Finance and Resources Committee

10am, Thursday, 27 November, 2014

Health and Social Care Integration: Update

Item number	7.1
Report number	Report 7 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 October 2014.

It outlines:

- Current position on final Regulations;
- Update on guidance for financial assurance
- Draft Integration Scheme preparation; and
- Planning for Draft Integration Scheme consultation.

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 current position with regard to Regulations and financial assurance guidance;

1.2 Note that the Leadership Group considered an early first draft of the Integration Scheme on 3 November; and

1.3 Note the intentions regarding the Draft Integration Scheme consultation and the Consultation and Communications Plan in Appendix 2.

Background

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

Main report

Regulations

3.1 The Scottish Government released some of the final Regulations in October as Draft Statutory Instruments.

3.2 Specifically this included the following

- Contents of the Integration Scheme;

  http://www.legislation.gov.uk/sdsi/2014/9780111024539/contents

- NHS functions that must be delegated and a description of associated services
  http://www.legislation.gov.uk/sdsi/2014/9780111024652/contents ;

- Local Authority functions that must be delegated and a description of associated services
  http://www.legislation.gov.uk/sdsi/2014/9780111024645/contents ; and

- National Health and Wellbeing outcomes.
  http://www.legislation.gov.uk/sdsi/2014/9780111024522/pdfs/sdsi_9780111024522_en.pdf

- Integration Joint Board (IJB) membership and proceedings.

http://www.legislation.gov.uk/ssi/2014/285/made

- Prescribed Consultees

  http://www.legislation.gov.uk/ssi/2014/283/made

- Prescribed days.

  http://www.legislation.gov.uk/ssi/2014/284/pdfs/ssi_20140284_en.pdf

3.3 The main points to note in the final regulations are:

- they reflect local authority and COSLA concerns on housing support matters that must be delegated. The functions that must be delegated in relation to housing are now understood to be aids and adaptations and housing support services in so far as they relate to adult social care;
- functions in relation to charging for social work services have been dropped from the 'must delegate list;
- NHS functions that must be delegated are now confirmed as including both planned and unplanned care in relation to accident and emergency services as well as a wide range of inpatient services provided in hospitals, including services related to substance misuse and mental health.
- There are a few additions to the non-voting membership of the IJB from a health perspective including 2 medical representative, one a general practitioner and one from another specialism, as well as representative of nursing.
- The timescale remains unchanged with Integration Scheme due to be submitted by 1 April 2015 and Integration Authorities and associated delegation in place by 1 April 2016.

3.4 The consequences of the final regulations are currently being worked through as part of the preparation of the Draft Integration Scheme.

3.5 Final regulations have not yet been received on;

- Prescribed form and content of performance reports.

Financial Assurance Guidance

3.6 Scottish Government recently released guidance for Integration Financial Assurance. The information is based on learning from the NHS Highland and Highland Council integration pilot and other good practice including Audit Scotland's lessons learned on the merger of public bodies. The guidance is

attached as Appendix 1. The emphasis is on maximising benefits and minimising risk from integration.

3.7 It recommends that:

Process

- the Health Board and Local Authority Directors of Finance and the Shadow Chief Officer (where relevant the Shadow Chief Finance Officer) of the IJB foster an assurance process based on an open book approach and an honest sharing and discussion of assumptions and risks associated with delegated services;
- the assurance process is proportional to the c£500m to be delegated and cover the whole period from pre-integration until post implementation;
- the new IJB must be able to obtain assurance that it's resources are adequate to carry out its functions;
- the Shadow IJB should receive regular reports on assurance work until the IJB (and if relevant the IJB Audit Committee) is/are established;
- the Shadow Chief Officer (with advice from Directors of Finance in NHS Lothian and the Council and /or where relevant the Shadow Chief Finance Officer) should review the financial provisions of the Integration Scheme to ensure they are adequate;
- Once established the IJB should formally assess and obtain assurance that the resources to be made available are adequate to deliver its objectives and that the risks and assumptions are understood;

