CLACKMANNANSHIRE COUNCIL

THIS PAPER RELATES TO ITEM 10

ON THE AGENDA

Report to: Clackmannanshire Council

Date of Meeting: 26 June, 2014

Subject: Health And Social Care Integration

Report by: Chief Executive

1.0 PURPOSE

1.1 This report sets out the background to health and social care integration, the outcomes that integration is seeking to achieve and a proposal for a model of governance to take forward the legislative requirements.

2.0 RECOMMENDATIONS

2.1 It is recommended that Council:

a) notes the provisions and requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 as set out in this report;

b) agrees to pursue health and care integration based on a body corporate model of governance;

c) agrees that, as far as possible, integration should be on a joint approach with Stirling Council consistent with shared service arrangement.

d) agrees that the existing Partnership Board and Joint Management Team structures act as shadow bodies for the purposes required by legislation;

e) notes that a Scheme of Delegation will be presented for approval to a future meeting of Council.

3.0 BACKGROUND & CONSIDERATIONS

3.1 The intention of integrating health and social care is to provide a vehicle to enable local partnerships, comprising the health boards and local authority, to collectively deliver outcomes more effectively.

3.2 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) was passed at the end of February 2014 and received Royal Assent on 1 April 2014. The Act sets out what integration is intended to achieve, the models of integration and how the scheme requires to be implemented. Some issues will be resolved by secondary legislation in particular the scope of the local authority and health services which must be included (currently subject to consultation).

Local Partnerships are required to implement integration governance structures and local delivery strategies by April 2015, having had shadow arrangements in place prior to that.

An outcomes focussed approach

3.3 The Scottish Government's vision for improving outcomes is that by 2020 everyone will be able to live longer, healthier lives at home, or in a homely setting, and that there will be a health and social care system where:

- there is an integrated approach to service delivery
- there is a focus on prevention, anticipation and supported self-management
- if hospital treatment is required, and cannot be provided in a community setting, day treatment will be the norm
- in any setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions
- there will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

3.4 The Act removes Community Health Partnerships from statute and provides the basis to create an Integration Authority for each council area which will be the joint and equal responsibility of the health board and the local authority. It will be the responsibility of this Authority to ensure the desired outcomes are met.

National Objectives

3.5 The Scottish Government's view of a successfully integrated system for adult health and social care is that it will exhibit the following characteristics:

- consistency of outcomes across Scotland
- a statutory underpinning to assure public confidence
- an integrated budget to deliver community health and social care services and also appropriate aspects of acute health activity
- clear accountability for delivering agreed national outcomes
- professional leadership by clinicians and social workers
- it will be simpler rather than complicate existing bodies and structures.

3.6 The four key principles that underpin the reforms are:

- nationally agreed outcomes to apply across adult health and social care
- health Boards and local authorities are to be jointly and equally accountable for the delivery of those outcomes;
- integrated resources will apply across the spectrum of adult health and social care provision
- encouraging strong clinical and professional leadership, and the engagement of the third and independent sectors, in the commissioning of adult health and social care services.

3.7 The Act notes that the main purpose of integration of services is to improve the wellbeing of service-users. It states that local integration must be taken forward so that:

- services are integrated from the point of view of service-users
- services take account of the particular needs, circumstances and characteristics of different service-users
- the rights of service-users are respected and their dignity taken into account
- there is participation by service-users in the community in which they live
- the safety of service-users is protected and improved
- the quality of the service is improved
- services are planned and led locally in a way which is engaged with the community including in particular service-users, carers and those who are involved in the provision of health or social care
- services best anticipate needs and prevent them arising
- services make the best use of the available facilities, people and other resources.

The scope of Integration

3.8 Draft regulations were issued in May setting out which council and health board functions as they related to adults are to be included in the integration. These functions are:

<u>Council</u>

- Social work services for adults and older people
- Services and support for adults with physical disabilities, learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Housing support services, aids and adaptations
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare

<u>Health</u>

- Unplanned inpatients (medical care for the treatment of urgent or emergency conditions that require an unplanned admission to hospital)
- Outpatient accident and emergency services (services provided within a hospital for the treatment of urgent or emergency conditions)
- Care of older people (medical care for older people when not covered by unplanned inpatients)

- District nursing
- Health visiting services
- Clinical psychology services
- Services provided by Community Mental Health Teams (services delivered in the community for those with mental health problems)
- Services provided by Community Learning Difficulties Teams (services delivered in the community for those with learning difficulties)
- Services for persons with addictions
- Women's health services
- (services providing the assessment, diagnosis care, planning and treatment of women's health,
- sexual health and contraception services)
- Services delivered by allied health professionals
- GP out-of-hours services
- Public Health Dental Service
- Continence services
- Dialysis services delivered in the home
- Services designed to promote public health
- General Medical Services (Full range of services provided by general medical practitioners and their teams)
- GP pharmaceutical services (prescribing and dispensing of medicine and therapeutic agents by GPs, nurse prescribers, and prescribing pharmacists working in GP practices.)

