



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	20 March 2019
<b>Agenda Item</b>	12
<b>Title</b>	Review of Progress with Integration of Health and Social Care
<p><b>Summary</b></p> <p>This report gives an overview of the Review of Progress with Integration of Health and Social Care undertaken by Scottish Government and COSLA. The report follows on from the Audit Scotland report on progress of health and social care integration published on 15 November 2018 and its 6 key features that support integration, that was discussed at the last IJB meeting.</p> <p>All parties agree that the pace and effectiveness of integration need to increase. The review of progress with integration of health and social care makes a number of helpful proposals about the actions that can be taken at national and local level to tackle the challenges and ensuring the success of integration.</p>	
<b>Presented by</b>	Julie Murray, Chief Officer
<p><b>Action Required</b></p> <p>The Integration Joint Board is asked to consider the Review of Progress with Integration of Health and Social Care and the report proposals.</p>	
<p><b>Implications checklist – check box if applicable and include detail in report</b></p> <p> <input checked="" type="checkbox"/> Finance                      <input type="checkbox"/> Policy                      <input type="checkbox"/> Legal                      <input type="checkbox"/> Equalities  <input type="checkbox"/> Risk                                      <input checked="" type="checkbox"/> Staffing                      <input type="checkbox"/> Directions                      <input type="checkbox"/> Infrastructure </p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD****20 March 2019****Report by Chief Officer****REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE****PURPOSE OF REPORT**

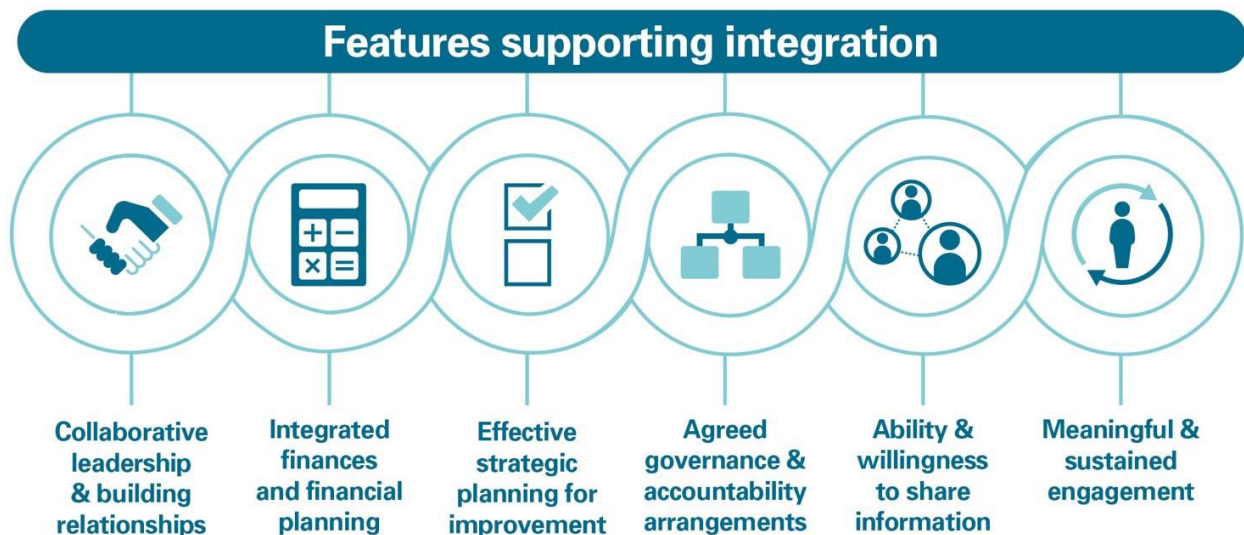
1. The purpose of this report is to give an overview of the Review of Progress with Integration of Health and Social Care undertaken by Scottish Government and COSLA.

**RECOMMENDATION**

2. The Integration Joint Board is asked to consider the Review of Progress with Integration of Health and Social Care and the report proposals.

**BACKGROUND**

3. The last meeting of the Integration Joint Board on 30 January 2019 discussed the Audit Scotland report on progress of health and social care integration published on 15 November 2018. The Audit Scotland report found that whilst some improvements have been made to the delivery of health and social care services, Integration Authorities, councils and NHS boards need to show a stronger commitment to collaborative working to achieve the real long term benefits of an integrated system. The IJB discussed the report recommendations, which were linked to 6 key features that support integration.