Initial and Subsequent Payments

- that the initial sums should be based on actual spend and financial plans for delegated services and tested against recent actual expenditure for the most recent two/three years;
- non-recurrent funding and expenditure is identified and assessed;
- a medium term forecast is developed for delegated services;
- savings and efficiency targets, associated assumptions and risks are clear and understood by partners;

Health Board/Local Authority Audit and Audit Committees

- the Health Board and Local Authority internal auditors provide a report to their relevant committees on the assurance process;

- Health Board and Local Authority audit committees obtain assurance on financial provisions of Integration Scheme including;
  - financial governance,
  - financial assurance and risk and
  - the predetermined financial metrics and associated baseline which will demonstrate that integration has achieved its objectives.
- the implications of the IJB Audit Committee on partner audit committees is worked through and understood;
- respective risk management arrangements have been updated in line with the new arrangements.

Integration Scheme

3.8 Preparation of the first draft Integration Scheme is underway. The Leadership Group reviewed a first draft on 3 November 2014 and discussed the key issues and agreed a joint process to resolve them.

3.9 The Integration Scheme will include a major section on the financial framework required for the IJB. In addition to this, a programme of financial assurance will be required for partners and the IJB to ensure financial provisions are adequate for the task in hand. This will be a key role for internal audit.

3.10 Both the Council and NHS Lothian must consult on the Draft Integration Scheme. The Draft Scheme will be submitted for approval to NHS Lothian Board and Council on 2 December and 11 December respectively. Formal consultation will commence on the Draft Scheme shortly after 11 December.

3.11 Planning has started for this to ensure all statutory consultees are included, as well as a number of other key stakeholders. Key questions 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.

3.12 Due to the requirement to submit a final Integration Scheme to Scottish Government by 31 March 2015 at the latest, the period of consultation will run, from, approximately, 12 December until mid February. This timescale allows views to be collated, adjustments (if required) to the Scheme and the final

Integration Scheme to be submitted to Council for approval prior to forwarding to Scottish Government.

3.13 The Council's Consultation Framework will be used and NHS Lothian has agreed to use the new consultation platform as a main plank of the consultation process.

3.14 Appendix 2 provides the draft Consultation and Communications Plan for the Integration Scheme consultation which includes the list of consultees.

3.15 Finance and Resources Committee is included in the list of consultees and will receive a copy of the Draft Integration Scheme at its January 2015 meeting as part of this consultation process.

Measures of success

4.1 The Scottish Government has issued final National Outcomes for the delivery of integrated Health and Social Care as part of the final Regulations. These are as expected.

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 The proposed budget to be managed by the Integrated Joint Board will be specified in the Integration Scheme.

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.

6.3 The approach to risk management will be set out in the Integration Scheme.

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. This will be set out in the Integration Scheme.

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 The Draft Integration Scheme will be consulted upon widely in line with the requirements of the Public Bodies Act. Planning has started and it is likely the consultation period will run from mid December until mid February to ensure the Council and NHS Lothian can meet Scottish Government timescale for submission of the Integration Scheme to the Scottish Government.

9.2 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 bring their own perspective to the discussions. The Integration Scheme will outline the approach to be taken to consultation and engagement.

Background reading/external references

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

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) 9Scotland) 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

See reports above for earlier reporting.

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Links

Coalition pledges	P12 – Work with health, police and third sector agencies to expand existing and effective drug and alcohol treatment programmes
	P43 – Invest in healthy living and fitness advice for those most in need
Council outcomes	CO10 – Improved health and reduced inequalities
	CO11 – Preventative and personalised support in place
	CO12 – Edinburgh's carers are supported

	CO13 – People are supported to live at home CO14 – Communities have the capacity to help support people CO15 – The public is protected
Single Outcome Agreement	SO2 - Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health
Appendices	Appendix 1: Guidance for Integration Financial Assurance. Appendix 2: Draft Consultation and Communications Plan

Guidance for Integration Financial Assurance

Introduction and Purpose
The purpose of this note is to provide advice to Health Boards, Local Authorities and Integration Joint Boards on a process of assurance to help make Integration a success. The advice is based on a number of publications and on lessons learnt from the Highland partnership, which partners may find a useful resource and the details are included at the foot of the paper and in the annex.

