

## INTEGRATION OF HEALTH AND SOCIAL CARE

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### 1.0 EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to provide the Community Services Committee with an update on the progress of integration of health and social care in Argyll & Bute.
- 1.2 In summary the report outlines
- the legislative requirements for integration of health and social care;
  - the model and scope of integration in Argyll & Bute;
  - progress toward establishing the HSCP and Locality Planning Groups
  - Development of a 3 year Strategic Plan
  - Consultation on the draft Strategic Plan
  - The role and responsibilities of the Integration Joint Board
  - The statutory responsibilities of Argyll & Bute Council and NHS Highland
- 1.3 The Report recommends that the Community Services Committee:
- Notes the legislation and timescale for the HSCP/IJB? to be operational;
  - Notes the scope of delegation, profile of services and resources
  - Notes progress to date on the draft Strategic Plan and consultation process and agrees the terms of a Council response
  - Continues to monitor progress and influence, where necessary, the content of the Strategic Plan.

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**2.0 INTRODUCTION**

The Public Services (Joint Working) (Scotland) Act 2014 requires that all local authorities and their local health board(s must jointly prepare an integration scheme for the area of the local authority with), forming a Health and Social Care Partnership by 1st April 2016.

Argyll & Bute Council and NHS Highland Health Board will form the Argyll & Bute Health and Social Care Partnership (HSCP). Health and Social Care Partnership” means the parties working together in accordance with the Scheme and the Strategic Plan to achieve the outcomes specified Delegated responsibility and resources will be managed by Argyll and Bute Integration Joint Board (IJB), with effect from April 1<sup>st</sup> 2016.Until then the parent bodies will retain day-to-day control of resources and service delivery, with governance being overseen by NHS Highland Board and the Community Services Committee of Argyll & Bute Council.

**3.0 RECOMMENDATIONS**

It is recommended that the Community Services Committee:

- a Notes progress towards the HSCP establishment and that the IJB becoming fully operational on April 1<sup>st</sup> 2016
- b Notes the draft Strategic Plan and consultation process which the council as a parent body is invited to respond to, and considers the terms of the draft response to the questions raised in the Strategic Plan at appendix C
- c Is aware of the crucial nature of Locality Planning Groups and monitors development of these groups
- d Notes the financial constraints in which the HSCP/IJB has to deliver and transform services
- e Continues to monitor progress and influence the development of the Strategic Plan.

**4.0 DETAIL**

The integration model agreed by the parties in Argyll & Bute. Is the body corporate model which requires the delegation of functions by the local authority and the Health Board to the IJB. The scope of functions delegated to

the IJB in Argyll & Bute has previously been agreed by the parties as:

- All health services allowed within the legislation (this excludes some functions such as professional registration e.g. NMC, GP registration on NHS performers list)
- All Adult social work
- All Children & Families social work
- All Criminal Justice social work

The Argyll and Bute IJB will therefore be responsible and accountable for a budget of circa £250m and a workforce of circa 3,000.

The integration scheme for Argyll and Bute was approved by the Scottish Ministers on 28th June 2015. The Integration Scheme is the legal document which sets out the conditions agreed by the parties by which the HSCP will operate. The approved Integration scheme can be found at [www.healthytogetherargyllandbute.org.uk/](http://www.healthytogetherargyllandbute.org.uk/)

## Management Appointments

A Chief Officer, Health and Social Care, Christina West, was appointed in October 2014 and took up the position in December 2014, and as per the requirement in section 10 of the act was confirmed as C.O. at the first meeting of IJB on the 7<sup>th</sup> July 2015

Progress has been made on further appointments to the senior management team. These posts have been developed as single integrated management posts responsible for health and social care to drive forward the establishment of a single health and social care services:

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	Louise Long

Tier 2 managers appointed are:

Locality Manager Adult Services MAKI	John Dreghorn
Locality Manager Adult Services Helensburgh and Lomond	Jim Littlejohn
Locality Manager Adult Services Cowal and Bute	Viv Hamilton
Locality Manager Adult Services OLI	Vacant
Locality Manager Children's Services MAKI	Brian Reid
Locality Manager Children's Services Helensburgh and Lomond	Paul Kyle
Locality Manager Children's Services Cowan and Bute	Mark Lines
Locality Manager Children's Services OLI	Alex Taylor

Recruitment to the Tier 3 joint management posts is now underway, with a target to appoint to the full integrated management structure by the end of November 2015.

