

## PERTH AND KINROSS COUNCIL

## HOUSING AND HEALTH COMMITTEE – 14 AUGUST 2013

## Health and Social Care Integration Update

## Report by Executive Director (Housing &amp; Community Care and Depute Chief Executive)

**ABSTRACT**

This report provides an update on progress in relation to Health and Social Care Integration and preparations for the implementation of the provisions contained within the Public Bodies (Joint Working) (Scotland) Bill.

**1. BACKGROUND**

- 1.1 Perth and Kinross Council and NHS Tayside have a proven track record of working in partnership to provide effective, responsive services which provide positive outcomes for our communities.
- 1.2 The Council and NHS Tayside have made significant progress in recent years in breaking down organisational and cultural barriers focussing upon the needs of individuals, their families and carers.
- 1.3 Together we have broadly welcomed the legislation which will see the creation of Health and Social Care Partnerships across Scotland in April 2015. We see the legislation as an opportunity to build upon our successes to date, through the Change Fund and other joint mechanisms, taking forward innovative approaches and targeting joint efforts and resources towards improved outcomes.
- 1.4 The overall aim of our continued drive towards further Health and Social Care Integration is to improve the health outcomes for individuals, families and their carers.

Together we are working in partnership to:

- Provide effective, targeted health and social care services
  - Improve access to health and social care services
- 1.5 A number of principles drive the Health and Social Care Integration agenda. The overall aims are that services are planned so that they:-
    - Are integrated from the point of view of recipients
    - Take account of the particular needs of different recipients
    - Take account of the particular needs of recipients in the different localities across Perth and Kinross

- Are planned and led locally in a way which is engaged with the community and local professionals.
- Best anticipate needs and prevent them arising, and
- Make the best use of the available facilities, people and resources

## **2. PROGRESS**

2.1 The Perth and Kinross Health and Social Care Integration Transition Board first met on 7 November 2011. It was recognised at this first meeting that Perth and Kinross was well placed to be proactive in terms of the integration process. Effective and productive working relationships already existed at all levels and an opportunity existed to lead and inform national proposals through sharing our experiences and testing innovative approaches.

2.2 Since this first meeting in November 2011, progress has continued to be made in the development of integrated planning and processes in a number of key areas, a few examples are as follows:-

### Co-location of Joint Management Teams

The Joint Management Teams across the Health and Social Care Partnership are now co-located. This allows the exchange of best practice on a day to day basis, helping managers and staff identify efficiencies and opportunities for further integration.

### Responding to and Shaping National Legislation Proposals

Officers across the Council and NHS Tayside have worked closely together to develop and share emerging consultation responses and agree a joint letter, ensuring a transparent process, sharing information and intelligence which has promoted informed debate and mutual understanding at Transition Board discussions.

### Joint Systems and Processes

Officers from both the Council and NHS are meeting regularly to identify synergies in bringing together existing systems and processes such as IS/T and Risk Management arrangements to support the work of the Health and Social Care Partnership.

### Integrated Resource Framework

Significant, robust intelligence has been collated, analysed and interpreted to identify levels and variations in spend and activity across the scope of the Partnership. The Transition Board has discussed how this intelligence will inform future priorities for the Partnership. General Practitioners and other health and social care professionals are being engaged as to how to share and respond to this important data.

### Change Fund

The Transition Board has been kept informed of how the Change Fund is allowing the testing of new innovative ways of working which will inform and shape the delivery of Integrated services in the future.

### **3. ROUTE MAP**

- 3.1 A Health and Social Care Route Map is in place which provides an overview of the journey taken thus far in terms of integration since the creation of the Transition Board. This Route Map also importantly lays down a number of key milestones for the future in relation to our journey towards further integration.
- 3.2 The Route Map has ten task areas as follows:-
- Governance Arrangements
  - Co-Location of Joint Management Teams
  - Organisational Development Support
  - Joint Commissioning Strategy
  - Locality Planning Approach
  - Health Improvement/Inequalities Planning
  - Response to Scottish Government Consultation
  - Joint Risk Management Arrangements
  - Community Engagement
  - General Practitioner Engagement
- 3.3 Significant progress has been made across the Key Task Areas within the Route Map. The Integration Transition Board has discussed and monitored progress via regular update reports at each of its meetings and provided leadership and direction in terms of each Task area.

### **4. PATHFINDER BOARD**

- 4.1 At its meeting on 20 November 2012, the Integration Transition Board approved a report which outlined the broad principles, structure, scope and remit for a Pathfinder Board to oversee further preparations for Adult Health and Social Care Integration in Perth and Kinross from 1 April 2013.
- 4.2 The Pathfinder Board membership, in line with the proposals laid out by the Scottish Government within Public Bodies (Joint Working) (Scotland) Bill is as follows:
- Four Elected Members of Perth and Kinross Council
    - Councillor Dave Doogan
    - Councillor Kate Howie
    - Councillor Ian Campbell
    - Councillor Peter Barrett
  - Four non-executive members, NHS Tayside Board
  - Executive Director (Housing and Community Care), Perth and Kinross Council
  - Deputy Chief Executive, NHS Tayside
  - 3<sup>rd</sup> Sector Representative
    - Helen MacKinnon, Chief Executive, PKAVs

- 4.3 The Executive Director (Housing and Community Care) and the Deputy Chief Executive, NHS Tayside will ensure that appropriate support is provided to the Pathfinder Board. The Depute Director (Housing and Community Care) and the General Manager, CHP will continue to have a key role in providing support as has been the case with the Transition Board.
- 4.4 A future work programme of the Pathfinder Board was further discussed at the meeting of the Integration Transition Board held on 14 March 2013.

