

**Report To:** Health and Social Care Committee  
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Inverclyde Health & Social Care Partnership (HSCP)  
**Contact Officer:** Helen Watson  
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**Subject:** STRATEGIC PLAN UPDATE

**Date:** 25<sup>th</sup> February 2016  
**Report No:** SW/14/2016/HW  
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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to update the Health and Social Care Committee on progress towards developing the HSCP Strategic Plan.

## **2.0 SUMMARY**

- 2.1 The integration legislation requires that each Health and Social Care Partnership (HSCP) develops a Strategic Plan that outlines what services and functions are to be delegated from Councils and Health Boards, and how the HSCP will use its resources to deliver the nine national outcomes, through the management and development of the delegated functions.

## **3.0 RECOMMENDATION**

- 3.1 That the Health and Social Care Committee notes the Strategic Plan progress update report, and agrees the principles of the Plan.

**Brian Moore**  
**Corporate Director (Chief Officer)**  
**Inverclyde Health & Social Care Partnership**

## **4.0 BACKGROUND**

- 4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 stipulates that in order for responsibilities and resources to be formally delegated from Councils and NHS Boards to an Integration Joint Board, a local Strategic Plan must first be prepared and approved by the Integration Joint Board.
- 4.2 Officers propose to present the local Strategic Plan to the meeting of the Integration Joint Board scheduled for 15<sup>th</sup> March 2016.
- 4.3 That Plan will reflect Inverclyde's well-established approach to inclusive strategic planning that developed as part of our integrated CHCP arrangements, which have been in place since 2010. We have a strong foundation of a suite of plans and strategies that have been jointly developed with our stakeholders, many of which are still extant in terms of local planning cycles. Clearly we are not starting from a blank canvas, and these plans remain valid.
- 4.4 On that basis our first Health & Social Care Partnership Strategic Plan brings together this suite of documents as the underpinning framework to support how we move forward while building on the positives to date. Where appropriate, these plans have been agreed through the former CHCP Sub-Committee, therefore the new HSCP Strategic Plan will not introduce new imperatives other than those stipulated by the legislation.

## **5.0 STRATEGIC PLAN**

- 5.1 As noted, the Strategic Plan brings together a range of plans that are already in place. This section goes on to highlight some of the new requirements.

### **5.2 Localities**

The legislation requires that the Strategic Plan details the locality arrangements that the given Integration Joint Board will establish to support local involvement. For Inverclyde it makes sense that the HSCP aligns its localities thinking with the wider Community Planning Partnership (Inverclyde Alliance), and on that basis, the HSCP proposes mirroring the three Wellbeing Localities, namely Inverclyde East; Inverclyde Central and Inverclyde West. The HSCP will connect with communities using the existing Community Planning Partnership infrastructure, rather than setting up new groups that can be demanding of the time of those who wish to be involved.

### **5.3 People Plan**

All HSCPs are required to develop a Workforce Plan and an Organisational Development Plan. The legislation has set this requirement because most Scottish partnerships are just beginning their integration journey. Here in Inverclyde, our established arrangements mean that we can look further than the basic legislative requirements and think about workforce in its broadest terms. We want to include our own staff; people working in the local voluntary and commercial sectors; unpaid carers and wider communities. When thinking about how the HSCP will develop as an organisation, we believe that the people who help us to deliver better outcomes are our greatest resource. On that basis, we will propose developing a combined Workforce and Organisational Development Plan, and we will call it our People Plan.

### **5.4 Acute Sector Planning**

An important new requirement in the integration of health and social care is the need to work with colleagues in the acute hospital setting to help plan for future services. It is important to recognise that the HSCP will not have operational or management

responsibility for the running of hospital services, but will be actively involved in planning for a number of services, noted below.

- Accident and Emergency services provided in a hospital.
- Inpatient hospital services relating to the following branches of medicine:-
  - Geriatric medicine;
  - Rehabilitation medicine;
  - Respiratory medicine and
  - Psychiatry of learning disability.
- Palliative care services provided in a hospital.
- Services provided in a hospital in relation to an addiction or dependence on any substance.
- Mental health services provided in a hospital, except secure forensic mental health services.
- Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.

#### 5.5 Housing Contribution Statement

Each HSCP Strategic Plan must include a Housing Contribution Statement. This recognises that appropriate housing is an essential dimension of delivering the best possible outcomes for people who rely on health and social care services. Because Inverclyde Council is a stock-transferred authority, officers have been working with the Council's Strategic Housing Service and the Inverclyde Housing Associations Forum to develop a Housing Contribution Statement, which is incorporated into our draft Strategic Plan.

