

REPORT BY THE POLICY LEAD FOR HEALTH AND SOCIAL CARE INTEGRATION

1.0 INTRODUCTION

1.1 As the Policy Lead of Health and Social Care it has been an incredible, exciting and busy time. The integration of health and social work brings opportunity to reshape how we deliver services in our communities. There are many challenges facing Partnerships across Scotland at this time, as the Integration Joint Boards get to grapple with delivering improved outcomes for children, young people, adults and older people.

1.2 I would like to pay tribute to the work of Councillor Mary Jean Devon, both as the previous Policy Lead for Health and Social Care Integration and for her continued commitment to health and social care matters. I would also like to thank her for her continued support to me in this new role.

2.0 RECOMMENDATIONS

2.1 It is recommended that members note the content of the report.

3.0 DETAIL - IJB**3.1 Integration Joint Board**

3.1.1 The Integration Joint Board (IJB) was legally constituted and met for the first time on 18th August 2015 in Oban. I am a voting member and Chair of the IJB, along with three elected member colleagues and four nominees from NHS Highland.

3.1.2 From the 1st April 2016 the Health and Social Care Partnership took full responsibility for strategic planning and operational delivery of all health and social care services in Argyll and Bute.

3.1.3 There is now a single Health and Social Care organisation with single integrated teams and a single budget. This budget covers the specialist health and care services provided outside of Argyll & Bute in NHS Greater Glasgow and Clyde. The budget is approximately £250 million and there are around 3000 members of staff.

3.1.4 The Health and Social Care Partnership are committed to working with the Voluntary sector, the Independent sector and communities in the planning and delivery of services. Representatives from these sectors are part of the Integration Joint Board.

3.1.5 The Partnership has now published a 3 year Strategic Plan 2016 - 2019 as the road map for the changes to services that are necessary to make them fit for the future. The six areas of key focus are highlighted in the plan are as follows:

1. Reduce the number of avoidable emergency admissions to hospital and minimise the time that people are delayed in hospital
2. Support people to live fulfilling lives in their own homes , for as long as possible
3. Support unpaid carers, to reduce the impact of their caring role on their own health and wellbeing
4. Institute a continuous quality improvement management process across the functions delegated to the partnership
5. Support staff to continuously improve the information, support and care that they deliver
6. Efficiency and effectively manage all resources to deliver best value

3.2 Finance Update

3.2.1 The Partnership are facing a period of significant financial challenge with the level of cost and demand pressures for services exceeding the available funding. The Board agreed a Quality and Financial Plan for 2016-17 to produce a balanced budget at the meeting in March 2016. Following this and further due diligence on the partner offers of funding there is a requirement to identify further savings to address the estimated funding gap.

3.2.2 The updated Quality and Financial Plan was noted by the Board at the May meeting and will be put to the June meeting of the Board for formal approval. This includes the requirement to deliver additional savings of £1.580m from social care services.

3.2.3 The overall estimated budget gap for the Partnership across the three years of the Strategic Plan is a total of £20.7m, the profile of the budget gap is 2016-17 £8.5m, 2017-18 £6.6m and 2018-19 £5.6m.

3.2.4 There are concerns by the Integration Joint Board about the deliverability of the scale of savings required in the first year of integration and a robust financial monitoring process is being developed to ensure that this position is closely monitored and reported.

4.0 DETAIL - ADULT SERVICES

4.1 Argyll and Bute Adult Protection Committee

- 4.1.1 The Adult Protection Committee continues to make progress on the national priorities set by the Scottish Government. Considerable work was done last year on adult support and protection issues in relation to care homes and on improving our data capture in order to fulfil the requirements of the national dataset. In addition, the Committee held a conference in November 2015 focussing on financial harm. This was to raise the profile of this type of harm and the seriousness of the issues involved, as well as starting to develop multi-agency ways to prevent such harm or detect it at the earliest possible opportunity, so that our most vulnerable citizens may be protected.
- 4.1.2 The Independent Chair of the Adult Protection Committee Mr Bill Brackenridge steps down from his position at the end of August 2016. The partnership would like to acknowledge the tremendous work he has undertaken for many years in this role. Bill has really been the driving force in relation to adult protection in Argyll and Bute and he will be a hard act to follow.
- 4.1.3 The recruitment process in relation to locality managers and local area managers has now been completed in Adult Services covering the East and West localities. Our managers are now working with staff to ensure we improve our joint working across staff groups and concentrate our resources and activities to improving outcomes.