Assurance & Integration
It has been noted[1] that many of the challenges of public sector mergers stem from the fact that they tend to be externally imposed on the bodies and that Boards/ Councils and senior management teams often feel that they are being thrown into a process over which they have little control. This introduces additional risks to the success of the new arrangements and to existing operations during the transition period.

Audit Scotland's June 2012[2] report emphasised a number of lessons that public sector bodies can learn from to minimise these risks, including the importance of strong leadership, effective planning for transition and implementation and assessing performance.

An effective assurance process should enable the host body (whether an Integration Joint Board in a corporate body arrangement; or a Health Board or Local Authority in a lead agency arrangement) to identify the resources delegated to it and the financial, legal or organisational risks involved; it should also help the delegating partners to quantify the risks to their respective operations. If planned and implemented in a logical sequence, it should allow the Health Board and Local Authority to maximise the benefits and minimise the risks from integration.

Typically, an assurance process covers three main areas:

- Legal;
- Financial;
- Operational.

The focus of this guidance is on financial assurance, but it is recommended that partners coordinate their activities across the three domains as work in one area can often inform work in another.

A formal process of financial assurance will typically involve an exhaustive review of all relevant documents and records in an effort to assess the resources and risks associated with them. A similar process will be required for integration but it should be possible for partners to avoid some of the work by placing reliance on assurances from each other for their respective delegated resources and on the existing operational and financial knowledge of the shadow chief officer. This will clearly require a high degree of trust between the key officers.

It is recommended that Health Boards and Local Authority DoFs and the shadow Chief Officer and shadow Chief Financial Officer of the IJB foster an assurance process based on mutual trust and confidence involving an open-book approach and an honest sharing and discussion of the assumptions and risks associated with the delegated services.

The assurance process should be proportionate to the potential risks and should cover the whole transition period from pre-integration, implementation and post integration.

Financial Assurance

Integration Joint Boards will be established during 2015/16 and so will not be able to formally participate in the financial assurance process until that point. One of most important items of business for a newly established Integration Joint Board will be to obtain assurance that its resources are adequate to allow it to carry out its functions and to assess the risks associated with this. In order to facilitate this, it is recommended that:

- The shadow Chief Officer and the shadow Chief Finance Officer work with the Health Board and Local Authority Directors of Finance in carrying out the assurance work up to establishment of the IJB. Where the shadow Chief Finance Officer has not been identified, the Health Board and Local Authority Directors of Finance should provide advice to the shadow Chief Officer;

- The shadow Integration Joint Board should receive regular reports on the assurance work until the IJB is established and the IJB audit committee (or committee(s) carrying out equivalent function) should receive them thereafter; and

- The HB and LA internal auditors provide a report to the Health Board and Local Authority audit committees (copied to the shadow Integration Joint Board) on the assurance process.

The financial assurance process should focus on two main areas: financial governance; and financial assurance and risk assessment for the delegated resources.

1) Financial Governance

The legislation sets out the finance provisions that must be included in the Integration Scheme and the IRAG guidance and the model integration scheme provide further information on these.

The Health Board accountable officer and the Local Authority section 95 officer must ensure that these provisions enable them to discharge their responsibilities in respect of the resources that will be delegated to the Integration Joint Board; similarly, the shadow Chief Finance Officer must ensure that the provisions provide the IJB with the financial information and support systems to enable it to carry out its functions.

2) Financial assurance and risk assessment

In order to assess whether the resources delegated to the Integration Joint Board are adequate for it to carry out its functions, the shadow Chief Officer and shadow Chief Finance Officer must review the provisions in the Integration Scheme that set out the method of determining the payments and amounts to be made available to the IJB; this should include both the method for setting the initial sums and that to be followed in subsequent years.

