Inverclyde council

AGENDA ITEM NO: 6

Report To:	**Health & Social Care Committee**	**Date:**	**23rd April 2015**
Report By:	**Brian Moore** **Corporate Director Inverclyde** **Health & Social Care Partnership**	**Report No:**	**SW/07/2015/HW**
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Subject:	**Health and Social Care Partnership Integration Update**		

1.0 PURPOSE

1.1 The purpose of this report is to update members on the preparation and submission of the Inverclyde HSCP Integration Scheme to the Scottish Government for approval, to set out the intentions and preparations for local implementation of the Public Bodies (Joint Working) (Scotland) Act 2014.

2.0 SUMMARY

2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires that Health Boards and local authorities jointly prepare, consult and submit for approval an Integration Scheme to Scottish Ministers. The required content of the scheme is set out in Section 1(3) (a-f) of the Act and within the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014.

2.2 The version of the Scheme that was submitted is not substantially different to the version approved by the Council on 29th January 2015. However some minor adjustments have been made to some of the wording to ensure legal compliance with the detail of the legislation. The Integration Scheme is designed to cover the requirements of the Act and demonstrate legislative compliance, while any further detail needed can be written into the operating instructions and Standing Orders, to be agreed and approved by the Integration Joint Board (IJB).

2.3 It should be noted:

- That the agreements made within the scheme are legally binding;
- That only information that is prescribed in the Act or the regulations can be included. Scottish Ministers cannot approve additional information;
- That after approval, any changes to the Scheme will require to be consulted upon and will require to be re-submitted to Scottish Ministers for approval.

3.0 RECOMMENDATIONS

3.1 It is recommended that members note the Integration Scheme, which was submitted to the Scottish Government on 31st March for approval, after an earlier draft had been approved by both the NHS Board and the full Council. Changes made to the earlier draft prior to final submission were minor, and were made to ensure that the language used was compliant with the legislation. The substantive content of the Scheme approved by the Council and the NHS Board did not change.

4.0 BACKGROUND

4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 was passed on April 1st 2014. Secondary legislation is being continuously developed to underpin the Act.

4.2 The Regulations and Orders were laid in the Scottish Parliament in October and November 2014 and the Affirmative Regulations came into force on 28th November 2014.

4.3 Guidance was issued to support integrated budgets in April 2014, along with a finance implementation checklist to help Health Boards and Local Authorities and shadow Integration Joint Boards to prepare for financial and governance arrangements under integration. Guidance for Integration Financial Assurance to support robust identification of integrated budget by Health Boards and Local Authorities has also been issued, as has guidance on Clinical and Care Governance and strategic commissioning.

4.4 The latest guidance, issued on 23rd March 2015, relates to the requirement for each IJB area to have at least two localities, and describes to some extent how these localities should inform strategic planning.

5.0 OVERVIEW OF THE DRAFT SCHEME

5.1 The preamble to the Scheme (sections 1 and 2) is designed to set the context and purpose of integration from an Inverclyde perspective. This is not formally part of the scheme.

5.2 Section 1 sets the general context in terms of the legislative requirements and the future status of the HSCP and IJB, and section 2 describes the aims and outcomes, and in particular specifies the national outcomes as prescribed by the Scottish Government. These have been included in the preamble to safeguard against any future changes or additions to the outcomes. As part of the preamble, adjustments would be minimal and would then not bring about the need to re-submit an amended Scheme to Scottish Ministers.

5.3 Section 3 marks the start of the proposed Scheme as a legal document, and from that point onwards must be fully compliant with the guidance.

5.4 The Scheme highlights that Inverclyde will be a body corporate integrated authority with delegated legal authority from both the Council and Health Board to plan, manage and deliver services on behalf of the two contributing partners (1 (4)(a) above).

5.5 Throughout the Scheme we have focused on including the minimum required to meet compliance standards. It should be noted that keeping our narrative to the minimum is not indicative of any wish to minimise our level of integration, but rather, to future-proof the Scheme so that it can accommodate any future improvements without having to re-submit to the Scottish Government for re-approval. Governance will remain tight through our Standing Orders and Financial Instruments.

5.6 Our Scheme specifies that voting membership will comprise four Councillors and four NHS non-executive director members, and that the first IJB Chair will be an Inverclyde Councillor, with the Vice Chair being an NHS non-executive director. After a two year term, this will switch to the Chair being an NHS non-executive director and the Vice Chair being a Councillor. There will be no casting vote, but rather, in cases where agreement cannot be reached, the Chief Officer will be required to re-draft the proposal to one that is acceptable to both Parties.