Tier 3 managers appointed are:

Local Area Manager Helensburgh & Lomond	Linda Skrastin
Local Area Manager Cowal	Jayne Lawrence-Winch
Local Area Manager Rural General Hospital, Oban	Donald Watt
Local Area Manager Mental Health Services	Alison Guest
Local Area Manager Mid Argyll	Kate MacAulay
Local Area Manager Kintyre	Alison Hunter
Local Area Manager Bute	Awaiting appointment
Local Area Manager Islay	Awaiting appointment
Local Area Manager Mull	Awaiting appointment
Local Area Manager Oban Community	Awaiting appointment

### **Integration Joint Board (IJB)**

The **Integration Joint Board (IJB)** is now fully constituted following the approval of the integration scheme; The first formal meeting took place on 7th July 2015. A series of development sessions are being provided to IJB members, alongside regular business meetings.

Membership of the IJB comprises 8 voting members (4 from Argyll & Bute Council and 4 from NHS Highland Board) and a number of non-voting members representing both professional and public interests as detailed below:

<b>Designation</b>	<b>Source</b>
Chief Officer Health and Social Care	Through appointment: Christina West
Chief Social Work Officer	Through appointment: Louise Long
4 x Board members, NHS Highland	Agreed by NHS Highland Board: Robin Creelman (IJB Vice Chair) Garry Coutts Ann Gent Elaine Wilkinson Crane
4 x elected members, Argyll & Bute Council	Agreed by Argyll and Bute Council: Cllr Douglas Philand (IJB Chair) Cllr Anne Horn Cllr Elaine Robertson Cllr. Mary Jean Devon
Independent sector representative	Through Scottish Care: Denis McGlennon
Third sector representative	Through Third Sector Interface: Glen Heritage
Registered Nurse	Through appointment: Elizabeth Higgins
Registered medical practitioner	Through appointment:

who is not a GP	Dr Michael Hall
Registered General Practitioner	Through appointment: TBA
Trade union representatives for each organisation	Through Partnership Forum: Dawn Gillies NHS Kevin McIntosh Council
2 x Public Representatives	Through application and interview process: Elizabeth Rhoddick Maggie McCowan
Carer Representative	Through application and interview process: Heather Grier TBA
Finance/Section 95 Officer	Through appointment: TBA
Other members as agreed by the voting members of the IJB	Through application and interview process
In attendance:	
Integration Programme Lead	Through appointment: Stephen Whiston
Minute taker	Through appointment:
Other stakeholders/officers co-opted	As required

The role and responsibilities of IJB members can be found at Appendix A.

The formal role of the IJB until April 1<sup>st</sup> 2016 is:

- Production of the Argyll and Bute HSCP /IJB?/ 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/service user and carer engagement and involvement arrangements

From April 1<sup>st</sup> 2016 the Integration Joint Board assumes responsibility and accountability for implementation of the Strategic Plan and for the financial and operational management and delivery of health and social care services in Argyll and Bute.

The delegation of the budget to IJB means it will also be responsible for meeting any savings targets over the 3 years of the strategic plan. At this stage the scale of savings has not been confirmed as both host bodies are awaiting settlements and decisions on funding and allocation.

However, the IJB has to formally consider agree and accept the proposed budget and to inform this preliminary modeling/forecasting and due diligence work has been undertaken by the financial work stream. The current estimates, indicate that although funding is expected to remain fairly flat over the three years, costs are expected to rise for a variety of reasons, including;

- Pay awards
- Inflation
- Increasing costs to maintain current services
- Increasing demand for existing services
- Development of new treatments and services

Current forecasts indicate that costs are likely to increase by as much as £17m over available funding by 2018/19. This is demonstrated in the table below:

Argyll & Bute HSCP	2016/17	2017/18	2018/19
Consolidated Funding and Expenditure	£'000	£'000	£'000
Forecast Available Funding	254,665	255,668	256,725
Forecast Expenditure	261,510	267,453	273,761
Forecast Deficit (Cumulative)	(6,845)	(11,785)	(17,036)

In response to this, the IJB will have to take decisions which will reduce forecast expenditure by £17m over the three year period if it is to operate within budget. The saving required to be achieved in year one, 2016/17, is currently estimated at £6.8m.

The HSCP senior management team are currently considering the impact of this shortfall and identifying the service changes and transformation plans to identify how this scale of savings can be achieved, whilst at the same time ensuring maintenance of a high quality, safe and sustainable core health and social care service.

The IJB will be presented with the proposals for consideration at its January meeting with any requirements identified for formal consultation complying with CEL 4 (2010) Informing, Engaging and Consulting People in Developing Health and Community Care Services.

### **Argyll and Bute HSCP Strategic Plan**

The Strategic Plan describes 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 from the 1<sup>st</sup> April 2016. It explains what services it is responsible for, what the priorities are, why and how they have been decided t. It shows how it intends to make a difference by working closely with partners in and beyond Argyll and Bute. The design of the plan includes and builds on the existing strategies and policies and

the consultations already held in relation to those, for example the recent consultation on the Integrated Children's Service Plan and the Reshaping Care for Older People programme.