Assurance for the Initial sums

It is recommended that the initial sums should be determined on the basis of existing Health Board and Local Authority budgets, actual spend and financial plans for the delegated services. It is important that the plans are tested against recent actual expenditure and that the assumptions used in developing the plans and the associated risks are fully transparent.

To assist in this it is recommended that:

- The budget in the financial plan is assessed against actual expenditure reported in the management accounts for the most recent two/three years. Ideally, the roll forward of the budget for the delegated services and the actual expenditure over this period should be understood;

- Material non-recurrent funding and expenditure budgets for the delegated services and the associated risks are identified and assessed;

- The medium term financial forecast for the delegated services and associated assumptions and risks is reviewed;

- Savings and efficiency targets and any schemes identified are clearly identified and the assumptions and risks are understood by all partners. This is a key part of the assurance process and the experience from Highland partners is that it is a potential source of future disagreement (see annex A); it is advised that partners devote sufficient time to understand the targets, efficiency schemes and associated assumptions and risks;

- All risks should be quantified where possible and measures to mitigate risk identified. Risks could be classified as delivery of efficiency savings; on-going risks; emerging risks;

- The amount set aside for the IJB consumption of large hospital services is consistent with the methods recommended in the IRAG guidance on the set aside resource and that the assumptions and risks are assessed.

Partners should be aware that the financial regimes, cultures and terminology differ between Health Boards and Local Authorities with the potential for confusion when reviewing the budget-particularly in the definition of what represents a recurrently balanced budget. It is recommended that partners are clear about the definitions of the terms used in their assurance work.

In line with normal budget monitoring practice, it is advised that a review be carried out during the post integration period to compare actual performance against the assumptions in the plan.

A key lesson from the experience of Highland partnership is that partners may find it useful to consider treating the first year as a transitional year and agree to a risk sharing arrangement with adjustments being made through subsequent year's allocations; if partners adopt this approach, it is recommended that it is incorporated in the Integration Scheme.

Assurance for subsequent years
It is recommended that the method included in the integration scheme for determining the payments to the IJB in subsequent years is consistent with the approach set out in section 4.2 of the IRAG guidance. Similarly, it is recommended that the method included in the integration scheme for determining the amount to be set aside in subsequent years for consumption of large hospital services should be assessed against the methods recommended in the separate IRAG guidance on the set aside resource.

Role of the Audit Committees (or committee(s) carrying out equivalent function)
The Introduction of integration arrangements and the establishment of the IJB audit committee (or committee(s) carrying out equivalent function) will have implications for the ongoing work of the Health Board and Local Authority audit committees. Advice on this is provided at section B2.6 of the IRAG guidance.

In addition, the audit committees will have an important role to play in the assurance process through assessment of the objectives, risks, and post integration performance results of the IJB.

Pre Integration-shadow period
The Health Board and Local Authority audit committees can help increase the likelihood for success of the new arrangements by verifying that officers have effective assurance processes in place. Preparations for integration may be too far advanced for full involvement of the audit committees in the preparatory stage, but where this is practical, it is recommended that they obtain assurance:

- On the finance provisions to be included in the Integration Scheme;
- On the plans for financial governance and financial assurance and risk;
- That lessons have been learnt from other integration projects (e.g. Highland partnership);
- That the predetermined financial metrics that officers will use in future to assess whether integration has met its objectives have been identified and that a process for obtaining baseline data is in place;

It is recommended that the audit committees are provided with a report, produced jointly by the Health Board and Local Authority Chief Internal auditors (and copied to the shadow IJB), on the assurance work that has been carried out.

Implementation
The audit committee of the Integration Joint Board once established (or the committee(s) carrying out an equivalent function) should be provided with the assurance report and should:

- Review the finance provisions to be included in the Integration Scheme to ensure that they enable the IJB to carry out its functions;
- Formally assess whether the resources to be made available to the IJB are adequate for it to deliver its objectives and that the associated risks and assumptions are reasonable and clearly understood;
- That the respective risk management arrangements have been updated to incorporate the risks introduced by integration. See IRAG guidance section B2.2.

