

ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP – UPDATE

The Group is asked to:

- **Note** submission to Scottish Government of the Argyll and Bute HSCP Integration Scheme.
- **Note** the interim arrangements to be implemented in both the council and NHS until April 2016
- **Note** the establishment of the Strategic Planning Group

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

Argyll and Bute’s Integration Scheme was completed and submitted to the Scottish Government in March 2015, the Integration Scheme will now be approved by the Cabinet Secretary and set before Parliament for the statutory 28 day period.

The expectation is that we will receive full approval by the end of May 2015, to proceed with the formal constitution of our Integration Joint Board (IJB). Full authority and resources will not be delegated to the IJB until the Strategic Plan for Argyll and Bute is completed and adopted, the planned date for this is April 1st 2016.

2.2 Interim Arrangements until April 2016

Following the issuing of Scottish Government guidance on the disestablishment of CHPs as at 31st March 2015, interim arrangements have been put in place 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 assume 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.

Argyll and Bute Integration Joint Board required membership has been established as prescribed in the legislation as set out in the Public Bodies (Joint Working) (Scotland) Act 2014 which is as follows:

Designation	Source
Chief Officer Health and Social Care	Through appointment
Chief Social Work Officer	Through appointment
4x Board Members, NHS Highland	Agreed by NHS Highland Board
4 x elected members, Argyll & Bute Council	Agreed by Argyll and Bute Council
Independent sector representative	Through Scottish Care or Community Care providers
Third sector representative	Through Third Sector Interface
Registered Nurse	Through appointment
Registered medical practitioner who is not a GP	Through appointment
Registered General Practitioner	Through appointment
Trades Union representatives to represent staff in each organisation	Through Partnership Forum
2 x Public Representatives	Through application and interview process

Carer Representative	Through application and interview process
Finance/ Section 95 Officer	Through appointment
Other members as agreed by the voting members of the IJB	Through application and interview process
In attendance:	
Integration Programme Lead	Through appointment
Minute taker	Through appointment
Other stakeholders/Officers co-opted	As required

2.4 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
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	Feb 2016
9	A&B HSCP Go Live	April 2016

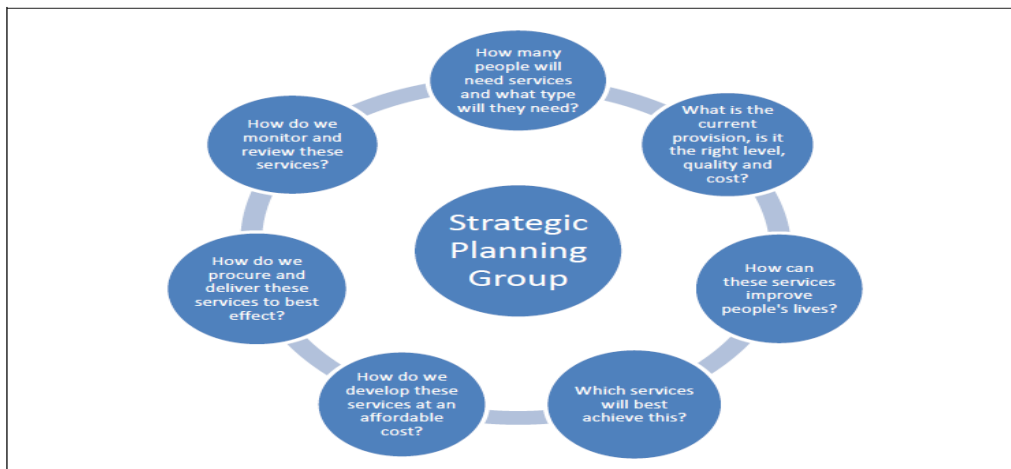
The strategic planning group (Appendix 1 outlines its membership from the guidance) has been established, with the first meeting in March 2015 and monthly meetings planned thereafter. We have support from the Joint Improvement Team (JIT), with an identified JIT Associate working closely with the strategic planning group to provide advice and guidance.

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



2.5 Staff and Public Engagement

The series of public and staff engagement events held in December, January and February informed staff and the public about the Integration Scheme and elicited considerable feedback, much of which will relate to the strategic plan.

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/>

Monthly newsletters, with recent developments and updates are distributed to approximately 3,500 households in Argyll and Bute, as well as to a list of significant organisations.

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 statue 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:

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 plan has been developed and 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.

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Appendix 1 – Argyll and Bute HSCP Strategic Planning Group Prescribed Membership

Integration Authorities are obliged to establish a Strategic Planning Group for the area covered by their Integration Scheme for the purposes of preparing the strategic plan for that area. The group must involve members nominated by the Local Authority or the Health Board, or both. In effect, this provides for the partners who prepared the Integration Scheme, and are party to the integrated arrangements, to be involved in the development of the strategic plan.

In addition, the Integration Authority is required to involve a range of relevant stakeholders. These groups must include representatives of groups prescribed by the Scottish Ministers in regulations as having an interest.

The table below identifies the initial membership for the Strategic Planning Group.

Representative	Other
Chief Officer HSCP	1
At least 1 member of NHS Highland Board	1
At least 1 Elected member of Argyll and Bute Council	1
Health Professionals (GP, Consultant RGH & MH, AHP, Nurse)	10
Social Care Professionals	10
Users of Health and Social Care	2
Carers of users of Health and Social Care	2
Commercial providers of health care	0
Non-commercial providers of health care	1
Commercial providers of Social care	1
Non-commercial providers of Social care	1
Non-commercial providers of Social housing	1
Third sector bodies within the Local Authority carrying out activities related to health or social care	1
Locality Representatives *	4
Representative of NHSGG&C *	1
Total	39

** Note*

The policy statement issued in December 2014 made provision for representatives for localities and neighbouring Boards to be represented. The views of localities must be taken into account with the Integration Authority required to identify the most appropriate person to represent each locality on the Strategic Planning Group. Local flexibility is allowed, so that an individual can represent more than one locality.

As NHS Highland main provider for secondary care services is NHSGG&C a representative is also identified for the group.