
Report To:	Inverclyde Integration Joint Board	Date:	7th November 2017
Report By:	Louise Long Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)	Report No:	IJB/65/2017/HW
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Subject:	Planning and Delivering Care and Treatment across the West of Scotland		

1.0 PURPOSE

- 1.1 The purpose of this paper is to inform Integration Joint Board members about work that is beginning to be shaped in respect of Regional Planning for health and social care services.
- 1.2 The report also highlights a number of considerations for the IJB in terms of what the health and social care planning landscape might look like in the future, and the possible implications for the people of Inverclyde.

2.0 SUMMARY

- 2.1 The Health and Social Care Delivery Plan published in December 2016 set out the importance of delivering;

- Better care
- Better health
- Better value

Since the publication of that Plan, the Scottish Government has commissioned Regional Delivery Plans to be developed, encompassing a whole-system approach to the delivery of health and social care for 3 regions (North, East and West). For the West of Scotland this involves planning for the population of 2.7m covered by 5 NHS Boards, 16 Local Authorities and 15 Health and Social Care Partnerships as well as the Golden Jubilee Foundation. The other 7 national NHS Boards are also developing a single plan that sets out the services where improvement should be focused on a national basis including, where appropriate, a 'Once for Scotland' approach in areas such as digital services, clinical demand management and support services.

- 2.2 These proposals sit alongside the National Clinical Strategy for Scotland (2016), which sets out the case for:
 - planning and delivering integrated primary care services, like GP practices and community hospitals, around the needs of local communities;
 - restructuring how our hospitals can best serve the people of Scotland;
 - making sure the care provided is the right care for an individual, that it works, and that it is sustainable;

- changing the way the NHS works through new technology

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to note the content of this paper.
- 3.2 The Integration Joint Board is asked to consider if and how it will engage with the Regional Planning process.

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4.0 BACKGROUND

- 4.1 The Scottish Government has commissioned three Regional Delivery Plans that consider Scotland in a context of regions (North, East and West). Inverclyde will sit within the West Region, which will cover 5 NHS Boards; 16 Local Authorities; 15 Health and Social Care Partnerships, and the Golden Jubilee Foundation. The national NHS Boards are also developing a single plan that sets out the services where improvement should be focused on a national basis including, where appropriate, a 'Once for Scotland' approach in areas such as digital services, clinical demand management and support services.
- 4.2 This approach seems logical in that it supports the development of a clearer and more nationally consistent picture of what the NHS and Social Work Services can and should deliver. It also supports the principles of shared services which, if organised efficiently, can potentially deliver significant reductions in back-room costs.
- 4.3 The proposal paper acknowledges that to progress a Regional Delivery Plan, it is essential to link to national planning for specialist services; local planning within Health Boards and locality planning within Integration Joint Boards. Harmonising all of these things might be more challenging. With regard to Health Board planning, NHS Greater Glasgow and Clyde is still working through the implications of having functions delegated to IJBs through the Public Bodies legislation. The six IJBs that are within the NHSGGC catchment are trying to move forward in as consistent a way as possible with regard to delegated health services, but social work services remain largely within the domains of individual IJBs and Councils. There is also a potential tension in that different IJB areas will have different priorities and pressures. The policy intent of the integration legislation was to bring service planning closer to communities and localities, rather than the broad brush approach that can characterise regionalisation.
- 4.4 The fundamental differences between a regional and centralised approach versus a local, small area approach will need to be worked through properly, so that Scottish Government; Local Authorities, Health Boards and IJBs can make sense of planning and governance arrangements.

The attached paper (appendix 1) recognises that the existing NHS Boards (and presumably Councils, although this is not explicitly stated) should retain their governance responsibilities. However we are still working through what the changes in governance brought about by the Public Bodies (Joint Working) (Scotland) Act 2014 actually mean in practice. Some services and functions are devolved to IJBs, but the funding bodies (Health Boards and Councils) can at times make demands about how the delegated services and functions should be organised, managed or developed, in line with their own wider organisational strategies. This assumption of authority and control is predicated on financial governance principles, where the funding bodies will wish to retain control of the money, not least because they have accountability for its use. Such scenarios can be manageable because all three organisations are working within the same policy landscape. However, if we are to achieve ways of working that are sensitive to a more locally determined set of priorities, then there will inevitably be some important differences between what is best at national level versus Health Board or Council level, versus IJB localities.

