
ARGYLL AND BUTE COUNCIL

**Mid Argyll, Kintyre and the Islands
Area Committee**

Community Services

August 2015

Integration of Health and Social Care

1.0 EXECUTIVE SUMMARY

The purpose of this report is to provide the Mid Argyll, Kintyre and the Islands Area Committee with a progress report on the action undertaken to establish the Argyll and Bute Health and Social Care partnership (HSCP).

Argyll & Bute's Integration Scheme was fully approved by the Scottish Government on June 27th 2015, giving us authority to legally constitute the Integration Joint Board.

A 3 year Strategic Plan 2015/16 to 2019/20 is being produced, when this is finalised and adopted resources and full accountability for health and social care will devolve to the Integration Joint Board.

An integrated management structure has been agreed and senior managers have been appointed, with a target to appoint the full integrated management team by the end of September 2015.

The revenue and capital budgets of the specified council and NHS services will form part of an integrated budget for the new Health and Social Care Partnership to manage, with effect from April 1st 2016.

The Area Committee is asked to note the content of the report.

Integration of Health and Social Care

2.0 INTRODUCTION

2.1 The integration of health and social care, required by the Public bodies (Joint Working) (Scotland) Act 2014 is in a transitional stage. The Health and Social Care Partnership will be fully operational on April 1st 2016. This report provides a progress update to the Area Committee.

3.0 RECOMMENDATIONS

3.1 The Area Committee notes the content of the report.

4.0 DETAIL

4.1 **Integration Scheme:** Argyll and Bute's Integration Scheme was completed and submitted to the Scottish Government in March 2015, the Integration Scheme has been approved by the Cabinet Secretary and set before Parliament for the statutory 28 day period, concluding 27th June 2015.

Following this formal approval we are required to proceed with the formal constitution of our Integration Joint Board (IJB), at its first meeting in August 2015, section 2.3 details its membership.

The IJB will not have operational or governance responsibility for the HSCP services until April 2016.

4.2 Health and Social care Interim Operating Arrangements until April 2016

Following the issuing of Scottish Government guidance on the disestablishment of CHPs as at 31st March 2015, interim arrangements have been put in place until the resources can be legally delegated to the Argyll and Bute HSCP Integrated Joint

Board (IJB). This is dependent upon the production and approval of the Argyll and Bute HSCP strategic plan (see section 2.5)

NHS Highland, having considered the risks, and to meet the clinical and care governance and financial accountability requirements, has put in place Argyll and Bute Health Governance Committee which is established as a new subcommittee of the Board.

The Argyll and Bute council has confirmed the transition arrangements will be through its existing Community Services Committee.

The end of these transition arrangements must be by the 31st March 2016 as dictated by statute or sooner once resources can be legally delegated to the Argyll and Bute HSCP Integrated Joint Board (IJB).

4.3 Argyll and Bute Integration Joint Board

The Argyll and Bute HSCP Integration Joint Board from August 2015 (once legally constituted) will assume responsibility for the following:

- Production of the Argyll and Bute HSCP Strategic Plan
- Oversight of the integration transition arrangements regarding:
 - Health and Care Governance (Quality and Safety)
 - Health and Social Care Workforce and partnership arrangements
 - Financial Governance
 - Organisational Development
 - Patient and Carer engagement and involvement arrangements

The IJB therefore has no responsibility at this time for day to day operational services.

Argyll and Bute Integration Joint Board required membership has been established as prescribed in the legislation as set out in the Public Bodies (Joint Working) (Scotland) Act 2014 which is as follows:

Designation	Source
Chief Officer Health and Social Care	Through appointment
Chief Social Work Officer	Through appointment
4x Board Members, NHS Highland	Agreed by NHS Highland Board
4 x Elected members, Argyll & Bute Council	Agreed by Argyll and Bute Council
Independent sector representative	Through Scottish Care or Community Care providers
Third sector representative	Through Third Sector Interface
Registered Nurse	Through appointment
Registered medical practitioner who is not a GP	Through appointment
Registered General Practitioner	Through appointment
Trades Union representatives to represent staff in each organisation	Through Partnership Forum
2 x Public Representatives	Through application and interview process

Designation	Source
Carer Representative	Through application and interview process
Finance/ Section 95 Officer	Through appointment
Other members as agreed by the voting members of the IJB	Through application and interview process
In attendance:	
Integration Programme Lead	Through appointment
Minute taker	Through appointment
Other stakeholders/Officers co-opted	As required

A rigorous process for the selection of IJB members has been applied and it is expected that successful applicants will be notified and take up their roles by the end of July 2015, with first formal meeting of the IJB taking place in August 2015.

