

9 February 2016

Agenda Item 11. (a)

**ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP – UPDATE
JANUARY 2016**

The Area Community Planning Group is asked to:

- **Note** the interim arrangements remain in place in both the council and NHS until April 2016
- **Note** the new HSCP management appointments,
- **Note** 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.
- **Note** a draft Strategic Plan for Health and Social Care 2016 to 2019 was published with informal consultation taking place during July and August 2015, followed by a period of formal consultation between September and November 2015. In total there were 1097 responses to the consultation from both the public and members of staff.
- **Note** Locality Planning is central to the future of health and social care. Locality Planning Groups are being identified in each of the localities and have begun to meet in January 2016. The Strategic Plan consultation identified the need for Mull & Iona to be recognised as a separate locality; as a result we will now have a total of 8 localities.

1 Background and Summary

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 Community Planning Groups.

2 Argyll and Bute HSCP Establishment Update

2.1 Health and Social care Interim Operating Arrangements until April 2016

Interim arrangements remain as described in the last update paper, with the planned date for the HSCP to assume management responsibility for health and social care remaining as 1st April 2016.

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.

2.2 Argyll and Bute Integration Joint Board

The Argyll and Bute HSCP Integration Joint Board was legally constituted in August 2015. The role of the IJB until 1st April 2016 is:

- 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. The Integration Joint Board is undertaking a period of development and planning, whilst service delivery remains under the interim management arrangements.

2.3 Management appointments

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 and Criminal Justice: 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: Interim, Anne Helstrip

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

Appointments have also been made to the Tier 3 joint management posts and the managers are now in post.

2.4 Strategic Plan 2016- 2019

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. It explains what services we are responsible for, what our priorities are, why and how we decided them. It shows 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 Social 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 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.

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 Highland's 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 key milestones in the Strategic Planning process are detailed below:

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 Outline strategic 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	March 2016

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 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".

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 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. As such the consultation was targeted at obtaining responses and views on locality planning processes and questions were designed to support this see: <https://www.surveymonkey.com/r/YSDM7PJ>

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

The formal consultation draft of the Strategic Plan was published in mid-September. Printed copies were available in the localities, together with memory sticks, pre-loaded with the consultation draft of the Strategic Plan. The draft was also available on line at www.healthytogetherargyllandbute.org.uk.

Consultation ran from September to the end of November 2015. All feedback was collated into a full report to inform the final draft of the Strategic Plan, which will be presented for approval by Argyll & Bute Council, NHS Highland Board and the IJB in March 2016.

2.5 Staff and Public Involvement and Engagement

The Strategic Planning Group decided to precede the formal consultation on the full strategic plan with 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 from the 2nd July 2015.

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”

The Outline Strategic Plan prompted 703 responses, the full report can be found at www.healthytogetherargyllandbute.org.uk/ These responses, alongside responses to the consultation on the full Strategic Plan, will inform the final draft to be adopted by the HSCP.

The consultation process on the full strategic plan was directed by the regulations which prescribe who has to be formally consulted. The regulations state that the second draft of the strategic plan must be sent for 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.

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

Consultation Process

The communication and engagement work stream produced a formal consultation plan and commissioned consultant support to co-ordinate the feedback and support the engagement events and report on the findings of the consultation exercise for the period September to November.

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

Draft Strategic Plan Formal Consultation:

A draft Strategic Plan 2016 – 2019 was produced and published (see www.healthytogetherargyllandbute.org.uk/) prior to a three month consultation period, September to November 2015.

Consultation took place across the 7 Localities:

- Oban, Lorn and the Isles
- Mid Argyll
- Kintyre
- Islay and Jura
- Helensburgh and Lomond
- Bute
- Cowal

Two larger events were held in Lochgilphead and Arrochar.

Responses were gathered through a variety of methods:

- In person at an event
- By post
- Email
- SurveyMonkey
- From relevant organisations and Community Councils, who were contacted directly, by letter, as required by the terms of the Integration Scheme.
- At separate staff consultation events, supported by Trades Unions/NHS staff side representatives and the Organisational Development Lead.

Glasgow Homeless Network (IE at GHN) was engaged to support the consultation, analyse responses and present the consultation report. A minimum of 394 responses were received and analysed (this figure is expressed as minimum because some attendees at events did not register).

For the qualitative questions (Q1, Q2 and Q3) analysis was applied for consistent, repeated themes and suggestions and presented for each locality and for Argyll & Bute as a whole.

For the quantitative ranking questions (Q4, Q5, Q6, Q7, Q8) the results were presented in infographic format, again for each locality and for Argyll & Bute as a whole.

Supplementary responses which did not follow the format of the questions were presented in a separate section, or as an appendix to the report.

Full details of the consultation responses can be found at www.healthytogetherargyllandbute.org.uk/resources

2.6 Locality Planning Groups

Locality Managers are taking forward the establishment of the 8 Locality Planning Groups which will advise the IJB of the needs and priorities in each locality.

The Locality Planning Groups have their first meetings in January 2016. Membership is a combination of statutory requirement and locally identified representatives – see appendix 2.

The Locality Planning Groups will work within the agreed strategic priorities, but take account of the local drivers, demographics and requirements to develop services that are truly 'Locality Planned, Locality Owned and Locality Delivered'.

3 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 and is detailed in the Integration Scheme.

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.

4.3 Staff Governance

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.

4.4 Planning for Fairness:

An EQIA scoping exercise is in progress.

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 taking account of:

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

4.6 Clinical and Care Governance

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.

5 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 Centred Care, Locality Planning 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 strategy and action plan has been developed. 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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