4. At a health debate in the Scottish Parliament on 2 May 2018, the then Cabinet Secretary for Health and Sport undertook that a review of progress by Integration Authorities would be taken forward with the Ministerial Strategic Group for Health and Community Care, and that outputs arising from any further action stemming from such a review would be shared with the Health and Sport Committee of the Scottish Parliament.
5. The Ministerial Strategic Group agreed in June 2018 that a review would be taken forward via a small “leadership” group of senior officers chaired by Paul Gray, Director General Health and Social Care and Chief Executive of NHS Scotland and Sally Loudon, Chief Executive of COSLA. The group produced its report Review of Progress with Integration of Health and Social Care Final Report in February 2019.

## REPORT

6. The group focused on the key questions that matter most to people who use services and the systems put in place in order to better support those priorities. The group considered progress and where the barriers are that may prevent professionals and staff across health and social care from using their considerable skills and resources to best effect.
7. The purpose of the review is to help increase pace in delivering all of the objectives set for integration. When the Scottish Government first consulted upon plans for integration, it focused on four key objectives:
  - Health and social care services should be firmly integrated around the needs of individuals, their carers and other family members
  - Health and social care services should be characterised by strong and consistent clinical and care professional leadership
  - The providers of services should be held to account jointly and effectively for improved delivery
  - Services should be underpinned by flexible, sustainable financial mechanisms that give priority to the needs of the people they serve, rather than the organisations through which they are delivered
8. The group’s consideration of delivery of objectives also included reference to the legislative requirements of national health and wellbeing outcomes and integration planning and delivery principles.
9. The report’s proposals focus on Scottish Government and COSLA’s joint and mutual responsibility to improve outcomes for people using health and social care services in Scotland. The proposals are detailed for reference in the Appendix.
10. In support of these proposals Scottish Government and COSLA will:
  - Provide support with implementation;
  - Prepare guidance and involve partners in the preparation of these;
  - Assist with the identification and implementation of good practice;
  - Monitor and evaluate progress in achieving proposals;
  - Make the necessary links to other parts of the system, such as workforce planning;
  - Continue to provide leadership to making progress with integration;
  - Report regularly on progress with implementation to the Ministerial Group for Health and Community care.

11. In support of these proposals Scottish Government and COSLA expect:
  - Every Health Board, Local Authority and IJB will evaluate their current position in relation to this report and the Audit Scotland report, and take action to make progress using the support on offer.
  - Partnerships to initiate or continue the necessary “tough conversations” to make integration work and to be clear about the risks being taken, and ensure mitigation of these is in place.
  - Partnerships to be innovative in progressing integration
12. We understand that Scottish Government and COSLA are developing a self-evaluation tool to support IJBs and partners to assess their position in relation to the review proposals and Audit Scotland recommendations. We will work with our Council and NHS partners to explore how this can be taken forward and report back to a future IJB meeting.

## **IMPLICATIONS OF THE PROPOSALS**

### Finance

13. The report states that money must be used to maximum benefit across health and social care. The aim for integration has been to create a system of health and social care in Scotland in which the public pound is always used to best support the individual at the most appropriate point in the system, regardless of whether the support that is required is what we would traditionally have described as a “health” or “social care” service. The proposals (see appendix 1) for integrated finances and financial planning focus on the practicalities of ensuring the arrangements for which we have legislated are used fully to achieve that aim, and to support the Scottish Government’s Medium Term Framework for Health and Social Care

### Staffing

14. The review acknowledges fully the key importance of staff working across the entirety of health and social care. People working in health and social care services are driving forward many improvements in the experience of care, every day and often in challenging and difficult circumstances. Without the insight, experience and dedication of the health and social care workforce we will simply not be able to deliver on our ambitions for integration. The review does not make recommendations about the health and social care workforce as that work is being undertaken through the National Workforce Plan for health and social care.
15. There are no implications in relation to Infrastructure, Risk, Equalities, Policy, Legal or Directions

## **CONSULTATION AND PARTNERSHIP WORKING**

16. Each partnership is asked to critically evaluate the effectiveness of their working arrangements and relationships with colleagues in the third and independent sectors, and take action to address any issues within the next 12 months.
17. The report asks us to support carers and representatives of people using services better to enable their full involvement in integration. Carers and representatives of people using health and social care services should be supported by partnerships to

enable meaningful engagement with their constituencies. This should support their input to Integration Joint Boards, strategic planning groups and locality arrangements for integration. This would include, for example, receipt of IJB papers with enough time to engage other carers and people using services in responding to issues raised. It would also include paying reasonable expenses for attending meetings.