Integration Model

3.9 The Public Bodies (Joint Working) (Scotland) Act 2014, specifies two options for integration models. These are:

- Lead Agency: either the health board or local authority would take full strategic and operational accountability for all functions within the scope of integration: or

- Body Corporate: delegation by local authority and health board of all functions within scope of integration to a new entity governed by a Joint Board and accountable for overseeing the provision of functions.

3.10 There is an additional model of cross delegation, where one agency would lead on some services and the other agency lead on other services. However, it has been confirmed that this approach is not applicable to the prescribed adult services which collectively have to be dealt with in governance terms in the same way (i.e. either lead authority or body corporate).

3.11 Adopting the lead agency model with the Council as lead would result in all Health Board functions within scope being transferred to the Council. This might or might not include the transfer of staff. The governance of this structure would include a Joint Monitoring Committee and would include Health Board representation.

3.12 If the Lead Agency model were adopted with the health board as lead, all Social Work functions relating to adult care would be transferred to the Health Board. Again, the governance of this structure would be overseen by a Joint Monitoring Committee, which would include Elected Member representation. It is envisaged that both the NHS and the Council would be equally

represented on a Joint Monitoring Committee with 3/4 representatives respectively. Draft regulations suggest that membership of joint integration bodies will be prescribed.

3.13 Adopting the Body Corporate model would result in all functions within the scope of integration being overseen by a newly established separate legal entity, the Integration Joint Board. The Board would include representation from the health board and elected members and again it is likely that membership will be nationally prescribed. A Chief Officer would require to be recruited, potentially along with a senior finance officer. The Chief Officer would report to the Integration Joint Board and directly to the Chief Executives of the Council and the Health Board. In this model, no staff would be transferred to the Integration Joint Board and services would continue to be delivered by the council and the health board. However, the Integration Joint Board would allocate resources to the services and be accountable for achieving the outcomes.

3.14 Each model of governance has pros and cons and these are outlined at Appendix 1 to this report.

3.15 Provisional feedback from elected members in Clackmannanshire had been that the lead authority model (with council as lead) was the initial preference, subject to detailed options appraisal, as it seemed to offer the greatest potential to achieve the desired outcomes of the legislation by structurally integrating services and management, by maximising democratic accountability and by reducing public sector fragmentation. Membership of the integration board under the body corporate as set out by the legislation and currently out for consultation.

3.16 NHS Forth Valley, however, has advised that it will not support such a model and has formally agreed that the body corporate model is the one it will engage with. Given that in the event of disagreement between the partners, the Minister has the power only to establish a body corporate, the outcome locally will be a body corporate model. In these circumstances, therefore, it is recommended that Council agrees that officers should develop a scheme of integration based on the body corporate model.

3.17 Integration will be progressed with Stirling Council in line with the shared service agreement. In the absence of satisfactory arrangements, a single body corporate would also be considered for each Local Authority Area.

Local Context

3.18 Delivering better outcomes within the local authority area is central to the integration of health and social care. The Health and Social Care Partnership will work ultimately towards the outcomes set out in our local SOA, but will also focus on outcomes established for individual care groups, which will be described within Joint Commissioning Plans, such as the existing Joint Strategic Commissioning Plan for Older People.

3.19 Given the requirement to focus on local outcomes, it is important that health and social care integration arrangements are in turn focused on our local communities. A key component, therefore, of delivering integrated services is

to establish and implement a locality planning model. This will facilitate engagement with communities across all sectors, and help the Partnership understand and develop the key priorities.

Process and Timescale

3.20 The Scottish Government requires local Partnerships to develop governance structures and have in place shadow arrangements during the course of 2014, with a view to full implementation from 1 April 2015. Partnerships are required to develop a Scheme of Integration, which will require formal Ministerial approval. This Scheme of Integration will set out governance, finance (including shadow budgets) and planning etc arrangements for health and social care integration. An indicative timetable and work streams for the development of the Scheme is attached as Appendix 2 to this report.

