

EAST RENFREWSHIRE COUNCILAUDIT AND SCRUTINY COMMITTEE20 June 2019Report by ClerkNATIONAL EXTERNAL AUDIT REPORTHEALTH AND SOCIAL CARE INTEGRATION – UPDATE ON PROGRESS

1. To provide information on the Audit Scotland report *Health and Social Care Integration – Update on Progress*.

RECOMMENDATION

2. It is recommended that the Committee considers the report.

BACKGROUND

3. A copy of the Audit Scotland report [Health and Social Care Integration - Update on Progress](#), published in November 2018, has already been circulated to all Audit and Scrutiny Committee Members. Under the Committee's specialisation arrangements, the Members leading the review of this particular report are Provost Fletcher and Councillor Gilbert. The Chief Officer, East Renfrewshire Integration Joint Board, has provided comments on it and a copy of the feedback provided is attached (see Appendix A).

RECOMMENDATION

4. It is recommended that the Committee considers the report.

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Background Papers:-

1. Audit Scotland report *Health and Social Care Integration – Update on Progress*.

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EAST RENFREWSHIRE COUNCIL**AUDIT AND SCRUTINY COMMITTEE****20 June 2019****Report by Chief Officer, East Renfrewshire Integration Joint Board****REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE****PURPOSE OF REPORT**

1. The purpose of this report is to give the Audit and Scrutiny Committee details of the proposed actions in response to the *Audit Scotland report on progress of health and social care integration* and the Ministerial Strategic Group report *Review of Progress with Integration of Health and Social Care Final Report*. The proposed actions are detailed in Appendix 1.

RECOMMENDATION

2. Audit and Scrutiny Committee is asked to note and comment upon the report.

BACKGROUND

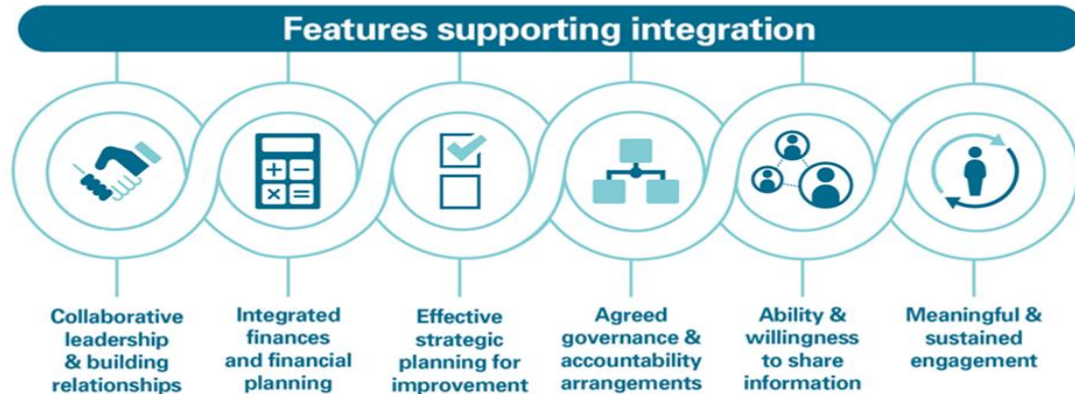
3. At a health debate in the Scottish Parliament on 2 May 2018, the then Cabinet Secretary for Health and Sport undertook that a review of progress by Integration Authorities would be taken forward with the Ministerial Strategic Group for Health and Community Care, and that outputs arising from any further action stemming from such a review would be shared with the Health and Sport Committee of the Scottish Parliament.
4. 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.
5. In undertaking their review, the Ministerial Strategic Group built upon Audit Scotland’s observation that integration can work within the current legislative framework, but that Integration Authorities are operating in an extremely challenging environment and there is much more to be done. The Ministerial Strategic Group also set out their proposals under the same six headings used in the Audit Scotland report.
6. The Audit Scotland report on progress of health and social care integration published on 15 November 2018 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. They noted that it would not be possible for

one organisation to address all the issues raised in their report. If integration is to make a meaningful difference to the people of Scotland, Integration Authorities, Councils, NHS boards, the Scottish Government and COSLA need to work together to address the six areas that support integration and their report contains a series of recommendations linked to these.

Exhibit 7

Features central to the success of integration

Six areas must be addressed if integration is to make a meaningful difference to the people of Scotland.



Source: Audit Scotland

REPORT

7. The Scottish Government and COSLA developed a self-evaluation tool to support Integration Joint Board's and partners to assess their position in relation to the review proposals and Audit Scotland recommendations.
8. In completing the self-evaluation, partners were asked to rate themselves against 22 of the 25 proposals and identify evidence to support the conclusions. Partners were also asked to identify proposed improvement actions in respect of each proposal.
9. The draft self-evaluation was developed by the IJB Chief Officer following discussion with the IJB Chair, Vice-Chair, Third Sector and Carer representatives and Chief Financial Officer prior to being shared with the wider Integration Joint Board at its meeting on 1st May 2019.
10. Integration Joint Board members endorsed the draft self-evaluation subject to additional comments and agreed that it be remitted to the Chief Officer to reach a consensus view on the evaluation ratings and any improvement actions with the Chief Executives of NHSGGC and East Renfrewshire Council prior to submission to the Integration Review Leadership Group. Following agreement with the Chief Executive of East Renfrewshire Council and the Chief Executive of NHS Greater Glasgow and Clyde, the final draft was submitted on 14 May 2019.