## CONCLUSIONS

18. All parties agree that the pace and effectiveness of integration need to increase. The review of progress with integration of health and social care makes a number of helpful proposals about the actions that can be taken at national and local level to tackle the challenges and ensuring the success of integration.

## RECOMMENDATIONS

19. The Integration Joint Board is asked to consider the Review of Progress with Integration of Health and Social Care and the report proposals.

## REPORT AUTHOR AND PERSON TO CONTACT

Candy Millard, Head of Adult Health and Social Care Localities  
[candy.millard@eastrenfrewshire.gov.uk](mailto:candy.millard@eastrenfrewshire.gov.uk)

Chief Officer, IJB: Julie Murray

## BACKGROUND PAPERS

Ministerial Strategic Group for Health and Community Care, Review of Progress with Integration of Health and Social Care  
[Final Report](#)

IJB Paper: 30.01.2019 – Item 9. Audit Scotland Report: Health and social care integration: update on progress  
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23708&p=0>

Audit Scotland Report: Health and social care integration: update on progress  
<http://www.audit-scotland.gov.uk/report/health-and-social-care-integration-update-on-progress>

Proposal	Timescale	IJB Role
<b>1. Collaborative leadership and building relationships</b>		
1.(i) <b>All leadership development will be focused on shared and collaborative practice.</b> An audit of existing national leadership programmes will be undertaken by the Scottish Government and COSLA to identify gaps and areas of synergy to support integration of health and social care. Further work will be delivered on cross-sectoral leadership development and support.	6 months	IJB local implementation
1. (ii) <b>Relationships and collaborative working between partners must improve.</b> Statutory partners in particular must seek to ensure an improved understanding of pressures, cultures and drivers in different parts of the system in order to promote opportunities for more open, collaborative and partnership working, as required by integration.	12 months	IJB support
1. (iii) <b>Relationships and partnership working with the third and independent sectors must improve.</b> Each partnership will critically evaluate the effectiveness of their working arrangements and relationships with colleagues in the third and independent sectors, and take action to address any issues.	12 months	IJB lead
<b>2. Integrated finances and financial planning</b>		
2. (i) <b>Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration.</b> In each partnership area the Chief Executive of the Health Board and the Local Authority, and the Chief Officer of the IJB, while considering the service impact of decisions, should together request consolidated advice on the financial position as it applies to their shared interests under integration from, respectively, the NHS Director of Finance, the Local Authority S95 Officer and the IJB S95 Officer.	By 1 <sup>st</sup> April 2019 and thereafter each year by end March.	IJB partner

<p>2. (ii) <b>Delegated budgets for IJBs must be agreed timeously.</b> The recently published financial framework for health and social care sets out an expectation of moving away from annual budget planning processes towards more medium term arrangements. To support this requirement for planning ahead by Integration Authorities, a requirement should be placed upon statutory partners that all delegated budgets should be agreed by the Health Board, Local Authority and IJB by the end of March each year.</p>	<p>By end of March 2019 and thereafter each year by end March</p>	<p>IJB partner</p>
<p>2. (iii) <b>Delegated hospital budgets and set aside requirements must be fully implemented.</b> Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published in June 2015. These arrangements must be in place in time for Integration Authorities to plan their use of their budgets in 2019/20. The Scottish Government Medium Term Financial Framework includes an assumption of efficiencies from reduced variation in hospital care coupled with 50% reinvestment in the community to sustain improvement. The set aside arrangements are key to delivering this commitment.</p>	<p>6 months</p>	<p>IJB partner</p>
<p>2. (iv) <b>Each IJB must develop a transparent and prudent reserves policy.</b> This policy will ensure that reserves are identified for a purpose and held against planned expenditure, with timescales identified for their use, or held as a general reserve as a contingency to cushion the impact of unexpected events or emergencies. Reserves must not be built up unnecessarily.</p>	<p>3 months</p>	<p>IJB lead</p>
<p>2. (v) <b>Statutory partners must ensure appropriate support is provided to IJB S95 Officers.</b> This will include Health Boards and Local Authorities providing staff and resources to provide such support. Measures must be in place to ensure conflicts of interest for IJB S95 Officers are avoided – their role is to provide high quality financial support to the IJB. To ensure a consistent approach across the country, the existing statutory guidance should be amended by removing the last line in paragraph 4.3 recommendation 2, leaving the requirement for such support as follows:  <i>It is recommended that the Health Board and Local Authority Directors of Finance and the</i></p>	<p>6 months</p>	