5.6 The minimum requirements for non-voting membership are outlined in the Guidance, but Partnerships are free to have additional members over and above the minimum, at their own discretion. In Inverclyde, we anticipate that non-voting membership will comprise the following:-

- Chief Officer/Chief Social Work Officer

- Clinical Director
- Nurse Advisor
- Medical Lead from IRH
- Joint Finance Officer
- Carer Representative
- Service User Representative
- Third Sector Representative
- Two staff-side representatives (one from NHS and one from local authority)

We also anticipate that any other non-voting members deemed to have a locus within the business of the IJB will be invited to attend as and when required.

5.7 We are required by the legislation to have an overarching Strategic Plan, developed and implemented by a Strategic Planning Group. Minimum membership of the Strategic Planning Group is prescribed by the Regulations, and annex 1 highlights a proposal for how the Group should be populated, and how it should be governed by and inform the business of the IJB. This is important because the IJB will be required to approve the plan and to oversee and scrutinise its implementation. We also need to demonstrate how we will ensure the active engagement of the IJB with the business of the HSCP. The chart at annex 1 attempts to do this.

5.8 The Inverclyde HSCP will not have managerial responsibility for hospital services, however it will be involved in their planning, particularly with regard to the pathways between hospital and community services, and ensuring a person-centred and outcome-focused approach to the patient or service-user experience. NHS GGC hospital services span the whole NHS Board area, albeit the Inverclyde Royal Hospital is predominantly used by Inverclyde people. However it should also be noted that Inverclyde people also use other hospitals, and the IRH is used to a substantial degree by people from Argyll & Bute. We cannot therefore consider the IRH as a standalone resource. The interface between hospital and community, and the planning role of HSCPs will therefore need to be considered across all six IJBs within the NHSGGC catchment. On that basis, this dimension should be coordinated and held by the Health Board hospital sector and guided by the outputs of the Clinical Services Review. Work is ongoing locally to build on the successes of recent interface planning between primary and secondary care and community services to develop a shared understanding of need, demand and delivery. It is intended that this work will underpin the hospital services section of the Strategic Plan. We have a high level strategic plan in place locally already and an array of plans and strategies which can be drawn on to provide the level of detail required by the IJB to take the Strategic Plan forward.

Members should note that the Strategic Plan will be developed using existing agreed plans as its foundation. This will ensure continuity between the current CHCP arrangements and the new HSCP arrangements. Members should also note that the Strategic Planning Group needs to include membership from the list prescribed by Regulations as a minimum, and that it needs to have explicit oversight by the IJB (see annex 1).

5.9 The legislation requires that the Health Board and the local authority set out the process by which the list of targets and measures that relate to the delegated functions will be developed and the extent to which responsibility will lie with the IJB. The CHCP has an integrated performance management framework in place which works well. This will need to be refined and take account of the national health and wellbeing outcomes (noted at 2.1 in the Scheme) and integration principles. Work is also required at locality level to determine what performance reporting will be needed to the Integration Joint Board, and how this is derived from operational management intelligence.

Members should note that there is a potential mismatch between the indicators that we currently have and the intelligence required to demonstrate progress in achieving the national outcomes. The Information and Statistics Division of the NHS National Services (ISDScotland) is currently working on a new dataset, definitions, recording guidance and file specifications to support the requirements of the legislation. NHSGGC still requires data in respect of HEAT targets and standards, and the Scottish Government Social Work Performance Indicators are still extant. This means that we could be working in an extremely

onerous reporting framework, with indicators that report on contradictory objectives (patient/ client/ carer outcomes versus systems outputs and throughputs), and that are not necessarily aligned to the Strategic Plan.

Members should note that we are required to develop a core set of indicators during year 1. Members are asked to support the principle that the HSC indicators focus on patient/ client/ carer outcomes and are developed as the data sets are produced and agreed via the ISDScotland workstream.

5.10 In respect of effective Clinical and Care Governance, it is recognised that as well as ensuring appropriate arrangements for directly provided health and social care services, we need to co-ordinate action across a range of services and providers, including the third and independent sector. The Inverclyde Integration Scheme sets out our approach to Clinical and Care Governance, building on the foundations that we have established over four years as a fully integrated CHCP, and noting the intention to strengthen the approaches we have for the oversight of both internal services and those commissioned form the third and independent sector, including the monitoring of care standards and professional obligations via practice and staff governance.