CONCLUSIONS

11. Audit Scotland found that the pace and effectiveness of integration needs 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.
12. The actions required for East Renfrewshire to address the recommendations and proposals resulting from the Audit Scotland report and the Ministerial Strategic Group report are set out in Appendix 1.

RECOMMENDATIONS

13. Audit and Scrutiny Committee is asked to note and comment upon the report.

REPORT AUTHOR AND PERSON TO CONTACT

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

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>

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>

IJB Paper: 20.03.2019 – Item 12: Review of progress with integration
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24050&p=0>

IJB Paper: 01.05.2019 – Item 15: MSG Self Evaluation
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24370&p=0>

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Audit Scotland Recommendation	MSG Proposal	Timescale	Proposed Improvement Action
1. Collaborative leadership and building relationships			
<p>The Scottish Government and COSLA should:</p> <ul style="list-style-type: none"> ensure that there is appropriate leadership capacity in place to support integration increase opportunities for joint leadership development across the health and care system to help leaders to work more collaboratively. 	<p>1.(i) All leadership development will be focused on shared and collaborative practice. 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.</p>	6 months	To collaborate across all six Councils, HSCPs and the Health Board to develop some shared learning and development as a consequence of this self-evaluation.
	<p>1. (ii) Relationships and collaborative working between partners must improve. 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.</p>	12 months	To create more opportunities to improve the visibility of financial pressures across the Council and NHS Board to improve shared understanding of future challenges.
	<p>1. (iii) Relationships and partnership working with the third and independent sectors must improve. 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.</p>	12 months	The HSCP will further develop relationships with neighbourhood and community groups.
2. Integrated finances and financial planning			
<p>The Scottish Government should:</p> <ul style="list-style-type: none"> commit to continued additional pump-priming funds to facilitate local priorities and new ways of working which progress integration. <p>The Scottish Government and COSLA should:</p> <ul style="list-style-type: none"> urgently resolve difficulties with the 'set-aside' aspect of the Act. 	<p>2. (i) Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration. 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.</p>	By 1 st April 2019 and thereafter each year by end March.	Establish a tri partite discussion on the respective financial plans of parent bodies and implications for the IJB.

<ul style="list-style-type: none"> ▪ The Scottish Government, COSLA, councils, NHS boards and Integration Authorities should work together to: ▪ support integrated financial management by developing a longer-term and more integrated approach to financial planning at both a national and local level. All partners should have greater flexibility in planning and investing over the medium to longer term to achieve the aim of delivering more community-based care. 	<p>2. (ii) Delegated budgets for IJBs must be agreed timeously. 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>For the Health Board to make a formal budget offer before the end of March at the conclusion of a process which enables discussion about IJB demographic and other pressures.</p>
<p>Integration Authorities, councils and NHS boards should work together to:</p> <ul style="list-style-type: none"> ▪ view their finances as a collective resource for health and social care to provide the best possible outcomes for people who need support. 	<p>2. (iii) Delegated hospital budgets and set aside requirements must be fully implemented. 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>The Health Board will obtain 2018/19 activity data and finalise budget and actual costs by June 2019 with a view to developing and agreeing a model for allocation of set aside budgets by the end of July. The HSCP will identify commissioning intentions and capacity requirements thereafter, learning from a test of change planned around the GRI.</p>
	<p>2. (iv) Each IJB must develop a transparent and prudent reserves policy. 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>The IJB will continue to review the level of general reserve.</p>
	<p>2. (v) Statutory partners must ensure appropriate support is provided to IJB S95 Officers. 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</p>	<p>6 months</p>	<p>To develop a fully integrated finance role as HSCP Accountants, whilst in the same team, are responsible currently for either NHS or Council reporting.</p>

	<p>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 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) IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations. 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 will ensure investment is directed to priority areas regardless of source.</p>
<p>3. Effective strategic planning for improvement</p>			
<p>Integration Authorities, councils and NHS boards should work together to:</p> <ul style="list-style-type: none"> ▪ ensure operational plans, including workforce, IT and organisational change plans across the system, are clearly aligned to the strategic priorities of the IA ▪ monitor and report on Best Value in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. 	<p>3. (i) Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB. 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</p>	<p>12 months</p>	<p>-</p>