<p><i>Integration Joint Board financial officer establish a process of regular in-year reporting and forecasting to provide the Chief Officer with management accounts for both arms of the operational budget and for the Integration Joint Board as a whole. It is also recommended that each partnership area moves to a model where both the strategic and operational finance functions are undertaken by the IJB S95 officer: and that these functions are sufficiently resourced to provide effective financial support to the Chief Officer and the IJB.</i></p>		
<p>2. (vi) <b>IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.</b> Local audits of the Health Board and Local Authority must take account of the expectation that money will be spent differently. We should be focused on outcomes, not which public body put in which pound to the pot. It is key that the resources held by IJBs lose their original identity and become a single budget on an ongoing basis. This does not take away from the need for the IJB to be accountable for these resources and their use.</p>	<p>from 31st March 2019 onwards.</p>	<p>IJB implement</p>
<p><b>3. Effective strategic planning for improvement</b></p>		
<p>3. (i) <b>Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.</b> This will include Health Boards and Local Authorities providing staff and resources to provide such support. The dual role of the Chief Officer makes it both challenging and complex, with competing demands between statutory delivery partners and the business of the IJB. Chief Officers must be recognised as pivotal in providing the leadership needed to make a success of integration and should be recruited, valued and accorded due status by statutory partners in order that they are able to properly fulfil this “mission critical” role. Consideration must be made of the capacity and capability of Chief Officers and their senior teams to support the partnership’s range of responsibilities.</p>	<p>12 months</p>	
<p>3. (ii) <b>Improved strategic inspection of health and social care is developed to better reflect integration.</b> As part of this work, the Care Inspectorate and Healthcare Improvement Scotland will ensure that:</p> <ul style="list-style-type: none"> <li>▪ As well as scrutinising strategic planning and commissioning processes, strategic inspections are fundamentally focused on what integrated arrangements are achieving in terms of outcomes for people.</li> <li>▪ Joint strategic inspections examine the performance of the whole partnership – the Health</li> </ul>	<p>6 months</p>	

<p>Board, Local Authority and IJB, and the contribution of non-statutory partners – to integrated arrangements, individually and as a partnership.</p> <ul style="list-style-type: none"> <li>▪ There is a more balanced focus across health and social care ensured in strategic inspections.</li> </ul>		
<p>3. (iii) <b>National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work.</b> These bodies include Healthcare Improvement Scotland, the Care Inspectorate, the Improvement Service and NHS National Services Scotland. Improvement support will be more streamlined, better targeted and focused on assisting partnerships to implement our proposals. This will include consideration of the models for delivery of improvement support at a national and local level and a requirement to better meet the needs of integration partners.</p>	3 - 6 months	
<p>3. (iv) <b>Improved strategic planning and commissioning arrangements must be put in place.</b> Partnerships should critically analyse and evaluate the effectiveness of their strategic planning and commissioning arrangements, including establishing capacity and capability for this. Local Authorities and Health Boards will ensure support is provided for strategic planning and commissioning, including staffing and resourcing for the partnership, recognising this as a key responsibility of Integration Authorities.</p>	12 months	IJB lead
<p>3. (v) <b>Improved capacity for strategic commissioning of delegated hospital services must be in place.</b> As implementation of proposal 2 (iii) takes place, a necessary step in achieving full delegation of the delegated hospital budget and set aside arrangements will be the development of strategic commissioning for this purpose. This will focus on planning delegated hospital capacity requirements and will require close working with the acute sector and other partnership areas using the same hospitals. This should evolve from existing capacity and plans for those services.</p>	12 months	IJB implement
<p><b>4. Governance and accountability arrangements</b></p>		
<p>4. (i) <b>The understanding of accountabilities and responsibilities between statutory partners must improve.</b> The responsibility for decisions about the planning and strategic commissioning of all health and social care functions that have been delegated to the IJB sits wholly with the IJB as a statutory public body. Such decisions do not require ratification by the</p>	6 months	

