



Argyll and Bute Health and Social Care Partnership – Update September 2015

Report by, Christina West Chief Officer Health and Social Care Integration

The CPP Management Committee is asked to:

- Note progress on the formal approval of the Argyll and Bute HSCP Integration Scheme.
- Note progress on the production of the Strategic Plan
- Note progress towards appointing a new management structure

1.0 EXECUTIVE SUMMARY

The purpose of this report is to provide the CPP Management Committee with an update 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 NHS Highland and Argyll and Bute Council the authority to legally constitute the Integration Joint Board.

A 3 year Strategic Plan 2016/17 to 2018/19 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 September/October 2015.

The revenue 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.

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 DETAIL

3.1 Integration Scheme:

Argyll and Butes 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.

3.2 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).

3.3 Argyll and Bute Integration Joint Board

The Argyll and Bute HSCP Integration Joint Board on the 18th August 2015 (became legally constituted) and so assumed 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:

Members Nominated by the Parties (voting)	Name	Deputies
Argyll & Bute Council	Councillor Douglas Philand Councillor Anne Horn Councillor Mary Jean Devon Councillor Elaine Robertson	
NHS Highland Board	Robin Creelman Elaine Wilkinson Garry Coutts Anne Gent	Heidi May
Professional Advisors (non-voting)		
The Chief Social Work Constituent Local Authority	Louise Long	N/A
The Chief Officer of the IJB	Christina West	N/A
The Chief Financial (Section 95 Officer) of the IJB	TBC	N/A
General Medical Practitioner (Stakeholder GP)	TBC	N/A
Lead Nurse	Elizabeth Higgins	N/A
IJB Clinical Director	Dr Michael Hall	
Medical Practitioner who is not a GP	TBC	N/A

Stakeholder Members (non-voting)		
A staff representative (Council) A staff representative (NHS)	Kevin McIntosh Dawn Gillies	N/A
Independent sector		
A third sector representative	Glenn Heritage	Katrina Sayer
Service User Representative - Public x 2	Elizabeth Rhoddick Maggie McCowan	N/A
Service User Representative - Carer x 2	Heather Greer	N/A
Additional Members (non-voting) - locally		
Lead Allied Health Professional Advisor	TBC	
Mental Health Advisor	TBC	

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 in August through to September 2015.

3.4 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 September 2015

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

3.5 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 were made 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>.

Feedback from the outline strategic plan has been captured in a report which can also be found via the web site link.

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

Item	Task	Time Scale
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 Strategic Planning Group has now met 4 times with its last meeting on the 6th August 2015. The group received and considered the feedback from the Outline Strategic Plan and tested how well the public and staff were aware of the plan.

The outline strategic plan purpose was to provide clarity over the change required, to test the breadth and knowledge of our existing plans, current and future issues, the reason for change and future shape of services with communities and our staff. In addition it was intended to support the ground work process in outlining of the expectation of the role and accountability localities will have to enable them over the 3 years of the plan to develop so that they will as operational partnership entities “Locality Plan, Locality Own and Locality Deliver”.

Consultation Process

The consultation process on the full strategic plan is informed by the regulations which prescribe who has to be formally consulted. This states the second draft of the strategic plan and must be sent to comment to all interested stakeholders. This must include the local authority and the Health Board as well as representatives of any groups prescribed by the Scottish Ministers.

It is also directed that a communication and engagement plan to undertake the consultation must be in place, which is in line with Scottish Government policy; such consultation can take place in a variety of ways – written information, public meetings, staff meetings and events, focus groups, questionnaires and on-line and interactive discussion forums. The HSCP must therefore make best efforts to allow groups of people with an interest to participate in a consultation process in order to express an opinion on the draft strategic plan.

To this end the communication and engagement work stream is putting in place a plan and process with external consultant support to plan, co-ordinate and report on the findings of the consultation exercise for the period September to November.

The important element to note in this is that the strategic plan is not targeted at getting feedback on existing service plans which have already been consulted on such as the Children's Services Plan, Reshaping Care for Older people programme etc, these remain extant. It is primarily focused on the transformation in health and care services that is required as a result of integration and in response to the challenges and drivers re demography, multi-morbidity, depopulation, sustainability, efficiency and best value.

The strategic plan is about creating a sense of urgency to respond to these issues and challenges.

The critical factor in this is locality planning and the ability of the HSCP to "tool up" the localities to effectively undertake this work. As referenced earlier this process will incorporate a range of "locality planning" catalyst events to support the development of locality planning.

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.

3.6 Staff and Public Engagement

The series of public and staff engagement events held earlier in the year 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 full strategic plan with publicity and events planned from mid September through to November.

3.7 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.

4 Governance Implications

4.1 Corporate Governance

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. Dependent on the detail within the Integration Scheme there may be further corporate and legal implications for both partners.

4.2 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.

The exact details regarding management and accountability etc will be defined in the course of the integration programme.

4.3 Staff Governance

If the anticipated model of integration is taken forward, 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 will be made to ensure staff are fully involved and engaged in the process

Looking forward 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 will underpin the approach to be taken supported by workforce planning and development strategies. Presentations to key Committees such as Staff Governance Committee, Area Clinical Forum and Professional Executive Committee will be scheduled into the engagement and consultation process in both organisation, as well as face to face discussions and awareness sessions for staff providing them with opportunities to influence and shape partnership arrangements.

4.4 Planning for Fairness:

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.

4.5 Risk

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

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

The risks around integration are formally recorded on NHS Highlands SBAR and the integration programme will put in place a formal action plan to address and mitigate these risks.

4.6 Clinical Governance

There are a number of implications including clarification over pathways, roles and accountabilities in the new structure 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.

We are legally required to establish a Clinical and Care Governance Committee, accountable to the IJB, to be responsible for aspects of clinical and care governance.

4.7 Engagement and Communication

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 Centered 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 will be a discrete project work stream with members drawn from staff, the public and management, supported by SGHD designated funding for communication and engagement.

Christina West
Chief Officer Health and Social Care Integration
Argyll and Bute

4.0 CONCLUSION

4.1 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.

4.2 The overall integration programme is on target to enable the full transition to the Health and Social Care Partnership in April 1st 2016.

For further information contact: Stephen Whiston, Head of Strategic Planning & Performance Argyll and Bute HSCP

Programme Lead Integration

stephen.whiston@nhs.net 01546-605639

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.