

ANGUS COUNCIL

SOCIAL WORK AND HEALTH COMMITTEE – 23 SEPTEMBER 2014

HEALTH AND SOCIAL CARE INTEGRATION UPDATE

REPORT BY MARGO WILLIAMSON, STRATEGIC DIRECTOR - PEOPLE

ABSTRACT

This report provides an overview of the requirements relating to Health and Social Care Integration.

1. RECOMMENDATIONS

It is recommended that the Social Work and Health Committee:

- (i) Notes the content of this report;
- (ii) Notes that update reports will be presented as key decisions are required.

2. ALIGNMENT TO THE ANGUS COMMUNITY PLAN/SINGLE OUTCOME AGREEMENT/COPORATE PLAN

This report contributes to the following local outcomes contained within the Angus Community Plan and Single Outcome Agreement 2013-2016:

- We have improved the health and wellbeing of our people and inequalities are reduced.
- Individuals are supported in their own community with good quality services.

3. BACKGROUND

- 3.1 On 1 April 2014 the Public Bodies (Joint Working) (Scotland) Act 2014 (referred to in this briefing as “The Act”) received Royal Assent. The stated purpose of the Act is to provide a framework to support improvements in the delivery of health and social care services through their integration, and thereby to reduce duplication and inefficiency.
- 3.2 The policy rationale for integrating health and social care services is:
 - to improve the quality and consistency of services for patients, carers, service users and their families;
 - to provide seamless, joined up, high quality health and social care services which will care for people in their own homes, or in a homely setting, wherever it is safe to do so; and
 - to ensure that resources are used effectively and efficiently to deliver services to the increasing number of people with complex needs, many of whom are older people.
- 3.3 The Scottish Government has set out nine new national health and wellbeing outcomes which it anticipates will be promoted by HSCI. These are included as appendix 1.
- 3.4 The Act establishes a requirement for each local authority and its equivalent health board to agree an Integration Scheme. This will be a partnership agreement that details how the Integration Authority will operate. The Integration Scheme will be submitted to Scottish Ministers for approval which, when obtained, allows for the establishment of a local Integration Authority. In this instance, the relevant partners are Angus Council and NHS Tayside. When established, the Integration Authority for Angus must set out its Strategic Plan and determine the exact date for implementation of the new joint arrangements prior to April 2016. (Please see timetable for implementation below.)

- 3.5 Each Integration Authority will be required to appoint a Chief Officer and Chief Financial Officer.
- 3.6 Since early 2013, work has progressed towards Health and Social Care Integration (HSCI) through the establishment of a Shadow Joint Board. Membership is composed of the Leader of Angus Council, the Convenor and Vice Convenor of Social Work and Health, the Strategic Director - People, senior managers from the People Directorate, the Chair of the Board of NHS Tayside, the Deputy Chief Executive of NHS Tayside, senior managers from NHST, and a small number of advisory officials. The work of the Board is supported by an Interim Chief Officer for integration. It is anticipated that the membership will be enhanced over time with third sector and community representation. The Shadow Board is supported in its governance functions by the HSCI Project Board and a number of work streams. In time, the Board will be retitled as the Integration Joint Board.
- 3.7 The Scottish Government's approach has been fairly prescriptive in that statute and regulations define the integration structure, the services which are to be included within the integration partnership by both bodies, what must be included in the integration plan, and how the Integration Board will provide leadership and ensure decision-making and governance.
- 3.8 Funding has been made available for integration implementation from the Scottish Government. At the time of writing, £1.6 million remains of the Change Fund in Angus. The Change Fund is intended to provide funding for "tests of change" projects, primarily for older people, which shift the emphasis of intervention from residential care to community and home-based services.. The Integration Implementation Fund will contribute £2.3 million to the Angus implementation plan. £180,000 has been made available for transition/organisation and staff development work (one year only).
- 3.9 A Pan-Tayside group addresses cross-cutting developments between the three Tayside local authorities and NHS Tayside. Work is underway to attempt to coordinate project timescales across the three authority areas,
- 3.10 **Scottish Government's Implementation Timetable**

Royal Assent	April 2014
Consultation on Regulations	Concluded August 2014
Guidance and Regulations should be available from Scottish Government	Expected December 2014
Development of associated guidance	August 2014 to December 2014
Regulations evaluation and completion	End December 2014
Integration scheme submitted to Scottish Government	Before 31 March 2015
Disestablishment of Community Health Partnership (CHP)	1 April 2015
Integration goes live locally - Integration Scheme signed off by Scottish Government	Between April 2015 and March 2016
Production of Strategic Plan	Following agreement of Integration Scheme, before April 2016
All integration arrangements must be in place	Before April 2016 (this can be set at any date before this following the approval of the Integration Scheme)

