning levels.
- 7.4. Paragraph 27 is relevant to the joint planning process generally, in all areas, and should be presented as such.
- 7.5. It would be helpful if the Circular recognised the desirability of local consultation with user and carer groups, and provider organisations on planning levels. The aim should be to ensure that local people and organisations are assisted to participate in local planning and decision making. This will create the circumstances where active users and carers representative organisations are likely to develop. The importance of community care planning at local level should be therefore be recognised and supported, not least because it is likely to widen participation at strategic level. Otherwise the latter may have a tendency to be restricted to a relatively small range of interests.
- 7.6. The Circular might usefully make reference to potential links between joint planning structures at local level, and de-centralisation proposals.

8. PLANNING STRUCTURES

- 8.1. Paragraphs 20 and 22 of the guidance are helpful in distinguishing the strategic and implementation levels of joint planning, and emphasising the importance of the key partnerships which have to be created between key strategic and purchasing agencies.
- 8.2. The role of Housing Forums after re-organisation merits more than a passing reference, and is related to the level(s) at which joint planning will proceed. It would be more helpful if the guidance identified the strategic benefits of a clear focus on housing within joint planning, the importance of developing planning agreements which cover housing and community care as well as health /social work interface, and invited Councils to consider the most effective way of achieving this at Health Board and Council level.
- 8.3. The importance of securing the input of Education on relevant issues is understated. Paragraphs 2.4 and 5.1 above refer.

- 8.4. The roles of users and carers or their representatives and their participation in the joint planning process should be viewed as qualitatively different from the role and contribution of provider organisations. The list in Paragraph 23 (bullet points 6 and 9) implies that users and carers and their representatives should be treated in the same way as provider organisations. This should be corrected, as should paragraph 24 which refers to Community Care Forums. The emphasis here should be on the variety of arrangements which may best suit local circumstances, recognising that in some areas user/carer forums function separately from providers. This is an option which users and carers may wish to pursue.
- 8.5. The Circular should make clear that the duty of the statutory and purchasing agencies is to consult in appropriate and meaningful ways with providers and their representative organisations and to facilitate their input to the decision making process. Paragraph 23 (bullet point 9) could be read as meaning that providers will make strategic and purchasing decisions, and should be reworded.
- 8.6. More generally, paragraph 23, which in an amended form would be helpful, could be covered in an Appendix on key features of successful planning structures.
- 8.7. The first sentences of paragraph 24 could be omitted without loss of meaning.

9. CONSULTATION

- 9.1. Paragraph 31 should not be confined to provider organisations but should include national user/carer representative organisations. It could be dealt with more simply by stating that consultation with regional and national organisations has been a feature of the current round of Community Care Plans and should continue.

10. ANNEX

- 10.1. The model structure is over simplistic and could be omitted.

D McK/KS
October 1995