Advice for cases where the IJB can not obtain assurance that its level of resources are adequate will be provided by the policy team in due course.

Post Integration
The post-integration period is a critical stage of the change process and the audit committees (or the committee(s) carrying out an equivalent function) have a key role in assessing whether the objectives of integration are on line to be achieved. It is recommended that the three audit committees (or the committee carrying out equivalent function in the IJB) are provided with a post integration report within the first year of the establishment of the IJB to evaluate the actual risk and financial performance against the pre-integration assumptions, performance on relevant integration milestones, identify lessons learned and assess whether the IJB is on course to deliver the long-term benefits.

The results of the review should be shared with the Scottish Government to enable wider learning.

Role for Internal Audit

It is recommended that the assurance report and the post integration report are joint reports by the Chief internal Auditors of the Health Board, Local Authority and (when established) the Integration Joint Board.

Further Resources

1. Audit Scotland: Learning the lessons of public body mergers. Good practice guide
http://www.audit-scotland.gov.uk/docs/central/2012/nr_120614_public_body_mergers_guide.pdf
2. Scott-Moncrieff Briefing: Mix with Care- Mergers in the Public sector
http://www.scott-moncrieff.com/assets/publications/Public_sector_mergers_briefing.pdf
3. Deloiite: The role of the Audit Committee in the merger & Acquisition cycle.
http://www.corpgov.deloitte.com/binary/com.epicentric.contentmanagement.servlet.ContentDeliveryServlet/USEng/Documents/Deloitte%20Periodicals/Audit%20Committee%20Brief/ACBrief_April2014.pdf
4. Charities Commission: Checklist for due diligence
http://www.charitycommission.gov.uk/media/89310/chkduedil.pdf

Annex A: Lessons from Highland Partnership

NHS Highland (NHSH) and The Highland Council (THC) established a lead agency arrangement in April 2012, in which adult social care services and resources were delegated to the health board; and children's community health services and resources were delegated to the local authority. The following note summarises the experience of the partners and the main lessons learnt in the first years of the partnership.

General

NHSH and THC did not undertake 'due diligence' in the legal sense. It is important to recognise the fact that the two partners entered into a Partnership Agreement on a high-trust basis with buy-in from all key senior players. The general view expressed was that it would be impossible to remove all the risk from the process of entering into a Lead Agency arrangement and there had to be a balance between understanding the risks and 'just doing it'.

There was exchange of budgetary information in advance of the transfer and meetings with counterparts to understand the composition of the budgets. Clearly, it will always be the case that the 'transferring' organisation will inevitably have a much more detailed understanding of the budgets, pressures, risks etc than the 'receiving' organisation and in our view it is impossible for a transfer to take place without some degree of trust. Probably the key lessons learnt were:

Budgets

- There needs to be a mutual acceptance that the first year must be a transitional year. This allows the 'receiving' organisation to begin to get to grips with the budgets, service pressures etc.

- There needs to be clarity around risk sharing / risk transfer. Whilst this will never cover every scenario it is clear we did not set this out in sufficient detail in Highland. This caused some significant difficulties towards the end of the first year and towards the end of the second year.

- There needs to be clarity about the reporting arrangements and the responsibilities. For example – do we report every month? Every quarter? Do we just report variances or do we present action plans to address these. If so, which organisation takes the decisions around any actions that might be challenging? If there is a significant adverse variance does the 'host' reduce services unless the 'commissioner' provides more funding? Or does the host need to look for savings elsewhere in its portfolio. These scenarios were briefly addressed in the Partnership Agreement but in a fairly simplistic way (with the default being that the two DoFs...and then the two CEOs...should resolve any differences). In effect this is what happened (although it required senior political and senior non-executive input, plus senior operational input as well as the DoFs / CEOs).

- The cultures and terminology differ between the two organisations. In the context of budget setting perhaps the most significant difference is the definition of what represents a recurrently balanced budget.