It explains what is happening, including the legal requirement for integration 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 social care services making positive changes that improve quality of services, do away with waste, duplication and inefficient, top down systems. Its focus will be on well-being and prevention using co-production and collaboration which builds on existing commitment, experience and skills, best practices and services are also fundamental to this. 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.

As referenced earlier, the financial context is a difficult one, funding is tight and the IJB will have to make tough choices on service investment and disinvestment. Argyll and Bute Council's overall savings targets and NHS Highland's saving targets for Argyll and Bute are initially estimated to be £17 million over the course of the plan

The IJB aims to make these tough choices via engagement and consultation with localities, communities and stakeholders; they will be open and honest, as communities and stakeholder experiences and expertise will help to reshape and transform health and care 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".

A Strategic Planning Group as required in terms of the act was established with membership directed by guidance and it first met in March 2015 to oversee the production of the Strategic Plan for Argyll & Bute HSCP.

As a first step the Strategic Planning Group designed and published information leaflets for the public (30,000 copies inserted into local newspapers), followed by an Outline Strategic Plan, with an opportunity for informal consultation, at this early stage.

The purpose of the outline strategic plan 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 initial ground work in outlining the expectation of the role and accountability localities will have to develop, enable them over the 3 years of the plan, so that they will as operational partnership entities "Locality Plan, Locality Own and Locality Deliver".

There were 703 responses to the Outline Strategic Plan, a copy of the plan and summary of the responses can be found at [www.healthytogetherargyllandnute.org.uk/](http://www.healthytogetherargyllandnute.org.uk/)

The timetable for production/completion of the Strategic plan is:

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
4	Prepare second draft of Strategic Plan	End of August 15
	Consult the Strategic Planning Group and wider stakeholders on Strategic plan ( 3 months) including prescribed consultees which includes the Council/NHS Highland	End of November 15
5	Prepare final strategic plan	End of December 15
6	Approved by A&B IJB, with go live date agreed NHS Board and Council , delegated responsibility passed to IJB	Jan - Feb 2016
7	A&B HSCP Go Live	April 2016

The formal consultation draft of the Strategic Plan was published in mid-September. Printed copies are now available in the 7 localities, together with memory sticks, pre-loaded with the consultation draft of the Strategic Plan. The draft is also available on line (see 3.5). The consultation period has been extended to the end of November. All feedback will be collated and will inform the final draft of the Strategic Plan, to be approved by the IJB in January/February 2016.

The important element to note in this is that the consultation on the strategic plan is not targeted at getting feedback on existing service plans which have already been consulted on such as the Integrated 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, best value and savings targets

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. The consultation is aimed at incorporating a range of “locality planning” catalyst events to support the development of locality planning. As such the consultation is targeted at obtaining responses and views on locality planning processes and questions have been designed to support this see:

<https://www.surveymonkey.com/r/YSDM7PJ>

The NHS Highland Board and Argyll and Bute Council as detailed in the Act will be consulted to provide a formal response to the full Strategic Plan and a formal invitation has been sent. The terms of a draft response are attached for the Committees consideration at Appendix C.

**Locality Planning Groups** will be established in each of the 7 Localities –Oban Lorn and the Isles; Mid Argyll; Kintyre; Islay and Jura; Helensburgh and Lomond; Bute; Cowal.

In respect of membership, there is Scottish Government guidance for localities [www.gov.scot/Publications/2015/07/5055/downloads](http://www.gov.scot/Publications/2015/07/5055/downloads)

Required membership is outlined in the guidance, but each locality will have autonomy to appoint appropriate members to the Locality Planning Group. See Appendix B for suggested membership.

The conclusion of the Strategic Planning Consultation in December will then see the establishment of the locality planning groups through January to March 2016.

**Corporate Support Services** are not within the remit of the HSCP/IJB, however the parent bodies have a responsibility to provide corporate support commensurate with the operational needs of the HSCP, in accordance with section 4.3 of the Integration Scheme which states:

#### **‘Corporate Support Services**

The Parties will identify and put in place the corporate support required to fulfill the duties of Argyll and Bute Integration Joint Board. The Parties will, by 1.04.2016:

- Identify the corporate resources currently utilised to deliver the delegated functions.
- Agree the corporate support services required to fully discharge Argyll and Bute Integration Joint Board's duties under the Act.
- The Parties will provide Argyll and Bute Integration Joint Board with the corporate support services it requires to fully discharge its duties under the Act. The provision will be reviewed within the first year to ensure that it is adequate.’

