

Finance and Resources Committee

10am, Thursday, 30 October, 2014

Health and Social Care Integration: Update

Item number	7.1
Report number	Report 6 of regular updates
Executive/routine	
Wards	All

Executive summary

This report updates Finance and Resources Committee on the progress of the integration programme since the last report on 30 September 2014.

It outlines:

- responses to the Scottish Government consultation on the Public Bodies (Joint Working) Scotland) Act Regulations Set 1 and Set 2
- Leadership Group and Shadow Health and Social Care Partnership remits
- Integration Scheme preparation.

Links

Coalition pledges	P12 and P43
Council outcomes	CO10, CO11, CO12, CO13, Co14, Co15
Single Outcome Agreement	SO2

Health and Social Care Integration - Update

Recommendations

- 1.1 Note the publication of the responses to the Consultation on the Regulations for the Public Bodies (Joint Working).
- 1.2 Note the Joint Leadership Group arrangements and the comparison with the Shadow Health and Social Care Partnership remit.
- 1.3 Note progress with the preparation of the Integration Scheme.

Background

- 2.1 The report provides Finance and Resources Committee with an update of progress with the integration programme. This is the sixth report in 2014.

Main report

Responses to the Consultation

- 3.1 The Scottish Government published (where it has permission to do so) the responses received to the consultation on the Public Bodies (Joint Working) (Scotland) Act on 22 September 2014. Edinburgh's response was not made available on 22 September and will be published with a later batch, during week commencing 6 October. In summary:
 - 149 responses were published to Set 1 of the Regulations
 - 118 responses were published to Set 2 of the Regulations
- 3.2 The Scottish Government is expected to publish its response to the Consultation, along with final regulations during the week commencing 6 October.

Leadership Group and Shadow Partnership

- 3.3 As requested, a comparison between the remits of the new joint Leadership Group and the Shadow Health and Social Care Partnership has been undertaken. The paragraphs below outline the difference between these two bodies.

- 3.4 The NHS Board and the Council are responsible, under statute, for establishing the Integration Authority. As a result, they must determine a number of significant matters, including;
- the model to be adopted
 - roles and membership
 - the functions to be delegated
 - the 'payments' to be made to the Integration Authority.
- 3.5 Furthermore, once the Integration Authority is created, the Council and the NHS Board must determine how they will, separately or jointly, carry out the instructions from the Integration Authority.
- 3.6 The Integration Leadership Group has been in existence since July 2014. Its primary purpose is to work through the matters in paragraph 3.4 above to establish the Integration Authority and prepare the Integration Scheme to be submitted to the Scottish Government.
- 3.7 The group brings together the Leader of the Council and the Chair of the NHS Lothian Board, as well as the Chief Executives and other key stakeholders, to ensure a consistent and agreed approach to allow joint recommendations to be made to both NHS Lothian Board and Council. It is supported by a chief officers oversight group.
- 3.8 The membership and remit of the Integration Leadership group are attached at Appendix 1. The group will do most of its work between now and mid-summer 2015. It has the option to continue, as required, for the purpose of determining Council and NHS Lothian operational matters, following instructions from the Integration Authority.
- 3.9 The Shadow Health and Social Care Partnership has been in existence since autumn 2012. Its original purpose was to:
- act as an interim joint governance body for the joint oversight of adult health and social care matters, pending the legislation (replacing the former Joint Board of Governance)
 - influence, in a partnership way, the range of background work in preparation for the statute, including vision and objectives; and
 - begin to develop the organisation in preparation for the statutory requirements in terms of values, culture and behaviour.
- 3.10 It was established based on the best understanding of the policy intention at the time. Membership is a 50/50 split of NHS members and councillors and includes perspectives brought by representatives of social care and clinical areas, as well as service users and carers.

- 3.11 It is a partnership within the context of the Edinburgh Community Planning Partnership and has been, in effect, a Shadow Integration Authority with an influencing role on joint matters such as: strategic commissioning, joint frameworks for performance management, risk management, quality and standards, and organisational development.
- 3.12 It currently has no formal decision- making role, within either NHS Lothian or the Council (i.e. it is not a formal committee of the Council or of NHS Lothian). Any changes to policy during this time etc, have been made through formal Council and / or NHS Lothian governance arrangements.
- 3.13 The remit of the Shadow Edinburgh Health and Social Care Partnership is attached in Appendix 2. It should be noted that this was written in advance of the Public Bodies Bill released in May 2013.
- 3.14 The intention is that the shadow body will cease to exist following the statutory establishment of the Integration Authority. Some members of the shadow body may transfer to / become members of the new Integration Authority and, given the expertise built up since 2012 on joint matters, this would be a practical and sensible approach.