- The financial regimes differ – most notably the ability of councils to carry reserves / have year-end variances versus the requirement on health boards to break-even each and every year. Although this was a known issue right from the start it still led to some misunderstandings during the first year and perhaps a mutual briefing on respective financial regimes might have been useful.

Efficiency Savings

Very similar issues to the budget issues above. Probably the only additional issue is the degree to which existing efficiency savings programmes already in train are explained / and 'owned' by the organisation delegating the functions. This issue probably gave rise to the most significant disagreement between the two organisations (i.e. the degree to which the savings programme 'inherited' by the other party was understood / owned and deliverable).

Financial Planning

Again – similar issues but in particular there needs to be clarity around the timescales and 'ground rules' for budget setting – particularly in relation to cost pressures and efficiency savings. We found that timelines differed. We also had to take a view as to whether NHSH ought to play into the THC budget setting process in a traditional way (i.e. of submitting pressures and savings plans for agreement or otherwise) or whether we employed more of a 'commissioning' approach where the THC agreed a quantum of funding and NHSH took the decisions as to what savings to make, pressures to fund etc. In practice we began with a model towards the 'commissioning' end of the spectrum but have moved back towards a more traditional approach, with NHSH being represented on the THC senior management team as part of the budget setting process.

Service Planning

In theory this takes place in the Adult Strategic Commissioning Group. However – by definition – this is a high level Group setting high level principles. Therefore, the strategic approach to commissioning is therefore reasonably well defined. Less well defined is operational service planning – for example the extent to which the Council should be involved in redesigns. This brings into play the different governance regimes and in particular the role of local councillors.

Local councillors have a keen interest in Adult Social Care services provided in their locality and will often take up issues with NHSH as the provider. In theory they should take their issues to THC officials (as 'commissioners') in order for them to take up issues with NHSH as provider...but in reality councillors will want a direct line of sight. They will also take a keen interest in any efficiency plans that may affect services in their area. Another difference in governance is the fact that NHS executive directors are full Board members with 'voting rights' whereas council officials can only make recommendations to Council. This is not an issue for the vast majority of business but potentially might be an issue for very significant matters.

Integrating Edinburgh's health and social care

NHS Lothian

EDINBVRGH THE CITY OF EDINBURGH COUNCIL

DRAFT CONSULTATION PLAN: INTEGRATION SCHEME

November 2014

1. BACKGROUND/KEY MESSAGES

- The Scottish Government has introduced the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act). The Act requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services
- The Act requires them to prepare jointly an integration scheme setting out how this joint working is to be achieved.
- This consultation plan sets out the arrangements for consultation on the draft Integration Scheme between NHS Lothian and the City of Edinburgh Council.
- Since 2012 there a Shadow Edinburgh Health and Social Care Partnership Board or Integrated Joint Board has been meeting.
- The vision of the Parties for the Edinburgh Integration Joint Board is; '*Working together for a caring, healthier, safer Edinburgh*'.
- The ambition for the Edinburgh Integration Joint Board is as follows:
    - In Edinburgh, the successful integration of health and social care will mean that people experience improved health and wellbeing; and that inequalities, including health inequalities, are reduced.
    - Services will always be planned with and around people and local communities, who will be active partners in the design, delivery and evaluation of these services.
    - We will develop, train and support staff from all organisations to work together to respond appropriately to meet people's needs.
    - We will deploy our shared resources in the most cost effective way to achieve better outcomes for people, and to allow public funds to go further to meet demand.
    - The Integration Joint Board will work in partnership with the City of Edinburgh Council, NHS Lothian, third sector organisations, independent sector providers and most importantly people and communities themselves, to deliver improved and fully integrated health and social care services for the people of Edinburgh.

2. AUDIENCES AND METHODS FOR CONSULTATION

Stakeholders/Key Audiences and methods for consultation

The integration of health and social care potentially has a far reaching impact on a wide range of people, including patients, service users and unpaid carers, staff, governing bodies of the two agencies, partner organisations and politicians.