Both NHS Highland and the Council recognise these services are critical in supporting the shaping and ability of health and care services to operate as a single integrated team delivering person centred care.

As such the integration programme has a number of work streams examining these services i.e. establishing single Health and Safety arrangements, risk reporting, clinical and care governance, management reporting etc.

In addition this is also an area which presents opportunities for efficiencies across corporate support services, reducing duplications and enhancing productivity and reducing cost and currently areas such as procurement, fleet management and Information Technology are being investigated facilitated by NSS.

The expectation is that the IJB will develop a commissioning type arrangement from both bodies for corporate services (payroll, HR, legal, customer services etc) as the budgetary value of these services is circa £10 million (identified by the finance integration work stream).

The budget and commissioning arrangements for the provision of corporate support services have yet to be formalized and agreed and this is being considered within the corporate work stream of the integration project.

### **Statutory responsibilities retained by Parent Bodies**

The Integration Joint Board is a separate legal entity which, through its Chief Officer, has responsibility for the planning, resourcing and operational delivery of all integrated services within the strategic plan.

From April 1<sup>st</sup> 2016 all decisions on integrated services will be made by the IJB.

When resources for delegated functions are allocated to the IJB, the IJB will then make decisions on the use of integrated finance and the Chief Officer will be responsible for the financial governance of those resources.

Whilst the IJB will be responsible for the delivery and management of health and social care services the Integration Scheme sets out areas of responsibility/accountability that remain with Argyll & Bute Council and NHS Highland (the parent bodies) including but not restricted to:

- Complaints (Section 11, Integration Scheme), the parent bodies retain responsibility for complaints, but should agree a single point of access for complainants.
- Claims handling, Liability and Indemnity (Section 12, Integration Scheme)
- Risk management (Section 13, Integration Scheme, finance, service continuity etc) the parent bodies will develop a shared risk management strategy and will keep the IJB informed
- Dispute resolution mechanism (Section 14, Integration Scheme)
- Designate Chief Social Work Officer in terms of 1968 Act
- Staff Consultation - s.195 of the Trade Union and Labour Relations

## (Consolidation) Act 1992

The IJB will produce and publish an annual performance report, within 4 months of the end of the reporting year (i.e. by the end of July each year) in accordance with Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014. This report will be shared with its parent bodies and other stakeholders, in addition update reports on pertinent performance areas will be produced for the parent bodies. The process, mechanism and recipient body/committee remain in development.

### **5.0 CONCLUSION**

The Integration of Health & social care is a legislative requirement for the whole of Scotland, it is intended to deliver services that are person-centred, high quality and outcome focused and delivers gains in efficiency and provides best value.

The key drivers for integration are the changing demographic profile in Scotland, the increasing demand for health and care services and the financial context for the public sector.

Argyll and Bute is faced with a falling population, including net migration of younger people and an increasing population of older people. This makes the challenges of a sustainable and high quality health and care service with an ageing workforce and a historic configuration of services and facilities significantly greater within a remote rural and island geography.

To address this will require a transformation in the way that health and care services are delivered, the vision "Helping the people in Argyll and Bute live longer, healthier, independent lives" illustrates that the approach must be about supporting people to look after and maintain their own health. To this end it is clear the transformation in service provision must be at locality level "Locality planned, Locality owned and Locality delivered" will be the key development area in the HSCP Strategic Plan. Continuing the existing model of health and social care is not sustainable or viable going forward.

The integration programme is on target in terms of progress towards the establishment of the Argyll & Bute health and social care Partnership by the 1<sup>st</sup> April 2016

### **6.0 IMPLICATIONS**

- |     |           |   |
|-----|-----------|---|
| 6.1 | Policy    | Policy changes required to support the transition of responsibility to Argyll & Bute Integration Joint Board  |
| 6.2 | Financial | Budgets for health and social care will be fully integrated from April 1 <sup>st</sup> 2016. Finalization of the delegated budget is yet to be confirmed by both Council and NHS Highland an agreed by the IJB. |
| 6.3 | Legal     | Legal implications for the council and health have been   |

- |     |                  |   |
|-----|------------------|---|
| 6.4 | HR               | assessed and included in the Integration scheme<br>Staff will remain with their original employer, including their respective terms and conditions, policies and procedures |
| 6.5 | Equalities       | The integration of health and social care is part of policy to address inequalities and services and arrangements will be impact assessed as this goes forward.             |
| 6.6 | Risk             | Formal risk assessment and mitigation process is in operation and further development   |
| 6.7 | Customer Service |   |

