STIRLING COUNCIL

THIS REPORT RELATES TO ITEM 22 ON THE AGENDA

STIRLING COUNCIL

CHIEF EXECUTIVE’S OFFICE

26 JUNE 2014

NOT EXEMPT

HEALTH AND SOCIAL CARE INTEGRATION

1 SUMMARY

1.1 This report sets out the background to health and social care integration, the outcomes that integration is seeking to achieve and a proposal for a model of governance to take forward the legislative requirements.

2 OFFICER RECOMMENDATION(S)

It is recommended that the Council:-

2.1 notes the provisions and requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 as set out in this report;

2.2 agrees to pursue health and social care integration based on a body corporate model of governance;

2.3 agrees that, as far as possible, integration should be on a joint approach with Clackmannanshire Council, consistent with the shared service arrangement;

2.4 agrees that the existing Partnership Board and Joint Management Team structures act as shadow bodies for the purposes required by legislation; and

2.5 notes that a Scheme of Delegation will be presented for approval to a future meeting of the Council.

3 CONSIDERATIONS

3.1 The intention of integrating health and social care is to provide a vehicle to enable local partnerships, comprising the Health Board and Local Authority, to collectively deliver outcomes more effectively.
3.2 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) was passed at the end of February 2014 and received Royal Assent on 1 April 2014. The Act sets out what integration is intended to achieve, the models of integration and how the scheme requires to be implemented. Some issues will be resolved by secondary legislation in particular the scope of the local authority and health services which must be included (currently subject to consultation). Local Partnerships are required to implement integration governance structures and local delivery strategies by April 2015, having had shadow arrangements in place prior to that.

An outcomes focussed approach

3.3 The Scottish Government's vision for improving outcomes is that by 2020 everyone will be able to live longer, healthier lives at home, or in a homely setting, and that there will be health and social care systems where:-

- there is an integrated approach to service delivery
- there is a focus on prevention, anticipation and supported self-management
- if hospital treatment is required, and cannot be provided in community setting, day treatment will be the norm
- in any setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions
- there will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

3.4 The Act removes Community Health Partnerships from statute and provides the basis to create an Integration Authority for each council area which will be the joint and equal responsibility of the Health Board and Local Authority. It will be the responsibility of this Authority to ensure the desired outcomes are met.

National Objectives

3.5 The Scottish Government's view of a successfully integrated system for adult health and social care is that it will exhibit the following characteristics:-

- consistency of outcomes across Scotland
- a statutory underpinning to assure public confidence
- an integrated budget to deliver community health and social care services and also appropriate aspects of acute health activity
- clear accountability for delivering agreed national outcomes
- professional leadership by clinicians and social workers
- it will be simpler rather than complicate existing bodies and structures.
3.6 The four key principles that underpin the reforms are:-

- nationally agreed outcomes to apply across adult health and social care
- health boards and local authorities are to be jointly and equally accountable for the delivery of those outcomes
- integrated resources will apply across the spectrum of adult health and social care provision
- encouraging strong clinical and professional leadership, and the engagement of the third and independent sectors, in the commissioning of adult health and social care services.

3.7 The Act notes that the main purpose of integration of services is to improve the wellbeing of service users. It states that local integration must be taken forward so that:-

- services are integrated from the point of view of service users
- services take account of the particular needs, circumstances and characteristics of different service users
- the rights of service users are respected and their dignity taken into account
- there is participation by service users in the community in which they live
- the safety of service users is protected and improved
- the quality of the service is improved
- services are planned and led locally in a way which is engaged with the community including in particular service users, carers and those who are involved in the provision of health and social care
- services best anticipate needs and prevents these needs from arising
- services make the best use of the available facilities, people and other resources

The Scope of Integration

3.8 Draft regulations were issued in May setting out which council and health board functions, as they related to adults, are to be included in the integration. These functions are:-

Council

- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Housing support services, aid and adaptations
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare

**Health**

- Unplanned inpatients (medical care for the treatment of urgent or emergency conditions that require an unplanned admission to hospital)
- Outpatient accident and emergency services (services provided within a hospital for the treatment of urgent or emergency conditions)
- Care of older people (medical care for older people when not covered by unplanned patients)
- District nursing
- Health visiting services
- Clinical psychology services
- Services provided by Community Mental Health Teams (services delivered in the community for those with mental health problems)
- Services provided by Community Learning Difficulties Teams (services delivered in the community for those with learning difficulties)
- Services for persons with addictions
- Women's health services
- Services providing the assessment, diagnosis care, planning and treatment of women's health
- Sexual health and contraception services
- Services delivered by allied health professionals
- GP out-of-hours services
- Public Health Dental Service
- Continence services
- Dialysis services delivered in the home
- Services designed to promote public health
- General Medical Services (full range of services provided by general medical practitioners and their teams)
- GP pharmaceutical services (prescribing and dispensing of medicine and therapeutic agents by GPs, nurse prescribers, and prescribing pharmacists working in GP practices)

3.9 The Public Bodies (Joint Working) (Scotland) Act 2014, specifies two options for integration models. These are:

- Lead Agency: either the health board or local authority would take full strategic and operational accountability for all functions within the scope of integration: or
- Body Corporate: delegation by local authority and health boards of all functions within scope of integration to a new entity governed by a Joint Board and accountable for overseeing the provision of functions.

3.10 There is an additional model of cross delegation, where one agency would lead on some services and the other agency lead on other services. However, it has been confirmed that this approach is not applicable to the prescribed adult services which collectively have to be dealt with in governance terms in the same way (i.e. either lead agency or body corporate).

3.11 Adopting the lead agency model with the Council as lead would result in all Health Board functions within scope being transferred to the Council. This might or might not include the transfer of staff. The governance of this structure would include a Joint Monitoring Committee and would include Health Board representation.

3.12 If the Lead Agency model were adopted with the Health Board as lead, all Social Work functions relating to adult care would be transferred to the Health Board. Again, the governance of this structure would be overseen by a Joint Monitoring Committee, which would include Elected Member representation. It is envisaged that both the NHS and the Council would be equally represented on a Joint Monitoring Committee with 3/4 representatives respectively. Draft regulations suggest that membership of joint integration bodies will be prescribed.
3.13 Adopting the Body Corporate model would result in all functions within the scope of integration being overseen by a newly established separate legal entity, the Integration Joint Board. The Board would include representation from the Health Board and Elected Members and again it is likely that membership will be nationally prescribed. A Chief Officer would require to be recruited, potentially along with a senior finance officer. The Chief Officer would report to the Integration Joint Board and directly to the Chief Executives of the Council and the Health Board. In this model, no staff would be transferred to the Integration Joint Board and services would continue to be delivered by the council and the health board. However, the Integration Joint Board would allocate resources to the services and be accountable for achieving the outcomes.

3.14 Each model of governance has pros and cons and these are outlined at Appendix 1 to this report.

3.15 Provisional feedback from Elected Members in Clackmannanshire had been that the lead agency model (with council as lead) was the initial preference, subject to detailed options appraisal, as it seemed to offer the greatest potential to achieve the desired outcomes of the legislation by structurally integrating services and management, by maximising democratic accountability and by reducing public sector fragmentation.

3.16 NHS Forth Valley, however, has advised that it will not support such a model and has formally agreed that the body corporate model is the one it will engage with. Given that in the event of disagreement between the partners, the Minister has the power only to establish a body corporate, the outcome locally will be a body corporate model. In these circumstances, therefore, it is recommended that Council agrees that officers should develop a scheme of integration based on the body corporate model. Membership of the integration board under the body corporate will be determined by regulations set out by the legislation and which is currently out for consultation.

3.17 Integration will be progressed with Clackmannanshire Council in line with the shared service agreement. In the absence of satisfactory arrangements, a single body corporate would also be considered for each Local Authority Area.

Local Context

3.18 Delivering better outcomes within the Local Authority area is central to the integration of health and social care. The Health and Social Care Partnership will work ultimately towards the outcomes set out in our local Single Outcome Agreement, but will also focus on outcomes established for individual care groups, which will be described within Joint Commissioning Plans, such as the existing Joint Strategic Commissioning Plan for Older People.

