

## ARGYLL AND BUTE HEALTH AND CARE PARTNERSHIP – UPDATE

Report by, Christina West Chief Officer Health and Social Care Integration

### The Board is asked to:

- **Note** progress on the formal approval of the Argyll and Bute HSCP Integration Scheme.
- **Note** progress on the production of the Strategic Plan
- **Note** progress towards appointing a new management structure

### Background and Summary

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

The Board at its 1<sup>st</sup> 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 at its 5<sup>th</sup> June 2014 meeting.

## 1 Argyll and Bute HSCP Establishment Update

### 2.1 Integration Scheme

The Board has been advised that the Cabinet secretary for Health and Well Being, has signed off the scheme and it is programmed to be laid before Parliament for 28 days, in a batch with other schemes on the 18<sup>th</sup> May 2015. This will see the formal statutory approval on the 26<sup>th</sup> June after which we will receive permission to legally establish our Integration Joint Board (IJB). This is later than previously reported and is due to the Governments process to “batch” submissions.

### 2.2 Integration Joint Board

The process of appointing to and finalising the membership of the IJB as per statute and guidance (Appendix 1 details the membership and selection process) is continuing and is planned to be complete by early June.

The first development session for the IJB took place on the 6<sup>th</sup> May 2015 at which Alison Taylor Head of Strategy and Delivery Integration of Health and Social Care from the Scottish Government gave a presentation to members on:

- Background to developing policy for integration
- Legislation formulation and content
  - The Act
  - Regulations
  - The Integration Scheme
  - Statutory Guidance
- Role, duties and responsibilities of the Integration Joint Board

Further development sessions are planned through the year to support the IJB development and preparation to take over responsibility and accountability for services topics planned include:

- OD members development with support from the SGHD
- Health and Care Governance (Quality and Safety)
- Health and Social Care Workforce and partnership Governance
- Financial Governance
- Patient and Carer engagement and involvement arrangements
- Planning and Performance management and monitoring

The IJB has no accountability or responsibility at this time for day to day operational services; it will take on this role from the 1<sup>st</sup> April 2016.

The formal establishment process including agenda, standing orders etc for the IJB is in preparation for its inaugural meeting in July 2015.

### **2.3 Strategic Planning Group**

The Strategic Planning Group has now met 3 times and work is progressing on the development of the strategic plan as per the previously reported timetable

The Strategic Planning Group has expressed a preference for the early preparation of a resume of the main themes of the plan and vision for services going forward, which will be made available to the public, staff and stakeholder to elicit early feedback, to inform the full Strategic Plan prior to formal consultation.

This is acknowledged as a useful method to allow the commencement of what has been termed “A conversation with you” - and a programme of information leaflets and drop in / conversation cafes alongside attendance at formal meetings e.g. community councils etc is being developed and will be conducted in June.

This approach is aimed at testing the breadth and knowledge of our existing plans, current and future issues, the reason for change and future shape of services. In addition it will support the ground work process in outlining 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”.

As indicated the feedback from this initial work will inform the final Strategic Plan and the involvement and engagement methods to be adopted for the statutory consultation process.

The NHS Highland Board and Argyll and Bute Council as detailed in statute will be expected to provide a formal response to the strategic plan as part of the consultation process.

### **2.4 Management Structure**

The following senior management level posts were appointed to on the 15<sup>th</sup> May:

Head of Adult Services – East

Head of Adult Services – West

Head of Planning & Strategy

The Head of Children and Families interview is still to be arranged.

Work is also progressing on the next tier of operational management with recruitment planned to be concluded by July/August 2015.

### **3 Contribution to Board 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. Dependent on the detail within the Integration Scheme there may be further corporate and legal implications for both partners.

#### **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.

The exact details regarding management and accountability etc will be defined in the course of the integration programme.

#### **4.3 Staff Governance**

If the anticipated model of integration is taken forward, 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 will be made to ensure staff are fully involved and engaged in the process

Looking forward 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 will underpin the approach to be taken supported by workforce planning and development strategies. Presentations to key Committees such as Staff Governance Committee, Area Clinical Forum and Professional Executive Committee will be scheduled into the engagement and consultation process in both organisation, as well as face to face discussions and awareness sessions for staff providing them with opportunities to influence and shape partnership arrangements.

#### **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

The risks around integration are formally recorded on NHS Highlands SBAR and the integration programme will put in place a formal action plan to address and mitigate these risks.

## **4.6 Clinical Governance**

There are a number of implications including clarification over pathways, roles and accountabilities in the new structure 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.

We are legally required to establish a Clinical and Care Governance Committee, accountable to the IJB, to be responsible for aspects of clinical and care governance.

## **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 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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**Argyll and Bute**

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

The table below identifies the prescribed membership for the Integration Joint Board.

<b>Designation</b>	<b>Source</b>
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