**Christina West**  
**Chief Officer**

**Policy Lead: Cllr. Mary Jean Devon**  
18/11/2015

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## APPENDICES

### Appendix A: Role and Responsibilities of IJB Members:

<b>Name of Group or Committee:</b>	<b>Argyll and Bute Integration Joint Board (IJB)</b>
<b>Personal role:</b>	Being a member of Argyll and Bute Integration Joint Board (IJB) with a term of a maximum of 4 years.
<b>Personal responsibilities</b>	<p>Attend and participate in regular IJB meetings and development sessions (every 8 weeks).</p> <p>Undertake personal preparation prior to the meeting including identification of any issues in advance of the meeting</p> <p>Participate in development sessions for members of the IJB and assimilate the learning from these experiences</p> <p>To interface and communicate with the relevant groups, networks or representatives within the specific role undertaken to bring an informed and objective view and analysis of issues, status etc to support the Boards governance role.</p>
<b>Main Tasks:</b>	<p>List of main tasks for non-voting members:</p> <ol style="list-style-type: none"> <li>1. To act at all times to promote the interests of patients, service users, carers, the public and the workforce.</li> <li>2. To participate actively in Argyll and Bute Integration Joint Board meetings, and in associated pieces of work in agreement with the Chair.</li> <li>3. To bring an external perspective into the work of the Board and in particular, to bring constructive challenge to its actions and decision-making.</li> <li>4. To bring to the attention of the Chair issues, questions, ideas or suggestions raised by patients, carers, the public and the workforce.</li> <li>5. To contribute to local health and social care service projects or initiatives aimed at improving the health and wellbeing of local people.</li> <li>6. To contribute to the planning of service improvement and change and transformation initiatives, and to encourage good practice in informing and involving patients, carers, the workforce and the wider community.</li> <li>7. To take a corporate and supportive approach as a full member of the Board and to respect the normal rules of Board conduct. This includes adhering to the code of confidentiality.</li> <li>8. To attend on a regular basis and to give apologies and feed-back, if unable to attend.</li> <li>9. To use the existing systems and networks to access carer or patient feedback to bring this within the Boards consideration and to feedback as appropriate.</li> </ol>
<b>Time Commitment:</b>	You will be asked to commit to a series of dates. The Board will meet every 8 weeks or at other intervals, by agreement. We will provide information in support of these meetings a week in advance of the date of each meeting. The length of the meetings will be approximately three hours but there will be personal preparation time and reading of papers in advance of the meetings. In addition to formal Board meetings, the Board will also hold regular development and planning of service sessions.

	<p>You may also be required to attend and support various meetings or events within your remit as agreed with the Chair.</p> <p>The length of time a person can be appointed to the Board is for two years in the first instance which may be extended.</p>
<p><b>Where (Location):</b></p>	<p>The Board meetings will be held in rotating locations within Argyll and Bute. There will be video-conferencing available.</p> <p>If travel is necessary within your role your expenses will be met by NHS Highland/Argyll and Bute Council out of pocket expenses policy for volunteers.</p>
<p><b>Required Skills, Experience &amp; Capabilities:</b></p>	<p>As an active member of the IJB you will have:</p> <ul style="list-style-type: none"> <li>• An active interest in health and social care services and/or community development/developing community resilience and coproduction.</li> <li>• Motivation to learn about the full range of NHS and Council services which includes adult, children &amp; families and criminal justice social work.</li> <li>• Ability to work in a positive and questioning way alongside a wide range of people from the NHS, Council and partner agencies in the interests of all patients, carers, workforce and communities, and to challenge, question and contribute in a constructive manner.</li> <li>• Good communication skills, including the ability to communicate on behalf of other people, even if you do not share their views</li> <li>• Ability to assimilate large amounts of information</li> <li>• Ability to seek and consider the views of others</li> <li>• Willingness to contribute to shared goals</li> <li>• Ability to work within a multi-disciplinary team</li> <li>• Willingness to support other IJB members in their work</li> <li>• Confidence to constructively challenge other members and the information presented to you</li> </ul> <p>You will be comfortable and able to:</p> <ul style="list-style-type: none"> <li>• Abide by relevant governance procedures and practices</li> <li>• Work with the IJB chair, fellow IJB members and staff working within the Health and Social Care Partnership</li> <li>• Work to time, mindful of the time available in meetings, and use the opportunity to contribute by raising issues with the chair between meetings</li> <li>• Maintain confidentiality about any issues where appropriate</li> <li>• Demonstrate awareness of the vision and values of the Health and Social Care Partnership and the parent bodies (NHS Highland and Argyll &amp; Bute Council)</li> </ul> <p>In order to fully contribute to the IJB you will be able to:</p> <ul style="list-style-type: none"> <li>• Present own viewpoint clearly and concisely</li> <li>• Actively listen to others</li> <li>• Reflect back your own understanding of others' contributions</li> <li>• Respond tactfully and sensitively to others' verbal /non-verbal reactions</li> <li>• Build up working relationships</li> <li>• Actively present the views of the people of Argyll and Bute and feedback to them as required</li> </ul> <p>To fulfil the role as a member of the IJB you will also be able to:</p> <ul style="list-style-type: none"> <li>• Maintain focus and relevance to matters being discussed during meetings</li> <li>• Contribute to meetings by studying information sent in good time</li> </ul>