The Regulations require the appointment of professional staff to the non-voting membership of the Integration Joint Board (as noted at 5.6), and these members will support the CD and CSWO in governance matters regarding practice, registration and development of professional staff as well as advising on clinical and care governance aspects of the Strategic Plan.

5.11 Members should note that it is a requirement of the Act that each HSCP area is split into a minimum of two localities. The latest draft guidance issued by the Scottish Government in March 2015 stipulates that "*Locality areas should be based on clusters of GP practices and should relate to natural communities in ways that make sense to the people living and working in them*." Whilst officers have noted a contradiction in this requirement (inasmuch as our clusters of GP practices do not always relate geographically to the communities in which their premises are located), the most pragmatic approach seems to be that we identify three localities within Inverclyde. It is proposed that these should be:-

- Port Glasgow and Kilmacolm
- Greenock
- Gourock, Wemyss Bay and Inverkip

By nominating these localities we can then get on with the business of working out how we ensure locality level participation but retain an Inverclyde-wide strategic overview. Whatever mechanisms are developed to achieve this, there will be a need to support local communities to influence the services they receive without fragmenting current structures and thereby bringing a need for additional capacity for management, reporting and recording etc.

5.12 It is recognised that successful delivery of integrated services will be dependent on an engaged workforce and this will be achieved through effective leadership, management, support, learning and development. To deliver this we intend to build on the successes we have had in relation to integrated staff and practice development as a CHCP.

Members should note that the Scheme commits to the development of an integrated Workforce Development Plan, building on the joint training plan we have had in place for 4 years.

5.13 Finance:

The Integration Scheme covers the following finance related matters:

1. The method for the determination of the resources to be made available by the Local Authority and the Health Board to the IJB;
2. Financial management arrangements including budget variances; and
3. Reporting arrangements between the IJB and the Health Board and Inverclyde

Council.

The resources delegated to the IJB fall into two categories:

(i) Payments for the delegated functions;
(ii) Resources used in the Inverclyde Royal Hospital that are identified by the Health Board as being appropriate for consideration by the IJB in terms of the development and delivery of the Strategic Plan.

Inverclyde's CHCP Finance Manager has been actively involved in the Technical Finance Working Group established with the six Local Authorities that are co-terminus with NHS Greater Glasgow and Clyde tasked with producing financial guidance and procedures to support the Integrated Joint Board and identify those areas of change required within Council and NHS financial regulation, standing orders and standing financial instructions.

5.14 The sharing of information between Health Boards and the Council will be essential to planning and delivering improved care based on the patient or client journey through services. Inverclyde Council and NHSGGC already have an agreed information sharing protocol that has served us well over the past four years. Any future development will be undertaken in tandem with the Council's Records Management Plan arrangements.

5.15 The legislation also requires that we outline our approach to complaints handling. We have therefore taken the opportunity to set out a picture of how complaints will be managed and integrated from the perspective of service users. Our Integration Scheme sets out the intended process for handling of complaints, based on the recent review and revision of procedures that were undertaken under the guidance of the Council's Chief Internal Auditor.

5.16 The guidance requires that the Parties describe the process they will follow in order to develop a shared risk management strategy. The Scheme sets out the approach we will take to develop a shared risk management strategy. Members should note that the Scheme commits to six-monthly reviews of the risk register by the IJB.

6.0 IMPLICATIONS

Finance

6.1 See section 5.13 of this paper and section 11 of the Draft Integration Scheme.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

6.2 **Legal**

6.3 To be completed by colleagues in Legal Services, but will include drafting of Standing Orders.

Human Resources

6.4 It is not intended that in a body corporate integration arrangement there is any change to employment and/ or terms and conditions of HSCP staff, therefore no HR implications identified at this stage.

Equalities

6.5 None at this time, although recognition will be given to the wider and associate equalities agenda.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Repopulation

7.5 N/A.

8.0 CONSULTATIONS

8.1 Consultation is ongoing with the statutory consultees and with officers in each Party.

9.0 LIST OF BACKGROUND PAPERS

9.1 Inverclyde draft Integration Scheme.

9.2 Public Bodies (Joint Working) (Scotland) Act 2014 and its associated Regulations.

Annex 1: Integration Structure