3.21 In order to support integration the Government has allocated monies to each Health Board to help local partnerships progress. The funding for Forth Valley is in the region of £360,000, with approximately half allocated to the Clackmannanshire and Stirling partnership. This resource will assist with project management, back fill costs and a partnership lead within the Joint Management Team to support service change.

3.22 In order to oversee the work required it is proposed that the existing structures i.e. the Partnership Board and Joint Management Group act as the shadow bodies, clearly reporting progress to the Council and NHS Board at regular intervals. It is imperative that movement toward integration is an extension of current good practice and does not become a secondary work stream.

3.23 In addition to developing a Scheme of Integration, the Act requires consultation and engagement with communities. It requires a Strategic Planning Group to be established involving a range of organisations, individuals and sectors. It is as important to engage with employees, as well as service users, through this change. Discussions will also have to be held with Trade Unions.

3.24 The development of a Strategic Delivery Plan is also required to ensure the functions and services that fall within integration remain focused on improving outcomes and are delivered accordingly.

3.25 There will be a requirement to understand and bring together service delivery systems and two cultures. This is a substantial piece of work which must be focussed on achieving the right outcomes for local people as well as meeting the requirements of the Act.

3.26 Health and social care integration is one of the most wide reaching and fundamental changes in the way public services are delivered since local government re-organisation. While this presents many opportunities it also presents significant challenges, including continuing to improve outcomes for adults requiring health and social care services while changing governance and operational management arrangements.

4.0 Sustainability Implications

n/A

5.0 Resource Implications

Finance

5.1 The adoption of a body corporate model of governance requires the appointment of at least one chief officer. Costs of this post will be shared between the partners. The post has not yet been sized.

5.2 Work is ongoing between the finance officers of the respective organisations to define the existing resources which are required to be allocated to the Integration Board for the purposes of providing integrated services.

5.3 Fuller financial information will come forward in the Scheme of Integration.

Staffing

5.4 A new chief officer post will be created.

6.0 Exempt Reports

6.1 Is this report exempt? Yes ☐ (please detail the reasons for exemption below) No ☑

7.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

(1) **Our Priorities**

Our communities are more cohesive and inclusive
Our communities are safer
Vulnerable people and families are supported
Substance misuse and its effects are reduced
Health is improving and health inequalities are reducing
The Council is effective, efficient and recognised for excellence

(2) **Council Policies** (Please detail)

8.0 Equalities Impact

8.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?
Yes ☐ No ☑

9.0 Legality

9.1 It has been confirmed that in adopting the recommendations contained in this report, the Council is acting within its legal powers. Yes ☑

10.0 Appendices

10.1 Please list any appendices attached to this report. If there are no appendices, please state "none".

1 - High Level Pros & Cons of Governance Models

2 - High level implementation plan for Health and Social Care Integration.

11.0 Background Papers

11.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

The Public Bodies (Joint Working) (Scotland) Act 2014

Draft Regulations Relating to Public Bodies (Joint Working) (Scotland) Act 2014 – Set 1

Draft Regulations Relating to Public Bodies (Joint Working) (Scotland) Act 2014 – Set 2

Author(s)

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Appendix 1 - High Level Pros & Cons of Governance Models

Body Corporate	
Advantages	*Disadvantages*
• Continuity of employer, terms and conditions etc. if implemented in ways that do not involve potential staff transfer • Potential to develop single policy framework and for localities to have clearer line of involvement and accountability • Potential to move resources across partnership according to presenting needs and priorities • Single management arrangements to oversee the development of the required Joint Strategic Commissioning Plans • Future potential to integrate HR; finance; learning & organisational development; property functions etc. • Potential for more shared decision making • Minimal disruption for staff • Generates flexibility regarding financial management, could be joint or aligned	• Only 3 or 4 Elected Members on the Board, which reduces democratic accountability/'control' and applies additional pressure to nominated reps. • Reporting arrangements are complicated with the Chief Officer reporting to both the Chief Executive of the Council and the Chief Executive of the Health Board. • Potential for blurred accountabilities • no provision currently for body corporate to employ staff • Potential for disconnect between Adult Services included within integration and services outwith scope e.g. services for children and housing. • Risk of tensions due to variable terms and conditions /employee relations model • No ability to shift resource to/from services outwith those included within integrated model e.g. from adult care to services for children. • Requires detailed scheme of delegation and standing orders to vire resources to support service delivery • Competing tensions around levels of investment prevention, early intervention, and intensive support • Need to determine co-ordinated support services from different organisations • Lack of reassurance regarding impact and outcomes desired. How successful will this model be in helping services respond and deliver better services / outcomes? • Diluted governance/effectively introduces another layer