It is important for NHS Lothian and the Council to ensure that a thorough dialogue is undertaken with key groups and citizens, in order for the two agencies to take an informed decision on the final Integration Scheme for Edinburgh.

To ensure this is an effective consultation, audiences have been identified. There will need to be a range of consultation tools to ensure all groups are able to participate in the consultation. However, the main method will be to use the Council's 'Citizens Space' web site, which provides a Consultation Hub, developed to allow a 'we asked, you said, we did' approach to consultation. This method will be supported by a comprehensive communications plan, also incorporated in the Action Plan part of this document.

Timescale, methods and responsibilities of senior managers

As with most consultation involving groups, consultation sessions will take place as additional items on meeting agendas. However because of the two month timescale for consultation over the winter period, and the tendency of some stakeholder/key audience groups not to meet as regularly from mid-December to mid-January, much of the communications will be done electronically by email. The senior managers who have the lead for the key audiences listed will have the responsibility of ensuring meeting agendas include consultation on the Integration scheme within the consultation period.

The consultation will be subject to an Equalities and rights Impact Assessment.

Key Audience – the Shadow Strategic Planning Group

A Shadow Strategic Planning Group has been formed for the purposes of consultation on the Integration Scheme, the production of the Strategic Plan and the Participation and Engagement Strategy. This work will be achieved using a collaborative approach.

In the longer term, the purpose of the Group will include, the monitoring of the implementation of the Strategic Plan and both an advisory and active role in the undertaking of future participation and engagement

In most cases members will conduct consultation and engagement within an agreed approach to each undertaking. Officer support will be given to individual members to connect with their wider constituencies, if individual members are unable to do so independently.

The wider constituency of many members will include Patient and Public Groups and Networks

The list of individuals and their wider constituency who will be consulted on the Integration Scheme is as follows:

Member	Wider constituency
Health care member of the Professional Advisory Committee	Professional Advisory Committee
Social care member of Professional Advisory Committee	Professional Advisory Committee
Social care member of Professional Advisory Committee	Professional Advisory Committee
Non-voting service user rep from Shadow Partnership Board (health care)	Patients Council
Non-voting service user rep from Shadow Partnership Board (adult social care)	Network of service users and carers
Non-voting carer rep from Shadow Partnership Board (health)	Carers' network
Non-voting carer rep from Shadow Partnership Board (adult social care)	Carers' network
Officer or member of Scottish Care	Scottish Independent care providers
Representative from a third sector provider of non-commercial providers of health care	EVOC Named charities
Representative from a third sector provider of social care	Third sector providers of social care
Member of Edinburgh Affordable Housing Partnership	Edinburgh Affordable Housing Partnership
Rep of Third sector organisations carrying out activities related to health or social care	EVOC
Representative from one neighbourhood partnership in each locality	Neighbourhood Partnerships
Commercial providers of health care	Internet

Key Audience - Groups and Fora that represent a combination of staff, services users, service providers and constituent authority governance arrangements

Shadow Health and Social Care Partnership
Edinburgh Alcohol and Drugs Partnership
Reducing Re-offending Partnership

Providers:
Mental Health and Substance Misuse services providers
Disability services providers
Care at Home providers
Care home providers
Care at Home Providers

Planning Fora and Groups:
Joint Mental Health planning forum *
Dementia Delivery Group
Older People's Management Group *

Carer Support Hospital Discharge Steering Group
Carers strategic planning group *
Planning and Commissioning Officers
Edinburgh (Learning Disability) Plan Advisory Group Health & Social Care *

*These groups also have service user representatives

Service Users and Carers Groups: (please note that all of these groups may be involved in the planning of services)
Autism Champions
Young Carers Action Group
VolunteerNet
Edinburgh Carers Reference Group
Carers Network
Housing and Care Group
Network/Core Group (for Personalisation) of service users and carers
Mental Health & Wellbeing Forum
Public Partnership Fora
Edinburgh Partnership Equality Network

Staff and Management Groups:
Departmental Joint Consultative Committee
Council Partnership at work Forum
NHS Lothian Partnership Forum
Health & Social Care Senior Management Team
Black and Minority Ethnic Workers Forum
Discharge Hubs
Social work sector and hospital teams managers
Older People and Disabilities Managers
Integrated Carers Team
Mental Health Service Managers
Criminal Justice Service Managers
Quality and Standards Managers
Business Development Managers
Contracts Team

Open staff meetings at key sites – RIE/WGH/AAH/Liberton
Staff open sessions (perhaps one on each hospital site in Edinburgh)
Offer to attend other sessions.