4.4 Management appointments

With effect from 1st July 2015, the following management appointments have been made to support the Chief Officer:

Head of Adult Services – East: Allen Stevenson
Head of Adult Services – West: Lorraine Paterson
Head of Strategic Planning & Performance: Stephen Whiston
Head of Children & Families: To be appointed August 2015

Work is now progressing on the next tier of operational management with recruitment planned to conclude by September 2015.

4.5 Strategic Plan 2016- 2019

The Strategic Plan will describe how Argyll and Bute Health and Social Care Partnership will make changes and improvements in the way it delivers health and social care over the next three years. It will explain what services we are responsible for, what our priorities are, why and how we decided them. It will show how we intend to make a difference by working closely with partners in and beyond Argyll and Bute.

It explains what is happening, including the legal requirement and the reasons why change is needed. As with all change some things will be kept and some things will be altered or stopped as we move forward. The Strategic Plan details the ambitions for Health and Care services making positive changes that improve quality of services, do away with waste, duplication and inefficient, top down systems. Co-production, collaboration which builds on existing commitment, experience and skills, best practices and services. The Strategic Plan will focus on what the public and users of services have said they value, and on the services that keep them safe and well.

However, the financial context is a difficult one, funding is tight and the HSCP will have to make tough choices on service investment and disinvestment. Argyll and Bute Council's overall savings targets will be around £9 million in both 2016/17 and 2017/18. NHS Highlands saving targets for Argyll and Bute are likely to be between

2-3% (£3.6- £5.4 million). Decisions on the level of funding allocated and savings the HSCP will have to make will be made by February 2016.

The HSCP aims to make these tough choices in consultation with localities, communities and stakeholders; they will be open and honest, as communities and stakeholder experiences and expertise will help to reshape public services

The Strategic Plan will therefore provide a “road map” for how health and social care services will be organised and provided in this area to meet our vision – “Helping the people in Argyll and Bute live longer, healthier, independent lives”.

The HSCP has to formally consult widely on its plan, however, the Strategic Planning Group (SPG) decided that the full draft Strategic Plan should be preceded by an information signposting leaflet (included in local papers, alongside virtual copies) and an Outline Strategic Plan – “A conversation with you”, detailing the major themes in our strategic plan has been made available from the 2nd July 2015.

The intention is to raise awareness, involve members of the public, staff and stakeholders to gain early feedback to inform the final Strategic Plan.

Copies of the Outline Strategic Plan will be available in local surgeries, pharmacies, post offices and libraries and local third sector interface. Electronic copies will be available on the NHS Highland and Argyll & Bute Council websites and at www.healthytogetherargyllandbute.org.uk

The Outline Strategic plan poses a number of questions to help inform the feedback and these questions are found in the plan or via an online survey at <https://www.surveymonkey.com/r/OUTLINESTRATEGICPLAN>

The key milestones in the Strategic Planning process are detailed below:

Production of Strategic Plan- Indicative timetable;

Item	Task	Time Scale
1	Establish Strategic Planning Group- Membership, ToR, Governance	Jan/Feb 15
2	Prepare proposals about matters the strategic plan should contain	End of Mar 15
3	Consult the Strategic planning group on proposals	End of April 15
4	Produce first draft of plan for SPG consideration	End of June 15
5	Consult the Strategic planning group first draft	End of July 15
6	Prepare second draft of Strategic Plan	End of August 15
	Consult the Strategic Planning Group and wider stakeholders on Strategic plan (3 months)	End of November 15
7	Prepare final strategic plan	End of December 15
8	A&B HSCP approved by IJB and SGHD go live date agreed, delegated responsibility passed to IJB	Feb 2016
9	A&B HSCP Go Live	April 2016

The strategic planning group (Appendix 1 outlines its membership from the

guidance) has been established, with the first meeting in March 2015 and monthly meetings planned thereafter. The group has the support of the Joint Improvement Team (JIT), with an identified JIT Associate working closely with the strategic planning group to provide advice and guidance.

The NHS Highland Board and Argyll and Bute Council as detailed in statute will be expected to provide a formal response to the full Strategic Plan as part of the consultation process.

4.6 Staff and Public Engagement

The series of public and staff engagement events held in December, January and February informed staff and the public about the Integration Scheme and elicited considerable feedback, much of which has informed the development of the strategic plan.

Supporting the Communications and Engagement process a dedicated Integration programme website has now been set up hosted by Argyll Voluntary Action and this can be found at <http://www.healthytogetherargyllandbute.org.uk/>

Monthly newsletters, with recent developments and updates are distributed to approximately 3,500 households in Argyll and Bute, as well as to a list of significant organisations.

The next formal process of engagement is centred as referenced above on the formal consultation process for the strategic plan.

4.7 Contribution to Objectives

This is a significant area of policy development for both the Council and NHS Highland as it is a legislative requirement which both partners will need to comply with fully.