- Formulate testing questions
- Recognise situations where you require more support/information

**Code of Conduct:** You will be expected to abide by the principles of good governance (The Nolan Principles) which govern public life and our Code of Conduct which covers the following aspects:

Principle	Description
<b>Supporting participation</b>	We will provide volunteers with information, training, performance development through role development, appraisal, re-imburement of expenses and protection under our policies (e.g. health and safety, grievance, confidentiality)
<b>Organisational values</b>	We expect volunteers to abide by the values that underpin all our work such as person-centred service delivery; locality leadership and co-production and supporting the Health and Social Care Partnership to achieve the national health and well-being outcomes.
<b>Policies</b>	We expect volunteers to support our vision and values and abide by organisational policies.
<b>Conflict of interest</b>	We expect volunteers to declare any conflict of interest, any circumstance that may be viewed by others as giving rise to conflict of interest and to be guided by our judgment regarding potential conflict of interest
<b>Personal conduct</b>	We expect volunteers to be responsible for their own actions and to ensure that they conduct themselves appropriately at all times, within the framework of our organisational policies
<b>Equality and diversity</b>	Our recruitment and work practices reflect our commitment to promoting equality and encouraging diversity. We will provide support for participation in our work which is tailored to individual needs and circumstances.
<b>Confidentiality</b>	We expect volunteers to keep information secure in line with data protection duties and our information governance and confidentiality policies
<b>Protecting the organisation's reputation</b>	We expect that when working with us and as a private citizen, volunteers will strive to uphold the reputation of the organisation and those who work in it
<b>Expenses</b>	We will reimburse documented expenses in line with our guidance
<b>Meetings and teamwork</b>	We expect volunteers to take part in line with our governance procedures
<b>Issues of conflict and complaints</b>	Volunteers working with us are covered by our complaints and bullying and harassment procedures. Any complaints alleging misconduct by a volunteer will be investigated. NHS Highland and Argyll & Bute Council staff and members are expected to work in partnership with each other, and to treat each other with dignity and respect. All staff and members have a responsibility for their own behaviour and to ensure their actions, attitudes or behaviours do not cause distress or upset to others

**Support available:** Written information and guidance including:

- Induction packs provided to NHS Board non- executive Board Members and members of Argyll and Bute Council. Guidance published by the Scottish Government. Argyll and Bute's Integration Scheme.

	<p>In addition there will be support and guidance from the Chair of the IJB:</p> <ul style="list-style-type: none"> <li>• Introduction to the role, and to the responsibilities of the Board.</li> <li>• Argyll and Bute Integration Joint Board member development</li> <li>• Review of member's contributions to the Board</li> <li>• Awareness of the Board's policy and statutory requirements including codes of conduct and confidentiality.</li> <li>• Awareness of public sector and personal responsibilities in relation to equality and diversity</li> <li>• Feedback systems including meeting minutes, newsletters and briefing notes.</li> <li>• Annual performance review and development meeting with the Chair and Vice Chair</li> </ul>
<b>Any other Requirements:</b>	<p>NHS Highland is guided by the National Standards for Community Engagement, in particular the 'Working Together Standard'.</p> <p>NHS and Argyll and Bute Council staff and members are expected to work in partnership with each other and associated groups, and to treat each other with dignity and respect. All staff and all public members have a responsibility for their own behaviour and to ensure their actions, attitudes or behaviours do not cause distress or upset to others. There are organisational policies for managing situations of conflict.</p> <p>NHS Highland's values and operational management system are set out as part of the <a href="#">Highland Quality Approach</a>.</p>
<b>Further information:</b>	<p>You can attend a various meetings as an observer e.g. NHS Board meetings, Argyll and Bute Committee meetings, Argyll &amp; Bute Council Area Committee meetings.</p> <p>Previous meeting papers are available on the integration NHS Highland/Argyll &amp; Bute Council website : <a href="http://www.healthytogetherargyllandbute.org">www.healthytogetherargyllandbute.org</a></p>
<b>Recruitment Process:</b>	<p>The role description will be circulated widely and promoted through the media. Those interested will be asked to provide a short biography, which will describe the experiences and skills they can bring to the Board. Assistance will be offered if for any reason a member is unable to apply in this way.</p> <p>When applications are received, a shortlist for interview will be drawn up based on those people who are able to demonstrate that their skills, knowledge and personal qualities match the criteria outlined in the role description of lay member. The shortlist will be drawn up by the Chair of the Integration Joint Board.</p> <p>The short listed members will then be asked to attend an interview to be chaired by the Chair of the Integration Joint Board. Declarations of interest must be made and potential conflicts of interest declared an agreement reached by all parties on how these will be dealt with. Examples might include journalists, locally elected members, MSPs, existing or recently retired NHS or Council staff.</p> <p>If you would like any more information about the Integration Joint Board or the role please contact:  Christina West, Chief Officer, Health and Social Care. <a href="mailto:christina.west@nhs.net">christina.west@nhs.net</a>  Douglas Philand, Chair IJB <a href="mailto:dougie.philand@argyll-bute.gov.uk">dougie.philand@argyll-bute.gov.uk</a>  Robin Creelman, Vice Chair IJB <a href="mailto:robin.creelman@nhs.net">robin.creelman@nhs.net</a></p> <p>Deadline for applications is XXXXXX</p>
<b>Date role created:</b>	