<p>The Scottish Government should:</p> <ul style="list-style-type: none"> ▪ ensure that there is a consistent commitment to integration across government departments 	<p>teams to support the partnership's range of responsibilities.</p>		
	<p>3. (ii) Improved strategic inspection of health and social care is developed to better reflect integration. As part of this work, the Care Inspectorate and Healthcare Improvement Scotland will ensure that:</p> <ul style="list-style-type: none"> ▪ 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. ▪ Joint strategic inspections examine the performance of the whole partnership – the Health Board, Local Authority and IJB, and the contribution of non-statutory partners – to integrated arrangements, individually and as a partnership. ▪ There is a more balanced focus across health and social care ensured in strategic inspections. 	6 months	NO LOCAL ACTION - NATIONAL BODIES RESPONSIBLE
	<p>3. (iii) National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work. 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	NO LOCAL ACTION - NATIONAL BODIES RESPONSIBLE
	<p>3. (iv) Improved strategic planning and commissioning arrangements must be put in place. 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	<p>The IJB will develop its commissioning plan to further support a market facilitation approach.</p> <p>The HSCP will translate the IJB's Strategic Plan into operational plans that support the delivery of quality service</p>
	<p>3. (v) Improved capacity for strategic commissioning of</p>	12 months	The IJB will review commissioning capacity

	<p>delegated hospital services must be in place. 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>		as set aside budgets become fully integrated and devolved.
4. Governance and accountability arrangements			
<p>The Scottish Government and COSLA should:</p> <ul style="list-style-type: none"> ▪ support councillors and NHS board members who are also Integration Joint Board members to understand, manage and reduce potential conflicts with other roles. ▪ The Scottish Government, COSLA, councils, NHS boards and Integration Authorities should work together to: ▪ agree local responsibility and accountability arrangements where there is disagreement over interpretation of the Public Bodies (Joint Working) (Scotland) Act 2014 and its underpinning principles. Scenarios or examples of how the Act should be implemented should be used which are specific to local concerns. There is sufficient scope within existing legislation to allow this to happen. 	<p>4. (i) The understanding of accountabilities and responsibilities between statutory partners must improve. 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 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>	6 months	<p>The HSCP will refresh development work with IJB members to ensure their understanding of their role is clear.</p> <p>Review performance reporting arrangements to ensure consistency and alignment of reporting and avoid unnecessary duplication.</p>
	<p>4. (ii) Accountability processes across statutory partners will be streamlined. 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	Continue to review structures to ensure accountability is clear and there is minimum duplication.
	<p>4. (iii) IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis. 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</p>	12 months	As the IJB has a newly appointed Chair and new Board member joining shortly, it will refresh its seminar programme.

	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.		
	4. (iv) Clear directions must be provided by IJBs to Health Boards and Local Authorities. 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.	6 months	The IJB will review its use of directions and develop them in collaboration with other NHS GGC integration authorities.
	4. (v) Effective, coherent and joined up clinical and care governance arrangements must be in place. 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.	6 months	The IJB will review clinical and care governance arrangements when national guidance is published.
5. Ability and willingness to share information			
The Scottish Government and COSLA should: <ul style="list-style-type: none"> ▪ monitor how effectively resources provided are being used and share data and performance information widely to promote new ways of working across Scotland. ▪ The Scottish Government, COSLA, councils, NHS boards and Integration Authorities should work together to: 	5. (i) IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data. 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	The IJB will continue to participate in the Strategic Commissioning Improvement Network and will adapt our annual report structure in line with national recommendations to enable better comparison and learning.
	5. (ii) Identifying and implementing good practice will be systematically undertaken by all partnerships. Chief	6 - 12 months	The IJB will continue to collaborate with NHS GGC wide and national initiatives.

<ul style="list-style-type: none"> ▪ share learning from successful integration approaches across Scotland ▪ address data and information sharing issues, recognising that in some cases national solutions may be needed ▪ review and improve the data and intelligence needed to inform integration and to demonstrate improved outcomes in the future. They should also ensure mechanisms are in place to collect and report on this data publicly. 	<p>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.</p>		
	<p>5. (iii) A framework for community based health and social care integrated services will be developed. 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.</p>	6 months	NO LOCAL ACTION - NATIONAL BODIES RESPONSIBLE
6. Meaningful and sustained engagement			
<p>Integration Authorities, councils and NHS boards should work together to:</p> <ul style="list-style-type: none"> ▪ continue to improve the way that local communities are involved in planning and implementing any changes to how health and care services are accessed and delivered. 	<p>6. (i) Effective approaches for community engagement and participation must be put in place for integration. 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.</p>	6 months	The IJB will develop locality planning groups to delegate decision making on priorities to locality level.
	<p>6. (ii) Improved understanding of effective working relationships with carers, people using services and local communities is required. Each partnership should critically 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</p>	12 months	The HSCP will develop a more systematic approach to quality assurance and feedback from people who we support, care for, or treat.

	meaningful and sustained engagement.		
	<p>6. (iii) We will 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 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>	6 -12 months	The HSCP will develop a more systematic approach to seek users and carer feedback and will update our participation and engagement plan in partnership with 'Your Voice'.