Health Board and Council Governance:
Acute Hospitals Committee
General Practitioners Sub Committee
Lothian Medical Committee
CHP committees (e.g. Primary Care)
NHS Lothian Finance and Resources Committee
NHS Lothian Staff Governance Committee
NHS Lothian Healthcare Governance Committee
NHS Lothian Strategic Planning Committee
Council Finance and Resources Committee

Council Health, Social Care and Housing Committee
Council Education, Children and Families Committee
Council Administration and opposition
Governance Review and Best Value Committee (Audit)

Key Audience - External Audiences :
Other Local Authorities in Lothian
Criminal Justice Authority Board
MSPs and MPs
Community Planning Partnerships
Third Sector via TSIs
Scottish Government Health Department.

3. CONSULTATION AND COMMUNICATION ACTION PLAN

TASK	METHOD	LEAD OFFICERS	TIMING
Agree draft Integration Scheme	Chief Officer Oversight Group	Susanne Harrison/Jamie Megaw	19 November
Draft consultation document	Officer project team meeting	Officer Project Team	25 November
Report draft Integration Scheme and consultation proposals, including consultation questions to NHS Board and Council Committee	Draft covering report and agree supporting documentation	Susanne Harrison/Jamie Megaw	3 December (NHS Board) 11 December (Council)
Draft easy to read version of questionnaire and response sheet for face to face use.	Officer joint approach	Project team	Week beginning 24 November
Identification of lead senior managers for each key audience		Dorothy Hill/Jamie Megaw	Week beginning 24 November
Advice for lead senior managers of their responsibility and arrangements for ensuring participation of their stakeholder groups/key audiences.	Advise by email communication with links to the Citizen Space (Consultation Hub) site. Provide offer of support to managers Prepare powerpoint presentation for group sessions	Dorothy Hill	First week in December and throughout consultation period
Draft email communication for all identified groups		Dorothy Hill/Jamie Megaw	Week beginning 24 November
Load consultation questions and embed draft Integration scheme onto the Citizen Space site	Staff resource trained in use of site	Dorothy Hill/Jamie Megaw/Susanne Harrison	Following approval at NHS Board and Council

Launch Consultation	**Joint press release** **All staff email** **Links on both NHS and Council intranets** **Council Leader's report**		**15 December**
Inform all stakeholder/audience groups	Email or agendas circulated by senior managers identified	Dorothy Hill/Jamie Megaw	On launch date
Undertake consultation sessions	Stakeholder/key audience meetings	Senior managers	From 15 December to 9 February
Send reminders at regular intervals during the consultation period	Email		
Monitor responses on the Consultation Hub Platform	Use of consultation site functionality	Dorothy Hill	Throughout consultation
Capture raw data from the site	Use of consultation site functionality	Dorothy Hill	At the end of the consultation period
Collect paper responses		Dorothy Hill/Jamie Megaw	At the end of the consultation period
Analysis of responses and report			At the end of the consultation period
Report back to Chief Officers Oversight Group	Meeting of Chief Officers Oversight Group		At the end of the consultation period
Report to NHS Board and Council			
Post outcome of the consultation on the Citizen Space site		Dorothy Hill	Once report agreed by the NHS Board and Council
Communicate by email the decision of the NHS Board and Council to participant stakeholder/key audience groups	Through responsible senior managers	Dorothy Hill/Jamie Megaw	Once report agreed by the NHS Board and Council