Lead Agency (Council) – Overarching Advantages and Disadvantages	
Advantages	*Disadvantages*
• Strengthens local democratic accountability for all functions, including current NHS functions • Capacity for greater number of elected members to be engaged in Joint Committee • Continuous link with other core services such as education, children's social services and housing. • Introduces streamlined joint governance across areas of common concern • Clarity of managerial accountability • Facilitates unified performance framework • Potential to develop single employee relations • Increased transparency and accountability of delivery across whole system may be achievable.	• Proposed Ministerial powers to determine membership of governance body could impair local governance • Potential loss of control over key areas of council budgets at a time of increasing need and reducing resources • Delegation of functions potentially creates less effective system-wide operational risk assessment and management • Increases risk of fragmentation across some public protection functions • Challenges effective locality planning by dividing functions between agencies • Tensions due to differing employee relations model & terms and conditions • Need for health services to meet HEAT targets and therefore issue re accountability of Elected Members to Scottish Government - local priorities vs national targets. • potential for complex 'subcontracting' arrangements.

Clackmannanshire and Stirling Timeline Appendix 2

Implementation of Health and Social Care Partnership: High Level Programme Action Plan	By Whom	Start By	Complete By
Strategic Visioning and Planning Sessions with Board, CHP and Stakeholders	NHS		June 2014
Establish Scope of integration– Strategic and Operational	Chief Officers	January 14	July 14
Health and Social Care Bill to receive Royal Assent to become the Health and Social Care Act			**February 2014**
Evaluate and Agree Model of integration and timeline	CEO's	January 14	July 14
Authority to proceed with proposed model, scope and timeline and to establish shadow Health and Social Care Partnership	LA Members & NHS Board		July 14
Scottish Government Health and Social Care Legislation comes into effect.			**April 2014**
Develop Integration Framework	Chief Officers	March 14	October 14
Develop Delivery Plan	Chief Officers	May 14	December 14
Establish Working Groups to support development of framework and delivery plan: Governance Finance (including cost methodologies) ICT Outcomes and Performance Workforce and Organisational Development *(Group already established)* Consultation, Communications & Engagement (including stakeholder involvement) Clinical Governance	Chief Officers reporting to Partnership Board prior to HSCP shadow arrangements	March 14	Ongoing
Create Shadow Integration Board (BC) or Integration Joint Monitoring Committee (LA)	Governance lead	May 14	May 14
(If Body Corporate) Proceed to appoint Chief Officer(previously Joint Accountable Officer (JAO))		March 14	May 14
Establish, timetable and commence Shadow Arrangements including integrated reporting frameworks regarding finance and performance management	Governance lead	May 14	April 15
Formal consultation period regarding Integration Framework	Communications lead	October 14	December 14
Finalise and submit Integration Plans for Ministerial Approval	Chief Officers		February 15
Full Implementation of Integrated Partnership			**April 2015**

Work Stream General Remit

The Work streams will be co-ordinated by the Change Manager to ensure shared purpose in terms of the overall task. All activity will be reported to the Enhanced JMG. Enhanced JMG will provide work streams with strategic directions.

Governance	Finance	HR/OD	Consultation & Engagement	Clinical and Practice Governance	Planning & Operational
• Formation of new partnership structure including purpose, remit, accountability and scheme of delegation, links to existing structure e.g. CPP • Determine transfer of each service and necessary service support • Establish information/data sharing protocol within partnership. • Complete Privacy Impact Assessment • Initiate development of integrated performance management framework • Support HR/OD & Finance Groups	• Establish budgets for all services within scope (revenue and capital) • Establish costing methodology to determine transfer of resource to new governance arrangement • Establish financial control & monitoring framework	• Establish HR framework • Establish joint recruitment procedures • Liaise with trade unions as appropriate • Link with OD and training • Work with Consultation & Engagement Group to inform communication to staff and public	• Develop communications and engagement strategy for internal and external stakeholder • Establish Strategic Planning Group to initially facilitate partner and public involvement • Work with HR/OD group regarding appropriate key messages for staff	• Clarify and agree clinical and practice governance arrangements, control and monitoring • Links to acute services etc	• Develop Strategic Plan • Clarify outcomes & service delivery planning • Develop Commissioning Strategy • Establish clarity regarding operational activity and implications of new structure • Performance Management Framework • Organisational Development and workforce planning • Locality Planning Approach