#### 5.6 Equalities Requirements

The legislation and associated guidance highlight some additional requirements that are currently under development. The HSCP must develop a number of Equality Outcomes to show that the work that we do contributes to improved outcomes for people with one or more of the protected characteristics stipulated by equalities legislation. We are also required to undertake an Equalities Impact Assessment in respect of the final Plan.

#### 5.7 Records Management Plan

At some point in the future, the HSCP will be invited by the Keeper of the Records of Scotland to submit a Records Management Plan (RMP). Inverclyde Council has already developed its RMP, which has been approved by the Keeper. When the time comes to prepare a RMP, the HSCP will follow the Council's format to ensure consistency and read-across.

#### 5.8 Strategic Planning Group

The legislation requires that we have a Strategic Planning Group (SPG) that oversees the development of the Strategic Plan, and this has been in place for a number of months now. The SPG has a wide range of stakeholders who have all contributed to the development of a draft plan that is currently out to consultation, taking account of what is already in place, and the new responsibilities

#### 5.9 Strategic Needs Assessment

As a companion document to the Strategic Plan, we are also developing a Strategic Needs Assessment document. Development will be a fluid and responsive process as we organise our intelligence to align with projected needs and the nine national outcomes for health and community care.

## 6.0 NATIONAL CONTEXT

6.1 As noted, Inverclyde is further ahead with the integration of health and social care than is the case in many other Scottish local authorities. In November 2015 Audit Scotland published a report on their view of progress in integrating health and social care across Scotland. The report notes difficulties across the country in agreeing budgets, and highlights that the uncertainty around future funding levels is creating difficulties in developing meaningful Strategic Plans

6.2 The report also recognises some of the pressures introduced by the legislation, such as that the required governance arrangements are complex and there is potential uncertainty as to how they will work in practice; and that the range of plans required will be difficult to deliver to short timescales.

### 6.3 Audit Scotland Report: Health and Social Care Integration: Key Findings

The key findings reported are:

- The scope of services being integrated varies widely across Scotland, and most IJBs will oversee more than the minimum requirement.
- Ten Authorities (including Inverclyde) will also integrate children's social work services.
- All authorities will integrate children's health services.
- Half (16) of the authorities will integrate criminal justice social work services.
- Two authorities (Argyll & Bute and Dumfries & Galloway) will integrate planned acute health services.
- Councils and NHS Boards are finding it difficult to agree budgets. The report recognises that the implications of the UK spending review and the Scottish Government financial plans announced on 16 December 2015 need to be fully scoped and analysed before budgets can be finalised.
- There is still uncertainty about set-aside budgets for acute services, how these will be calculated, and how control will be transferred to Integration Authorities.
- The financial issues are noted as being compounded by different planning cycles for NHS and local authorities.
- The report recognises that across the country it has not been possible to develop Strategic Plans that set a blueprint for the redesign of future service delivery. Instead they simply reflect existing arrangements. The most significant gaps noted in the report are in relation to budgets and workforce resources, but it is recognised that these will take time to accurately identify.
- Another important gap in strategic planning across the country relates to what level of acute services will be needed in each area, and how to shift resources out of acute and towards preventative and community-based care.
- The identification of performance measures that directly relate to the national outcomes is also proving difficult.
- Other challenges include meaningful locality planning; GP and clinical engagement; and service user and voluntary organisations engagement.

6.4 A number of these issues have also been identified in Inverclyde, however the publication of this report should support a national approach to resolving them. The full report can be found at:

<http://www.audit-scotland.gov.uk/report/health-and-social-care-integration-0>

## 7.0 PROPOSALS

7.1 The Health and Social Care Committee is asked to note the Strategic Plan progress update report, and agree the principles of the Plan.

## 8.0 IMPLICATIONS

### FINANCE

#### 8.1 Financial Implications

One off Costs: None identified

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

Annually Recurring Costs/ (Savings)

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

### LEGAL

8.2 There are no legal issues within this report.

### HUMAN RESOURCES

8.3 There are no human resources issues within this report.

### EQUALITIES

8.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	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

8.5 The Strategic Plan and associated Strategic Needs Assessment take into account demographic trends to inform current and future plans for services for the people of Inverclyde.

## **9.0 CONSULTATION**

9.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) based on consultation with and contributions of the Strategic Planning Group.

## **10.0 LIST OF BACKGROUND PAPERS**

- 10.1
- Health and Social Care Integration
  - Scotland's National Action Plan for Human Rights
  - Pulling Together: Transforming Urgent Care for the People of Scotland
  - NHS Scotland Chief Executive's Annual Report 2014/15
  - Facilitating the Journey of Integration