

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP – UPDATE

The Group is asked to:

- **Note** completion of the consultation on the Argyll and Bute HSCP Integration Scheme.
- **Note** the disestablishment of Argyll and Bute CHP and the transition arrangements to be implemented in both the council and NHS
- **Note** the commencement of the process to establish the Strategic Planning Group
- **Note** the continuation of the staff communication and engagement and community events relating to Integration for February 2015

1 Background and Summary

The purpose of this paper is to provide Community Planning Group with a progress report on the action undertaken to establish the Argyll and Bute Health and Social Care partnership (HSCP) since its last meeting.

NHS highland and Argyll Bute Council in April 2014 meeting endorsed the integration model as “Body Corporate” for the Argyll and Bute Health and Social Care partnership and confirmed the scope of service inclusion in June 2014.

2 Argyll and Bute HSCP Establishment Update

2.1 Integration Scheme

Consultation on the Argyll and Bute HSCP Integration scheme is now complete in total there were 44 responses from members of the public and stakeholders. This low response rate is unfortunate but predicted, due to the fact this is a statutory instrument and thus not easy to understand, plus the relatively short timescale to respond in order to comply with the SGHD timeline for approval.

The integration scheme was submitted to the Scottish Government for consideration in January with the expectation if approved the new Integrated Joint Board would be legally constituted in April 2015.

2.2 Disestablishment of Argyll and Bute CHP- Transition Arrangements

Following the issuing of Scottish Government guidance on the disestablishment of CHPs as at 31st March 2015, there is a need to put in place interim arrangements 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 2.3)

NHS Highland, having considered the risks, and to meet the clinical and care governance and financial accountability requirements, will put in place Argyll and Bute Health Governance Committee will be 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).

2.3 Argyll and Bute Integration Joint Board

The Argyll and Bute HSCP Integration Joint Board (once legally constituted) will retain 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.

2.3 Strategic Planning Group

The Scottish Government has now issued the final guidance in relation to 3 year strategic plans and shadow IJBs are now being asked to enact this and confirm their programme for producing their plans. The table below outlines the timetable for this:

Production of Strategic Plan- Indicative timetable;

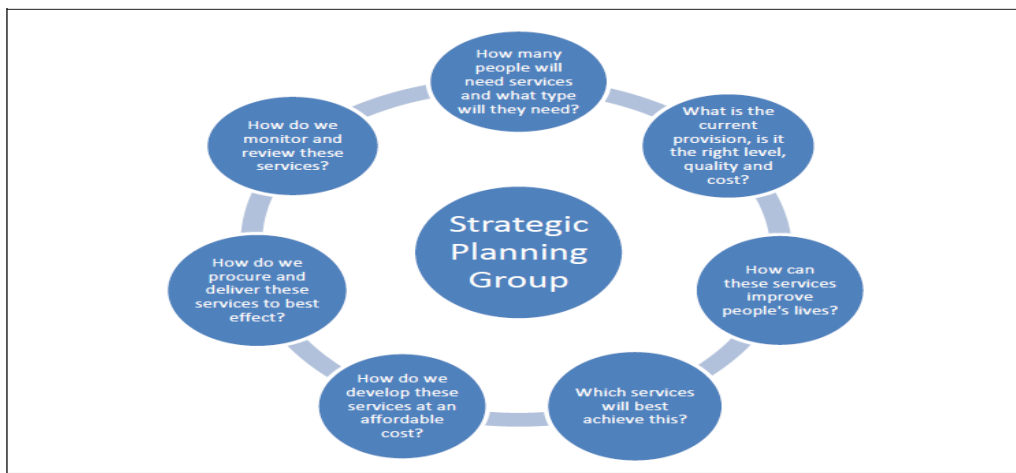
Item	Task	Time Scale
1	Establish Strategic Planning Group- Membership, ToR, Governance	Jan/Feb 15
2	Prepare proposals about matters the strategic plan should contain	End of Mar 15
3	Consult the Strategic planning group on proposals	End of April 15
4	Produce first draft of plan for SPG consideration	End 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)	End of November 15
5	Prepare final strategic plan	End of December 15
6	A&B HSCP approved by IJB and SGHD go live date agreed, delegated responsibility passed to IJB	Feb 2016
7	A&B HSCP Go Live	April 2016

Work is now commencing to establish the strategic planning group (Appendix 1 outlines its membership from the guidance) and commence production of the plan.

The National Steering Group for Strategic Commissioning has suggested that a good plan should be based around the established strategic commissioning cycle:

- Identify the total resources available across health and social care for each care group and for carers and relate this information to the needs of local populations set out in the Joint Strategic Needs Assessment (JSNA)
- Agree desired outcomes and link investment to them
- Assure sound clinical and care governance is embedded
- Is future looking and uses a coherent approach to selecting and prioritising investment and disinvestment decisions
- Reflect closely the needs and plans articulated at locality level

Figure 10 commissioning cycle



2.4 Staff and Public Engagement

The series of public and staff engagement events commenced in December and are continuing with 8 staff events planned for January and February. These events/sessions arranged in a conversation café style give staff and members of our communities the opportunity to have an informed “local conversation” about current services and issues and the benefits and outcomes to be achieved as a result of integration, to inform the local transformation in health and care service delivery required.

To date 52 members of the public have participated in these cafes and once complete a report on findings and issues will be considered by the programme board and project team to inform future communications events.

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/>

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 jointly agreed staff protocol will underpin the approach to be taken supported by workforce planning and development strategies.

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

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.

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 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 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.

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