<p>Health Board or the Local Authority, both of which are represented on the IJB. Statutory partners should ensure duplication is avoided and arrangements previously in place for making decisions are reviewed to ensure there is clarity about the decision making responsibilities of the IJB and that decisions are made where responsibility resides. Existing committees and groups should be refocused to share information and support the IJB.</p>		
<p>4. (ii) <b>Accountability processes across statutory partners will be streamlined.</b> Current arrangements for each statutory partner should be scoped and opportunities identified for better alignment, with a focus on better supporting integration and transparent public reporting. This will also ensure that different rules are not being applied to different parts of the system particularly in circumstances of shared accountability.</p>	12 months	
<p>4. (iii) <b>IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.</b> There are well-functioning IJBs that have adopted an open and inclusive approach to decision making and which have gone beyond statutory requirements in terms of memberships to include representatives of key partners in integration, including the independent and housing sectors. This will assist in improving the effectiveness and inclusivity of decision making and establish IJBs as discrete and distinctive statutory bodies acting decisively to improve outcomes for their populations.</p>	12 months	IJB support
<p>4. (iv) <b>Clear directions must be provided by IJBs to Health Boards and Local Authorities.</b> Revised statutory guidance will be developed on the use of directions in relation to strategic commissioning, emphasising that directions are issued at the end of a process of decision making that has involved partners. Directions must be recognised as a key means of clarifying responsibilities and accountabilities between statutory partners, and for ensuring delivery in line with decisions.</p>	6 months	IJB implement
<p>4. (v) <b>Effective, coherent and joined up clinical and care governance arrangements must be in place.</b> Revised statutory guidance will be developed based on wide ranging consultations with local partnerships, identifying good practice and involving all sectors. The key role of clinical and professional leadership in supporting the IJB to make decisions that are safe and in accordance with required standards and law must be understood, coordinated and utilised fully.</p>	6 months	IJB implement

<b>5. Ability and willingness to share information</b>		
5. (i) <b>IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.</b> Chief Officers will work together to consider, individually and as a group, whether their IJBs' annual reports can be further developed to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure that, as a minimum, all statutorily required information is reported upon.	By publication of next round of annual reports in July 2019	IJB support
5. (ii) <b>Identifying and implementing good practice will be systematically undertaken by all partnerships.</b> Chief Officers will develop IJBs' annual reports to enable partnerships to identify, share and use examples of good practice, and lessons learned from things that have not worked. Inspection findings and reports from strategic inspections and service inspections should also provide a clear means of identifying and sharing good practice, based on implementation of the framework outlined below at 5 (iii) and the national health and social care standards.	6 - 12 months	IJB support
5. (iii) <b>A framework for community based health and social care integrated services will be developed.</b> The framework will be key in identifying and promoting best practice in local systems to clearly illustrate what good looks like in community settings, which is firmly focused on improving outcomes for people. This work will be led by Scottish Government and COSLA, involving Chief Officers and other key partnership staff to inform the framework.	6 months	IJB implement
<b>6. Meaningful and sustained engagement</b>		
6. (i) <b>Effective approaches for community engagement and participation must be put in place for integration.</b> This is critically important to our shared responsibility for ensuring services are fit for purpose, fit for the future, and support better outcomes for people using services, carers and local communities. Revised statutory guidance will be developed by the Scottish Government and COSLA on local community engagement and participation based on existing good practice, to apply across health and social care bodies. Meaningful engagement is central to achieving the scale of change and reform required, and is an ongoing process that is not undertaken only when service change is proposed.	6 months	IJB implement
6. (ii) <b>Improved understanding of effective working relationships with carers, people using services and local communities is required.</b> Each partnership should critically	12 months	IJB lead

<p>evaluate the effectiveness of their working arrangements and relationships with people using services, carers and local communities. A focus on continuously improving and learning from best practice will be adopted in order to maximise meaningful and sustained engagement.</p>		
<p>6. (iii) <b>We will support carers and representatives of people using services better to enable their full involvement in integration.</b> Carers and representatives of people using health and social care services will be supported by partnerships to enable meaningful engagement with their constituencies. This will support their input to Integration Joint Boards, strategic planning groups and locality arrangements for integration. This would include, for example, receipt of IJB papers with enough time to engage other carers and people using services in responding to issues raised. It would also include paying reasonable expenses for attending meetings.</p>	<p>6 -12 months</p>	<p>IJB implement</p>

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