5.0 CONCLUSION

5.1 The integration of health and social care is required by the Public Bodies (Joint Working) (Scotland) Act 2014 and prescribed by the associated regulations and guidance. It is a transformational change, requiring a significant cultural shift.

5.2 The work currently has project status and the project is on target to enable the full transition to the Health and Social Care Partnership in April 1st 2016.

6.0 IMPLICATIONS

6.1 Policy: There are a number of implications including clarification over pathways, roles and accountabilities in the new organisation which will require to be detailed and implemented through the course of the integration programme.

Notwithstanding this the integration model will be required to be safe, effective and evidence-based. There will be a need to build significant clinical engagement and consensus across the localities in the partnership catchment area, through the Clinical and Care Governance Committee.

6.2 Financial: The revenue and capital budgets of the specified council and NHS services will form part of an integrated budget for the new Health and Social Care Partnership to manage.

6.3 Legal: The new Partnership will be established by a statute agreement. In particular the governance and accountability arrangements will impact on the current arrangements and standing orders of both partners and is detailed in the Integration Scheme.

6.4 HR: The body corporate model of integration being adopted will mean the majority of staff contract arrangements will be unaffected however there will be substantial changes to the operational and strategic management arrangements for all staff.

Staff are integral to the success of the new Health and Social Care partnership and significant effort is being made to ensure staff are fully involved and engaged in the process

There are implications for a variety of staff roles and responsibilities, notably management and support services. Some of this is a continuum of the work already underway but others are also opportunities as identified by the Christie report regarding rationalisation, redesign and review of service as a consequence of integration of health and social care. There are also opportunities for staff co-location and professional and team development.

Organisational Change Policy and a jointly agreed staff protocol will underpin the approach to be taken, supported by workforce planning and development strategies.

6.5 Equalities: EQIA scoping exercise will be undertaken if required once the service model and its operational arrangements have been identified. Once again lessons learned from North Highland partnership process will be applied.

6.6 Risk: The process of integration introduces a large number of risks for the partners. The project is reviewing and updating its formal risk register taking account of:

- Governance
- Finance and Resources
- Performance Management and Quality
- Human Resources
- Integrated IT
- Engagement and Communications
- Organisational Development

- Equity
- Programme and timescale

6.7 Customer Service: This major service change will require the Partnership to put in place a comprehensive public involvement and engagement process in establishing the new arrangements for PFPI in the partnership.

The intention of the communication and engagement approach is to focus on Person Centred Care and outcomes demonstrating how services will improve by integration. This will be the core of both public and staff engagement and consultation.

A comprehensive communication and engagement plan has been developed and is being reviewed. It is a discrete project work stream with members drawn from staff, the public and management, supported by SGHD. Designated funding for communication and engagement has been identified. A full communication and engagement strategy will be in place by 1st April 2016.

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Christina West, Chief Officer, Health and Social Care Partnership

Policy Lead - Councillor Mary Jean Devon
09.07.2015

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APPENDICES

Appendix 1 – Argyll and Bute HSCP Strategic Planning Group Prescribed Membership

Integration Authorities are obliged to establish a Strategic Planning Group for the area covered by their Integration Scheme for the purposes of preparing the strategic plan for that area. The group must involve members nominated by the Local Authority or the Health Board, or both. In effect, this provides for the partners who prepared the Integration Scheme, and are party to the integrated arrangements, to be involved in the development of the strategic plan.

In addition, the Integration Authority is required to involve a range of relevant stakeholders. These groups must include representatives of groups prescribed by the Scottish Ministers in regulations as having an interest.

The table below identifies the initial membership for the Strategic Planning Group.

Representative	Other
Chief Officer HSCP	1
At least 1 member of NHS Highland Board	1
At least 1 Elected member of Argyll and Bute Council	1
Health Professionals (GP, Consultant RGH & MH, AHP, Nurse)	10
Social Care Professionals	10
Users of Health and Social Care	2
Carers of users of Health and Social Care	2
Commercial providers of health care	0
Non-commercial providers of health care	1
Commercial providers of Social care	1
Non-commercial providers of Social care	1
Non-commercial providers of Social housing	1
Third sector bodies within the Local Authority carrying out activities related to health or social care	1
Locality Representatives *	4
Representative of NHSGG&C *	1
Total	39

** Note*

The policy statement issued in December 2014 made provision for representatives for localities and neighbouring Boards to be represented. The views of localities must be taken into account with the Integration Authority required to identify the most appropriate person to represent each locality on the Strategic Planning Group. Local flexibility is allowed, so that an individual can represent more than one locality.

As NHS Highland main provider for secondary care services is NHSGG&C a representative is also identified for the group.