## Appendix B –Membership Locality Planning Groups.

<b>Member source</b>	<b>Identified by</b>
General Practitioner (may be one or more representing local GP practices)	IJB
Primary care – other professionals(may be one or more representing local GP practices)	IJB
Secondary care (including clinicians or representatives from unscheduled care)	IJB
Social work and Social Care representatives	IJB
Community Council representative (s)	Locality
Health & Care Forum representative(s)	Locality
Patient Participation Groups representative(s)	Locality
Carers representative(s)	Locality
Young people	Locality
Older people	Locality
People with disabilities	Locality
Third Sector	IJB
Independent Sector	IJB

## **Argyll and Bute Council**

### **Response to Consultation Strategic Plan 2016/17 2018/19**

**November 2015**

#### **1.0 Thinking about health and care services you may have used or have experience of:**

##### **What needs to change to make this happen?**

Argyll and Bute Council welcomes the opportunity to respond to the formal consultation relating to the 3 Year Strategic Plan with a particular focus on locality planning arrangements.

The Council as one of the parent bodies of the new Health and Social Care Partnership have been fully involved in the preparatory work required to deliver our new partnership arrangements. Council and NHS Officers undertook the work to complete our Integration scheme which was signed off by the Scottish Government on 28<sup>th</sup> June 2015.

The Council recognises the draft Strategic Plan describes 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 from the 1<sup>st</sup> April 2016. The design of the plan includes and builds on existing strategies and policies. It reflects consultations already held in relation to those, for example the recent consultation on the Integrated Children's Service Plan and the Reshaping Care for Older People programme.

Council staff have been an integral part of the team taking forward the wide ranging consultation events across Argyll and Bute during the autumn of 2015. The final draft of the 3 Year Strategic Plan is now nearing completion after a 3 month period of consultation. The Council acknowledges the time and effort that has been devoted to ensuring staff and public have been involved at all the key stages of the development of the draft Strategic Plan.

The Council supports the move towards the following:

- Service delivery with an increased focus on person centred care
- Services that are increasingly community based
- Improved focus on preventative and anticipatory care

Commitment to these approaches will ensure people across Argyll and Bute live longer, healthier, happier and independent lives.

The Council is committed to supporting its staff to develop and improve joint working across teams to deliver improved outcomes for the children, young people, adults and older people who require advice, guidance and support. Leadership and improved

management of resources will help deliver our ambitious plan for the development of more person centred services. The Council would expect to see the pace of change in service redesign and innovation increase as a result of the integration of services.

## **2.0 What would you like to improve?**

The Council recognise that continuing to do the same things and delivering traditional services will not deliver the change required in practice to support an increasing older population across our localities. Delivering safe and sustainable services across localities will be a significant challenge over the next 3 - 5 years. The Council acknowledge adults and older people have a desire and expectation that person centred care will be delivered as close to home as possible and in a way that increases flexibility, choice and control for individuals and their families.

The Council have been working with individuals and families to encourage the uptake of Self-directed Support options for the past 3 years. It is expected that as adults and families become more aware and confident regarding options for managing and arranging their own care the uptake of individual budgets may become a better and more person centred approach for many individuals. The use of direct payments as a way of receiving support is already well established across Argyll and Bute.

The Council would expect to see service models be redesigned to support that level of person centred and directed care – to more closely meet the needs and aspirations of service users. The Council would support the focus on preventive and anticipatory care as helping to sustain independence and producing a financially sustainable model. The use of new technologies will play a significant part in delivering on these aims.