3.19 Given the requirement to focus on local outcomes, it is important that health and social care integration arrangements are in turn focused on our local communities. A key component, therefore, of delivering integrated services is to establish and implement a locality planning model. This will facilitate engagement with communities across all sectors, and help the Partnership understand and develop the key priorities.
Process and Timescales

3.20 The Scottish Government requires local Partnerships to develop governance structures and have in place shadow arrangements during the course of 2014, with a view to full implementation from 1 April 2015. Partnerships are required to develop a Scheme of Integration, which will require formal Ministerial approval. This Scheme of Integration will set out governance, finance (including shadow budgets) and planning etc arrangements for health and social care integration. An indicative timetable and work streams for the development of the Scheme is attached as Appendix 2 to this report.

3.21 In order to support integration the Government has allocated monies to each Health Board to help local partnerships progress. The funding for Forth Valley is in the region of £360,000, with approximately half allocated to the Clackmannanshire and Stirling partnership. This resource will assist with project management, back fill costs and a partnership lead within the Joint Management Team to support service change.

3.22 In order to oversee the work required it is proposed that the existing structures i.e. the Partnership Board and Joint Management Group act as the shadow bodies, clearly reporting progress to the Council and NHS Board at regular intervals. It is imperative that movement toward integration is an extension of current good practice and does not become a secondary work stream.

3.23 In addition to developing a Scheme of Integration, the Act requires consultation and engagement with communities. It requires a Strategic Planning Group to be established involving a range of organisations, individuals and sectors. It is as important to engage with employees, as well as service users, through this change. Discussions will also have to be held with Trade Unions.

3.24 The development of a Strategic Delivery Plan is also required to ensure the functions and services that fall within integration remain focused on improving outcomes and are delivered accordingly.

3.25 There will be a requirement to understand and bring together service delivery systems and two cultures. This is a substantial piece of work which must be focussed on achieving the right outcomes for local people as well as meeting the requirements of the Act.

3.26 Health and social care integration is one of the most wide reaching and fundamental changes in the way public services are delivered since local government re-organisation. While this presents many opportunities it also presents significant challenges, including continuing to improve outcomes for adults requiring health and social care services while changing governance and operational management arrangements.
4 POLICY/RESOURCE IMPLICATIONS AND CONSULTATIONS

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<td>Strategic Environmental Assessment</td>
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<td>Single Outcome Agreement</td>
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<td>Diversity (age, disability, gender, race, religion, sexual orientation)</td>
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**Equality Impact Assessment**

4.1 Not at this time.

**Strategic Environmental Assessment**

4.2 The report was considered under the Environmental Assessment (Scotland) Act 2005 and a Strategic Environmental Assessment is not required.

**Single Outcome Agreement**

4.3 Implementation of the Health and Social Care Partnership will contribute to the achievement of Single Outcome Agreement outcomes as follows:-

- Reduce risk factors that lead to health and other inequalities;
- Communities are well served, better connected and safe; and
- Improved support for disadvantaged and vulnerable families and individuals.

**Other Policy Implications**

4.4 Yes but not clear at this time.

**Resource Implications**

4.5 The adoption of a body corporate model of governance requires the appointment of at least one chief officer. Costs of this post will be shared between the partners. The post has not yet been sized.
4.6 Work is ongoing between the finance officers of the respective organisations to define the existing resources which are required to be allocated to the Integration Board for the purposes of providing integrated services.

4.7 Fuller financial information will come forward in the Scheme of Integration Consultations

4.8 None.

| The appropriate Convener(s), Vice-Convener(s), Portfolio Holder and Depute Portfolio Holder have been consulted on this report | ✓ CS ✓ CC |
| The Chief Executive/Depute Chief Executive has been consulted on this report | ✓ BJ |

5 BACKGROUND PAPERS

5.1 The Public Bodies (Joint Working) (Scotland) Act 2014.

5.2 Draft Regulations Relating to Public Bodies (Joint Working) (Scotland) Act 2014 - Set 1.

5.3 Draft Regulations Relating to Public Bodies (Joint Working) (Scotland) Act 2014 - Set 2.

6 APPENDICES

6.1 Appendix 1 - High Level Pros and Cons of Governance Models.

6.2 Appendix 2 - High Level implementation plan for Health and Social Care Integration.
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