Integration Scheme

- 3.15 Preparation of the first draft Integration Scheme is in hand, based on a template prepared by the SoLAR (Society of Local Authority Lawyers and Administrators in Scotland).
- 3.16 It was agreed at the Leadership group that NHS Lothian would prepare the first draft with input from Council colleagues across Lothian. The first full draft is expected to be circulated to Council colleagues in early October for local amendment and variations to be added. This will include a review from a legal perspective.
- 3.17 The final template from SoLAR was released w/c 6 October so the timeline for approval by NHS Lothian on 2 December and by Council on 11 December is very tight.
- 3.18 The next Leadership Group meeting is in early October and will consider key elements of the Scheme such as; delegation of functions (including those functions which may be delegated), governance, finance, and complaints handling and liabilities. It will consider the full draft at its meeting in early November.
- 3.19 Both the Council and NHS Lothian must consult on the Draft Integration Scheme. Planning has started for this to ensure all statutory consultees are included, as well as a number of other key stakeholders. Key questions likely to be consulted upon include;
- The vision for the Integration Authority;

- The functions (and services) to be delegated and rationale;
- Those functions (and services) which will not be delegated and rationale;
- Membership of the Integrated Joint Board (Integration Authority);
- The joint approach to financing services; and
- Any technical comments on the draft Scheme.

Measures of success

- 4.1 The Scottish Government have issued draft National Outcomes for the delivery of integrated Health and Social Care as part of the Set 1 Regulations.
- 4.2 The Strategic (Commissioning) Plan work stream is tasked with planning for the delivery of these outcomes for the services in scope. The Programme Sub Group on Performance and Quality is tasked with establishing local outcomes for measuring the success of the new Health and Social Care Partnership in relation to the national outcomes. A joint baseline has been developed and work is continuing on a joint framework for the future.

Financial impact

- 5.1 It is estimated that the new Health and Social Care Partnership will encompass a combined budget of around £500 million; c£200 million of Council funds and c£300million of Community Health Partnership funds. It is likely that this will increase once elements of NHS acute services are included and following clarification from Scottish Government on the housing support functions to be delegated. The exact figure will only be known once the financial elements of the Integration Scheme are drafted.
- 5.2 The resources for the functions in scope will be delegated to the Integration Joint Board for governance, planning and resourcing purposes. The Strategic Plan will identify how the resources are to be spent to deliver on the national outcomes and how the balance of care will be shifted from institutional to community-based settings.

Risk, policy, compliance and governance impact

- 6.1 A detailed risk log is maintained for the integration programme and reported through the status reporting process to the Shadow Health and Social Care Partnership and through the CPO Major Projects reporting procedure.

- 6.2 Enterprise level risks for integration are also identified on Corporate Management Team, Health and Social Care and NHS Lothian risk registers.

Equalities impact

- 7.1 The integration of health and social care services aims to overcome some of the current 'disconnects' within and between existing health and social care services for adults, to improve pathways of care, and to improve outcomes.
- 7.2 Furthermore, the intention is to improve access to the most appropriate health treatments and care. This is in line with the human right to health.
- 7.3 Work is in progress to develop a combined EqHRIA procedure between NHS Lothian and Health and Social Care Services. This will be used for all EqHR impact assessments as required across the joint service once the Integrated Joint Board is fully established.

Sustainability impact

- 8.1 The proposals in this report will help achieve a sustainable Edinburgh because:
- joint health and social care resources will be used more effectively to meet and manage the demand for health and care services
 - they will promote personal wellbeing of older people and other adults in needs of health and social care services; and
 - they will promote social inclusion of and care for a range of vulnerable individuals.

Consultation and engagement

- 9.1 Consultation and engagement form a key work stream in the programme. A number of events have taken place and mechanisms are being established to ensure the Shadow Health and Social Care Partnership is engaging at all levels. This includes the recruitment of service users and carers as members of the Shadow Health and Social Care Partnership with the express purpose of bringing their own perspective to the discussions.
- 9.2 A comprehensive engagement programme is also underway to engage with a range of staff and practitioners across health and social care services, including the Professional Advisory Committee (whose Chair and Vice Chair are voting members of the Partnership). Finally, the Strategic Commissioning Plan process

will adopt a co-production approach to developments to ensure timely and productive engagement with key stakeholders.

Background reading/external references

Finance and Resources Committee – 30 September 2014, Health and Social Care Integration - Update

Finance and Resources Committee – 28 August 2014, Health and Social Care Integration - Update

Corporate Policy and Strategy Committee- 5 August 2014, Health and Social Care Integration – Options Analysis of Integration Models.

Corporate Policy and Strategy Committee- 5 August 2014, Response to Draft Regulations relating to the Public Bodies (Joint Working) (Scotland) Act 2014.

Finance and Resources Committee – 30 July 2014, Health and Social Care Integration Update

Finance and resources Committee 5 June 2014, Health and Social Care Integration Update

Finance and Resources Committee - 7 May 2014, Health and Social Care Integration Update

See reports above for earlier reporting.