The council would support the development of joint single assessments and the improved coordination of professional services across health and social care as delivering on positive outcomes for our service users and patients.

## **3.0 To improve services in the future we need to do things differently so?**

### **3a. *Are there things we should stop doing?***

As previously stated, the Council will continue to promote the use of the legislation relating to Self-directed Support (SDS). SDS offers individuals and their families increased flexibility and control over how they meet their social care needs.

The Council is aware that people across services are increasingly looking for more flexibility of choice and control over how they improve their lives. A shift to community options and individual support will mean people are less likely to accept a one size fits all approach to service delivery. This will include less reliance on building based services and a real push for support that involves a more active role within communities with people accessing more individualised support. This move will present real challenges for the new Health and Social Care Partnership during the next 3/5 years. Releasing resources currently tied into building based services will

require significant service re-design and re-configuration across health and social care services.

The council would expect to see the release of resources from the acute sector in line with the impact of preventive strategies which should reduce the burden on unplanned hospital admission.

**3b *What services do you know that work really well and that other people could learn from?***

The Council receive positive feedback in relation to services both provided internally by the Council, those delivered by NHS Highland and from services commissioned from the private and voluntary sectors. Increasingly older people, for example, who want to stay in their own home for as long as possible will only want to consider moving to a care home setting when they are unable to live safely at home. The Council recognise that advances in health treatments is now ensuring people are able to live at home for longer with long term conditions. The technical advances in telecare and telehealth are welcome additions which assist to improve outcomes for older people.

The partnership has the best balance of care position of any Scottish local authority area and an increasingly improving delayed discharge position.

**3c *Are there things we should do differently?***

The Council recognise that it is vitally important that as we move to better joint working a reduction in assessment activity will be achieved. The Partnership is developing new assessment tools to ensure adults and their families only tell their story to one lead professional. The lead professional will then complete an assessment and ensure a support plan is put in place timeously. For many years duplication of effort has been present within health and social care settings. Closer joint working will deliver more seamless assessment and care planning activity.

The advances in telehealth and telecare will continue to develop and the Partnership will need to re-design services to take account of these advances and use these tech solutions to support more people in their own homes. Developing a new model of care will reduce the need for traditional type services which includes staff staying overnight in an adult's home which is both costly and intrusive.

The Partnership will correctly look to developing new service models including targeting step up/ step down intermediary care as a vehicle for speeding up hospital discharge further and improving the opportunities for regaining independent living.

**4.0 *Who should be on your Locality Planning Group?***

The Council is aware that Officers from the Partnership are now working to form new locality groups across our 7 localities. These groups will be led in localities in partnership with key partners and members of our local communities. The legislation relating to integration refers to localities as being the engine room of integration and

membership will be agreed in line with the guidance issued by the Scottish Government.

Membership will include GP's, primary care representatives, secondary care representatives, Social Work and social care representatives, community council representatives, health and care forum representatives, carers representatives, patient representatives, patients, service users, third and independent sector. Each locality will have autonomy to appoint appropriate members to their respective locality groups. The partnership will work with partners to ensure locality groups are formed during January and February 2016.

## **5.0 How should your Locality Planning Group work?**

The Council is clear about the role new locality planning groups will have to help improve health and wellbeing of individuals and communities moving forward. It is a reality that increasing demand will create ongoing challenges for the Partnership to address the widening gap in health inequalities. Effective local delivery will require effective and pro-active participation in decision making at a local level. This will only happen by empowering individuals, families and local communities.

The Council will actively encourage locality planning groups to base decisions on locality health and needs assessment information. An emphasis should also be placed on securing improvement based on the information patients/service users provide in relation to their experience of contact with services. Robust financial information will also be made available to locality groups to ensure they can make decisions based on reliable financial information.

Argyll and Bute Council recognise the considerable challenge ahead for the Integration Joint Board (IJB) regarding current financial forecasts. Costs are likely to increase by as much as £17m over available funding by 2018/19. In response to this, the IJB will have to take decisions which will reduce forecast expenditure by £17m over the three year period if it is to operate within budget. The Council are committed to working with the Board to ensure financial balance is achieved. The Council also welcome the commitment by the IJB to continue delivering high quality, safe and sustainable core health and social care service.

The Council will continue to support effective leadership and workforce planning to address challenges faced by remote and rural teams spread across Argyll and Bute.

## **6.0 Any other comments or suggestions you would like to make?**

Argyll and Bute Council are committed to ensuring the new Health and Social Care Partnership meets the future aspirations of our communities in terms of health and wellbeing outcomes for our children, young people, adults and older people.

The completion of the new 3 Year Strategic Plan will ensure a road map is available to guide and influence the development of new and improved joint working arrangements across all localities in Argyll and Bute.