- 4.5 Appendix 1 touches upon the potential governance issues, and offers a solution through the following points:
 - it is essential that Health Boards and Integration Joint Boards across the West of Scotland support a **collaborative approach**;
 - we need to recognise that **boundaries** cannot be barriers to delivering **evidence based outcomes**;
 - there needs to be **transparency** in our discussions;
 - we need to accept a **collective accountability** for the wider population, evidenced through our decisions and actions.

Greater clarity is needed though as to what these points will mean in practice.

4.6 Collaborative Approach

In considering the first point, Health Boards, IJBs and Councils are likely to support the *principles* of a collaborative approach, but will want clarity on what this actually means in practical terms when planning for the future. A regional strategy for health and social work services will by definition require different things for health services and for social work services. Centralisation for some health services – specifically hospital services - could elicit economies of scale, concentration of clinical expertise, and maximum reach for people across the whole of the region. However, in order for hospital services to centralise, smaller services (or indeed, smaller hospitals) will need to be subsumed into larger ones that will most likely become clinically superior, but at times will be in a different location. Local communities might be resistant to this because it will introduce a new requirement to travel further for that service. There could be a perception of diminution of local provision.

Centralisation of social work and community-based health services is potentially more problematic. The very nature of most social work and community-based health services requires that they are close to families and communities of need. Centralising them within regional hubs is likely to reduce local responsiveness and the “soft” intelligence that can be crucial to understanding the more nuanced dimensions of individual, family or community support needs. It should also be noted that the case for de-centralisation was strongly made during the development of the Public Bodies (Joint Working) (Scotland) Act 2014, and the thrust of this legislation is to localise integrated health and social work planning.

Related to these points, regionalisation could potentially further confuse the governance issues touched upon at 4.4. If the staff and services that IJBs have accountability for are relocated to regional hubs, and are charged with delivering on regional priorities, it is difficult to understand how IJBs will be able to direct resources to deliver on local health and social care priorities, as identified within HSCP localities.

There is a risk of tension between IJBs and Regional Planning Boards in cases where local priorities are not directly aligned with regional priorities. For example, through local engagement processes, IJBs might identify that a particular service is crucial to one or more of its localities, therefore should be kept local (or perhaps even grown) in its current location. Under the proposals it is unclear which body (if any) has the final say. It becomes apparent that collaboration will be essential to find ways forward that meet both regional and local imperatives. If the positions of the various public bodies are too disparate, then there will be a need for some or all parties to revisit and possibly augment their priorities. Given that the integration legislation requires that priorities are developed by the communities that are affected, reaching agreement has the potential to become a protracted process.

4.7 Boundaries and Evidence-Based Outcomes

The point that boundaries cannot be barriers to delivering evidence-based outcomes is an important one in the context of reshaping health and social work services on a regional basis. Regionalisation will help to soften boundaries, but the case will have to be strongly made and regularly stated that the benefits of regionalisation are principally better use of public money and improved clinical outcomes. The National Clinical Strategy for Scotland makes a case for regionalisation **of hospitals** offering opportunities for improved clinical outcomes, however the case has yet to be made for regionalisation having a positive effect on social work **or community health service** outcomes. Proper consultation will be required to ascertain what outcomes are most important to the communities who use the services, and a recognition that this might bring about the need to consider wider quality of life outcomes, not just clinical ones.

4.8 Transparency

Transparency in all decision-making will be crucial so that communities are not left feeling that decisions have been made remotely and then imposed. Historically, public bodies have a mixed track record in terms of how much of a say they have given citizens in how they are to be planned and shaped. In such a major regionalisation programme and subsequent re-location of services, there is a real risk that some communities will feel that they have been disadvantaged.

4.9 Collective Accountability

The paper at appendix 1 asserts that “we need to accept a collective accountability for the wider population, evidenced through our decisions and actions.” It is helpful to propose that the public sector should be working closely together to deliver the best possible end-position. There is however a need to clarify accountability in formal governance terms, to avoid the risk of being caught up in protracted discussions when a potentially controversial decision needs to be made.

5.0 CONCLUSION

- 5.1 The brief paper at appendix 1 provides a helpful overview of the proposed regional planning for health and social work services. However it appears to raise a number of difficult and important questions that need to be addressed while avoiding making the planning and governance landscape even more confusing.
- 5.2 The simplicity of the paper at appendix 1 belies the complexity which underpins it. The Regional Plan is due to be produced by March 2018, and so far there has been limited consultation, yet the implications could potentially be very far reaching.