4.2 **Joint Inspection of Older Peoples Services**

- 4.2.1 Following on from the Joint Older People's Service Inspection, which took place last year, the IJB have recently considered papers regarding changes to the commissioning of home care services, to ensure an increased focus on outcomes, increased flexibility and a more streamlined process by allocating work within blocks of hours. Care at home is a very dynamic service and a high number of homecare assessments are based on changing needs and emergency daily planning. This model reflects this and the service has worked with the providers and health professionals to prioritise those with the highest needs and base the order of the visits around this.
- 4.2.2 At a future meeting the IJB will consider a paper on the current quality of care home services that recently transferred to the Health and Social Care Partnership and the requirement for any targeted improvement work to be undertaken.
- 4.2.3 As a newly established Partnership, we have embraced the spirit of partnership working and open communication in various ways; an updated performance report/score card will be presented to the PRS committee on a quarterly basis to ensure transparency of information. Locality Managers have been asked to attend Area Committees to provide an update to ensure elected members are kept abreast of local redesign being undertaken under the direction and governance of the IJB. The purpose of these updates is information sharing and partnership working, while the scrutiny role is undertaken by the IJB, as delegated by the Council.

5.0 **DETAIL - CHILDREN AND FAMILIES AND CRIMINAL JUSTICE PARTNERSHIP**

5.1 Criminal Justice Partnership

- 5.1.1 Argyll and Bute Criminal Justice Service is delivered in partnership with West and East Dunbartonshire. The partnership has been focusing on the dissolving of Criminal Justice Authority and the move to Community Planning Partnership being accountable for Criminal Justice.
- 5.1.2 The findings from the National thematic review of multi-agency partnerships arrangements for Sexual Offenders (MAPPA) demonstrated positive partnership arrangements to manage sex offenders in the community. These arrangements have been extended to include serious violent offenders.
- 5.1.3 Argyll and Bute Criminal Justice Service is currently redesigning the service to meet the expected reduction in resource in 2017/18.

5.2 Child Protection Committee

- 5.2.1 Argyll and Bute Child Protection Committee continues to make good progress against national and local priorities set out in Child Protection Business Plan. Considerable work was completed last year to support practitioners to improve identification and assessment.
- 5.2.2 The independent chair of the CPC, Moira McKinnon continues to provide the expertise and appropriate support/challenge to the partnership. In February, the Minister announced a national programme to improve child protection in Scotland.
- 5.2.3 Locality Managers – Children and Families training has now been completed and they are responsible for Health and Social Work Children Services in their locality. Our managers are now working with staff to ensure we improve our joint working across the staff group and concentrate on improving the lives of children and young people across Argyll and Bute.

5.3 Corporate Parenting Board

- 5.3.1 The Corporate Parenting Board has focused on improving outcomes for looked after children across Argyll and Bute. The Board oversees all outcomes for Looked After Children in Argyll. The three Children's Houses have achieved 'very good' grades across all quality indicators, with some inspiring presentations from staff and young people to the Board. The Foster and Adoption service has demonstrated improvement within inspection with a mixture of good and very good grades.
- 5.3.2 Finding 'forever families' for children who are no longer able to live with parents is being monitored by the Board and this area has made improvements throughout this year.
- 5.3.3 Recently Argyll and Bute Council were successful in its application to Life Chances Trust and obtained funding of £212,000 across the next 3 years to support young people's participation.

6.0 CONCLUSION

- 6.1 The integration of Health and Social Care brings a unique opportunity to change the shape of the service now and in the future. By working with our communities and staff, we can improve outcomes for people. Integration is not without its challenges, it requires our support to ensure we protect the most vulnerable and improve the health and well-being of our population.
- 6.2 Communication and engagement will be key in developing and delivering services matched to local need. Just as services will be shaped at locality level, so too will communication and engagement be driven by and in localities. Many different people will have a role to play in making communication and engagement effective, such as the locality planning groups, health forums, council and NHS employees and the IJB.

A communication and engagement strategy is being developed that will set out roles and responsibilities and will provide a toolkit for localities to draw upon in their communication and engagement work. This strategy is to be considered by the IJB on 22nd June.

Councillor Maurice Corry

Policy Lead for Health and Social Care Integration, June 2016.