
Integration of Health and Social Care

1.0 EXECUTIVE SUMMARY

The purpose of this report is to provide the Bute & Cowal Area Committee with a progress report on the action undertaken to establish the Argyll and Bute Health and Social Care partnership (HSCP) from the 1st April 2016.

The mechanism by which the delegation of resources, governance and operational responsibility is transferred to the Integration Joint Board (IJB) is its 3 Year Strategic Plan as directed by statute and guidance.

The Strategic Plan for health and social care 2016 – 2019 has been through both informal and formal consultation processes. The Argyll and Bute Strategic Plan has been prepared in accordance with statutory requirements and incorporates feedback from a prescribed consultation process

The final version was approved by the NHS Highland Board on 23rd February 2016 and by Argyll & Bute Council on 17th March 2016

The Strategic plan is to be presented to the IJB for its approval and agreement on the 23rd March. This follows a two -step process:

- The IJB agrees to adopt and implement the Strategic Plan
- The IJB considers and agrees the proposed budgetary allocation from Argyll and Bute Council and NHS Highland

From the 1st April the Integration Joint Board, is a separate statutory body for Health and Social care services and as such has a prescribed formal reporting and accounting process comprising.

- Production of an annual performance report
- Continuation of the single outcome agreement through the Community Planning Partnership
- Quarterly briefing paper to council Performance, Review and Scrutiny (PRS) committee

This is therefore the last formal report which will be submitted to the Area Committee as responsibility transfers to the IJB from the 1st April 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 its final stage. The Health and Social Care Partnership will be fully operational on April 1st 2016. This report provides the last progress update to the Area Committee as the Integration Joint Board will become the accountable body for these services from the 1st April 2016

3.0 RECOMMENDATIONS

3.1 The Area Committee notes the content of the report.

4.0 DETAIL**4.1 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.

The Strategic plan essentially details:

- Where – do we want to be in 3 years time
- How – what changes to be made and how we intend to do them
- When- how we will know we have achieved this, targets and measures

The Strategic plan explains what services the IJB is responsible for, what the IJB priorities are, why and how we decided them. It shows how the IJB intend to make a difference by working closely with partners in and beyond Argyll and Bute.

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The Strategic Plan 2016 – 2019 can be found at www.healthytogetherargyllandbute.org.uk/

4.2 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 IJB Health and Social Care Partnership assumed responsibility for all delegated functions on April 1st 2016.

5.3 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.

6.0 IMPLICATIONS

6.1 Policy: There are a number of implications including clarification over pathways, roles and accountabilities in the new organisation which have been taken account of in its establishment.

The integration model developed has been assessed as safe, effective and evidence-based with 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 and be accountable for.

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 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 continues 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 has been undertaken, an equalities statement is included in the Strategic Plan.

6.6 Risk: The process of integration introduces a large number of risks for the partners. The Integration Joint Board will maintain a 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

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