6.0 IMPLICATIONS

FINANCE

There are no financial implications from this report at this time.

6.1 Financial Implications:

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Vehement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Vehement From (If Applicable)	Other Comments

LEGAL

6.2 There are no legal implications from this report, although this might have to be reviewed once the Regional Plan is published.

HUMAN RESOURCES

6.3 There are no human resources implications from this report at this time.

6.4 EQUALITIES

6.5 Has an Equality Impact Assessment been carried out?

	YES.
X	NO – However the Regional Plan development process and the Regional Plan itself will likely require an EIA.

6.5.1 How does this report address our Equality Outcomes?

This report does not address our Equality Outcomes.

6.6 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no clinical or care governance implications at this time, although the Regional Plan, once produced, might raise some clinical and/or care governance implications.

6.7 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

- a) **People are able to look after and improve their own health and wellbeing and live in good health for longer.**

Not applicable.

- b) **People are able to look after and improve their own health and wellbeing and live in good health for longer.**

Not applicable.

- c) **People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.**

Not applicable.

- d) **People who use health and social care services have positive experiences of those services, and have their dignity respected.**

Not applicable.

- e) **Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.**

Not applicable.

- f) **Health and social care services contribute to reducing health inequalities.**

Not applicable.

- g) **People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.**

Not applicable.

- h) **People using health and social care services are safe from harm.**

Not applicable.

- i) **People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.**

Not applicable.

- j) **Resources are used effectively in the provision of Health and Social Care.**

Regionalisation is likely to produce cash-releasing efficiency savings through economies of scale and shared services.

7.0 CONSULTATION

- 7.1 The report was produced by the Chief Officer, in consultation with the Senior Management Team.

8.0 LIST OF BACKGROUND PAPERS

8.1 National Clinical Strategy for Scotland <http://www.gov.scot/Publications/2016/02/8699>

Appendix 1

Paper for Health Boards and Integrated Joint Boards – West of Scotland

Planning and Delivering Care and Treatment across the West of Scotland

Purpose

This paper sets out the requirement for the West of Scotland to produce a first Regional Delivery Plan for March 2018 and seek the support of Health Boards and Integrated Joint Boards to work collaboratively to achieve the best outcomes delivered sustainably for the citizens across the West.

Background

The Health and Social Care Delivery Plan published in December 2016 set out the importance of delivering;

- Better care
- Better health
- Better value

The Health and Social Care Plan signalled the need to look at services on a population basis and to plan and deliver services that were sustainable, evidence based and outcomes focused. We can provide better patient outcomes and more efficient, consistent and sustainable services for citizens through NHS Boards, Integration Joint Boards and other partners working more collaboratively and effectively to plan and deliver services.

At regional level, the Scottish Government has commissioned Regional Delivery Plans to be developed, encompassing a whole-system approach to the delivery of health and social care for each of the 3 regions (North, East and West). For the West of Scotland this involves planning for the population of 2.7m covered by 5 NHS Boards, 16 Local Authorities and 15 Health and Social Care Partnerships as well as the Golden Jubilee Foundation. The national NHS Boards are also developing a single plan that sets out the national services where improvement should be focused, including, where appropriate, a 'Once for Scotland' approach in areas such as digital services, clinical demand management and support services.

To take forward the national and regional approach, 5 Chief Executives have been appointed to the role of National or Regional Implementation leads.

Developing a Regional Plan

To progress a Regional Delivery Plan it is essential to link this to national planning for specialist services, local planning within Health Boards and locality planning within Integrated Joint Boards to ensure we plan effectively for the wider population. It is recognised and understood that the existing Boards retain their governance responsibilities, however, to achieve this ambition:

- it is essential that Health Boards and Integrated Joint Boards across the West of Scotland support a collaborative approach
- we need to recognise that boundaries cannot be barriers to delivering evidence based outcomes
- there needs to be transparency in our discussions
- we need to accept a collective accountability for the wider population, evidenced through our decisions and actions.

In taking forward this work, it is important that we are guided by some key principles, namely;

- Maximising health gain
- Anticipation and prevention
- Reducing inequality
- Quality, evidence and outcome
- Sustainability

This is an evolving process which will be achieved by working together across the different organisations in a whole systems approach to set out the story for the West of Scotland, describing the current challenges and consider the opportunities to transform care models to meet the future requirements of our population and improve health.