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Links

Coalition pledges	Ensuring Edinburgh and its residents are well cared for.
Council outcomes	Health and Wellbeing are improved in Edinburgh and there is a high quality of care and protection for those who need it.

**Single Outcome
Agreement
Appendices**

Edinburgh's citizens experience improved health and wellbeing,
with reduced inequalities in health
Appendix 1: Remit and Membership of Leadership Group
Appendix 2: Remit and Membership of SHSCP

Appendix 1: Health and Social Care Leadership Group

Membership

- Chair of NHS Board
- Leader of City of Edinburgh Council
- Chief Executive (NHSL)
- Chief Executive (City of Edinburgh Council)
- Chair Shadow Health and Social Care Partnership
- Vice Chair Shadow Health and Social Care Partnership
- Convenor Finance and Resources Committee (SNP Representative)
- NHS Lothian Director of Finance
- NHS Lothian Director of Strategic Planning
- Council Director of Corporate Governance
- Council S95 Officer

Purpose

- To make arrangements for and oversee the creation of the Integration Authority including development of the integration scheme for agreement/approval

NHS (2 December 2014) Council (11 December 2014)

Remit

- Develop and agree the Draft Integration Scheme prior to submission to NHS and Council Boards for approval;
- Clarify and agree final scope of service to be delegated to the Integrated Joint Board (IJB);
- Determine financial arrangements, budget process and principles; first year financial allocation for the IJB, treatment of over and under-spends;
- Agree composition, role and practical responsibilities of the IJB and arrangements with constituent authority governance – e.g. audit and performance;
- Develop the performance management system and agree performance management reporting;
- Agree operational organisational management arrangements for delivery of the IJB instructions.

Proposed Principles of Operation

NHS Lothian and the Council agree to develop the proposals for the Integration Authority on the basis of the following principles:

- Shared and equal responsibility for success of Integration Authority
- Shared and equal responsibility for balancing budgets and addressing care deficits
- Shared and equal responsibility for the management and use of the IJB resources
- Others? E.g. openness and transparency

HEALTH AND SOCIAL CARE INTEGRATION

REMIT FOR THE SHADOW EDINBURGH HEALTH AND SOCIAL CARE PARTNERSHIP

1.1 The purpose of the Shadow Health and Social Care Partnership (HSCP) is to:

- provide joint strategic direction and leadership for the design, implementation and delivery of integrated health and social care services;
- provide joint governance, and oversee financial and operational management arrangements for the delivery of integrated health and social care services;
- ensure joint organisational capability to deliver on health and social care integration in line with Scottish Government national outcomes and timescales; and
- ensure that the new H&SCP arrangements are fit for purpose and comply with forthcoming legislation on integration.

1.2 Responsibilities will include:

H&SCP Governance

- Determine and deliver the Partnership Agreement between the City of Edinburgh Council and NHS Lothian for the delivery of integrated health and social care services; and
- Obtain approval for the above from the City of Edinburgh Council and NHS Lothian.

Consultation, Engagement and Representation

- Determine consultation, engagement and ongoing representation arrangements with staff and stakeholders across City of Edinburgh Council and NHS Lothian on the new HSCP; and
- Facilitate representation and consultation on integration across NHS Lothian and the City of Edinburgh Council on the new HSCP.
- Establish local arrangements that will ensure community engagement and partnership working, involving professionals, elected members, voluntary sector and service users and carers at a local level (RH).

Services and Operation

- Identify and agree the services from the City of Edinburgh Council and NHS Lothian to be integrated and recommend them to their respective bodies for approval;
- Provide strategic leadership and direction for the integrated services within the scope of the Joint Accountable Officer; and
- Determine changes in the operation of services e.g. care pathways, as a result of integration.

Appendix 2

Finance and Resources

- Agree the financial and resource frameworks for the operation of the new HSCP, including joint commissioning arrangements (TBC); and
- Agree joint policies and procedures for managing and resourcing new integrated services e.g. HR/ICT/accommodation/equipment etc.

Performance Management and Quality Assurance

- Agree the overarching outcomes and benefits sought from integration for people who use our services and their carers;
- Agree the performance management and quality assurance arrangements of the new HSCP in line with the delivery of new national outcomes
- Ensure that service quality and positive outcomes are maximised and risks to individuals are minimised as a result of integration.

Voting Membership

NHS:

Vice Chair – Shulah Allan – NHS Lothian Board Non Exec Director

Robert Wilson - NHS Lothian Board Non Exec Director

Richard Williams - NHS Lothian Board Non Exec Director

Kay Blair - NHS Lothian Board Non Exec Director

Wanda Fairgrieve – NHS Lothian Staff Partnership representative

Carl Bickler – General Practitioner Chair of Professional Advisory Committee

Gordon Scott – Consultant Vice Chair of Professional Advisory Committee

Council:

Chair- Cllr Hendersion

Cllr Day

Cllr Howat

Cllr Shields

Cllr Work

Cllr Aitken

Cllr Chapman

Service user

Carer