4. CURRENT POSITION

4.1 The main areas of current activity within HSCI are:

- Developing a Strategic Plan for Angus. This requires the development of a Strategic Planning Group for Angus to work on the Plan, determining its membership, defining the groups remit and the scope of the arrangements to be covered in the Plan.
- Determining what will be included within the scope of HSCI in Angus. Discussions are ongoing regarding the services which will be included and the level of integration strategically, tactically and operationally.
- Determining the shared budget arrangements for the future. This has proved challenging in that NHS Tayside has experienced some difficulties in being able to demonstrate its budget allocation, particularly in relation to centralised and acute services. However, a recent commitment has been made that future meetings of the Shadow Joint Board will be able to provide members with current budget information.
- Establishing a suitable planning structure which links with the decision-making systems within the two main partner agencies, but which also links with the Community Planning Partnership and other related partnership decision-making bodies, such as the Alcohol and Drug Partnership.
- Arranging suitable systems for the allocation and monitoring of the spend against three Scottish Government integration funding streams.
- Preparing an organisational development strategy for integrated services.
- Progressing the locality model for integrated service delivery. Angus will have four localities: Brechin/Montrose; Forfar, Kirriemuir and the Angus glens; Arbroath; and Carnoustie/Monifieth. Services will be delivered through joint health and social care teams closely linked to GP practice areas. There is considerable optimism about the potential for improvement to service user's experience through this model of delivery.

4.2 Issues for Angus Council

- 4.2.1 Whilst HSCI undoubtedly offers an opportunity to improve service delivery so that the public receive services which are more "joined up" between health and social work, there are a number of challenges for Angus Council that members should be aware of.
- 4.2.2 In law, the Integration Joint Board will have a distinct legal personality and the consequent autonomy to manage itself. There is no capacity for Angus Council to independently sanction or veto decisions made by the Integration Joint Board. NHST and Angus Council are however jointly accountable for the actions of the Integration Joint Board. Angus Council's obligations are not transferred to the Board post-integration but delegated to them. The Council will remain fully liable for the delivery of its statutory duties. There is a risk that the Council finds itself in the position of accountability for service delivery and outcomes without direct control over how it delivers its services.
- 4.2.3 NHS Tayside is a much larger organisation than the social work element of Angus Council. It is important that the relationship between the Council and NHST is one of equal partnership, but the difference in relative size presents a risk that Integration turns into the assimilation of Council services by NHST. This could lead to the dilution of the Council's key priorities, objectives and deliverables.
- 4.2.4 Work is underway to address these risks in a way that will ensure that democratic accountability and adequate strategic and operational control is retained by the Council.
- 4.3 Regular updates will be presented to Angus Council Social Work and Health Committee as progress is made, and as specific decisions need to be made..

5. FINANCIAL IMPLICATIONS

There are significant financial implications for the Council around shared budgetary provision for partnership services, but the details are not yet known. These will be determined through the Integration Shadow Board.

NOTE: No background papers, as detailed by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information) were relied on to a material extent in preparing the above report.

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List of Appendices: Appendix 1 Prescribed National Health and Wellbeing Outcomes

APPENDIX 1 PRESCRIBED NATIONAL HEALTH AND WELLBEING OUTCOMES

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.

Integrated health and social care services must be planned and delivered in person-centred ways that enable and support people to look after and improve their own health and wellbeing.

Outcome 2: People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Successful integration of health and social care services will provide for more people to be cared for and supported at home or in a homely setting. This outcome aims to ensure delivery of community based services, with a focus on prevention and anticipatory care, and to mitigate against inappropriate admission to hospital or long term care settings.

Outcome 3: People who use health and social care services have positive experiences of those services and have their dignity respected.

It is important that health and social care services take full account of the needs and aspirations of the people who use services. Person centred planning and delivery of services will ensure that people receive the right service at the right time, in the right place, and services are planned for and delivered for the benefit of people who use the service.

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of service users.

There is unwarranted variation and inconsistency in the quality of care and support for people across Scotland. Everyone should receive the same quality of service no matter where they live. It is therefore important that we continue to improve the quality of our care services and address inconsistencies. This national health and wellbeing outcome provides for an on-going focus on continuous improvement in relation to health and social care services.

Outcome 5: Health and social care services contribute to reducing health inequalities.

Health inequalities can be described as the unjust differences in health which occur between groups occupying different positions in society. Health inequalities can occur by gender, income, social class, deprivation, educational status, ethnicity and geography and are the result of systematic and socially modifiable difference. This outcome reflects the contributory role that health and social care services have in addressing health inequalities.

Outcome 6: People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.

Scottish Ministers recognise the key role played by unpaid carers. This outcome reflects the importance of ensuring that health and social care services are planned and delivered with a strong focus on the wellbeing of unpaid carers.

Outcome 7: People who use health and social care services are safe from harm.

In carrying out their responsibilities under this Act, Health Boards, Local Authorities and Integration Authorities must ensure that the planning and provision of health and social care services protects people from harm.

Outcome 8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.

It is important that the people who work in health and social care services are supported to carry out their vitally important role to a high standard, and that they feel engaged with the work they do and the people for whom they care, in order to improve the care for, and experience of service users.

Outcome 9. Resources are used effectively in the provision of health and social care services, without waste.

Scottish Ministers intend that health and social care services should be integrated from the perspective of the person receiving care. A key policy driver for integration is the growing population of people with multiple complex needs many – though not all – of whom are older people. Preventative and anticipatory care can play a particularly important role in achieving better outcomes for people with multiple complex needs, helping to avoid or delay admission to institutional care settings and enabling people to stay in their own homes and communities for as long as possible. Health and social care services must therefore be planned for, and delivered, in ways that make best

use of available resource while at the same time optimising outcomes for patients and service users. These considerations must be taken account of by Integration Authorities in fulfilling their legal duty to achieve best value.