## **5. AGENDA AND WORK PROGRAMME**

- 5.1 The Pathfinder Board will be advisory in nature with executive and decision making powers remaining with Perth and Kinross Council and NHS Tayside in the lead up to April 2015.
- 5.2 The Pathfinder Board will consider the basis for strategies in terms of integration and the reshaping of adult health and social care services, and recommend action and activity for approval by the accountable decision making bodies of Perth and Kinross Council and NHS Tayside.
- 5.3 Given the advisory nature of the Pathfinder Board, there will be no requirement for voting at Board meetings. The Pathfinder Board will provide recommendations to the decision making bodies of the accountable organisations who will take the final decisions. Arrangements will require to be put in place to ensure effective communication and reference between the Pathfinder Board and the relevant Council and NHS Committees including sharing of minutes and importantly, performance information.
- 5.4 The voting arrangements for the substantive Board, post April 2015, will be informed by the legislation and be the subject of discussion and agreement between Perth and Kinross Council and NHS Tayside.
- 5.5 The Joint Commissioning Strategy and Integration Plan will be the prime strategy documents which set out the budget priorities and strategic direction in relation to our joint integrated working. Through overseeing the implementation of the Joint Commissioning Strategy, the Pathfinder Board will 'rehearse' the main issues which will face the Board in future years. By monitoring the different aspects, and progress of the Joint Commissioning Strategy, the Pathfinder Board can inform future planning and delivery.
- 5.6 The shadow period provides an opportunity to engage with the Pathfinder Board to raise their awareness, understanding and knowledge in terms of our collective integration agenda to provide better outcomes for individuals, families and their carers at a time of unprecedented financial and demographic challenges.

- 5.7 Throughout the preparatory period, a number of key policy areas will require to be discussed by the Pathfinder Board. It is important the Board are thoroughly briefed and aware of the key issues that they will be required to provide leadership and direction upon when the Board assumes executive powers and becomes responsible and accountable for the delivery of services.
- 5.8 It is suggested that these policy issues include, but are not restricted to, the following:-

#### Joint Commissioning Strategy

The Joint Commissioning Strategy sets out the budget priorities and the strategic direction of travel for our integrated services.

The Strategy outlines what resources will be allocated to what priority, how these resources will be allocated including, importantly, describing the capacity and mechanisms for change and shifting of resources.

#### Integration Plan

The Integration Plan will set out the scope, functions and budgets to be delegated to the Health and Social Care Partnership, the model for financial integration to be implemented and decision making, clinical governance and risk management arrangements.

#### Interpreting Legislation

Following the draft legislation for Adult Health and Social Care Integration being processed in May 2013, the Pathfinder Board are required to discuss and establish how the legislation is interpreted for Perth and Kinross and how the legislation will inform and be reflected within local planning in terms of further integration.

#### Understanding the Scope of our Partnership Activity

The Board will need to lead the development of a shared understanding of the scope and range of Adult Health and Social Care services, across all partners, which will come within the remit of the Health and Social Care Partnership as we move forward.

#### Capacity for Change and Improvement

It is important that we properly utilise the intelligence provided via the Integrated Resource Framework to improve prioritisation of resources towards our shared ambitions. The resources which will be available to the Health and Social Care Partnership require to be identified and the Pathfinder Board need to understand the scope and potential for the transfer of resources between the different parts of the system to improve patient care pathways and focus on better outcomes.

The Integrated Resource Framework will provide the evidence base to direct resource shifts across our joint system.

### Developing and Effective Shared Performance Management Approach

An understanding of the pressures facing our integrated services across the whole Health and Social Care system needs to be shared, including at what levels the required flexibility in budget setting and allocation will be available to the Health and Social Care Partnership.

Effective performance management and reporting arrangements require to be further developed to provide a balanced number of key performance indicators across all aspects of our partnership activity; focussing particularly on better outcomes.

### Understanding our Communities

Robust and informative community and service data and intelligence will be required to inform the strategic and scenario planning of the Pathfinder Board.

The important data arising from Integrated Resource Framework will require to be analysed, interpreted and scrutinised to further inform future service delivery. Community profiles and qualitative service information will also require to be the subject of discussion and awareness raising among the Pathfinder Board, particularly in terms of inequalities between communities or care groups.

### Learning from Best Practice

The lessons learned from our experiences of improving care pathways and services via the Change Fund and other innovative approaches will inform the future decision making of the Board and be required to evidence and direct change, improvement and better outcomes.

### Sharing Knowledge and Understanding

Building upon the organisational development aspects within the Route Map, a bespoke development programme specifically for Pathfinder Board members will be important to build understanding of the cultural differences across the Partnership in relation to such issues as decision making, accountability, professional roles/responsibilities etc. A focus of the programme will be to increase awareness of the different points across the Health and Social Care system. The programme should include opportunities for Board members to attend Integrated Team meetings, visit delivery settings and shadow team professionals.

### Scrutiny Skills

It is important that the Health and Social Care Partnership Board members are properly equipped to scrutinise and challenge the work of partners in terms of delivering better Health and Social Care Outcomes. Specific development and awareness activities in relation to scrutiny skills will require to be provided for Board members.

## **6. PUBLIC BODIES (JOINT WORKING) (SCOTLAND) BILL**

6.1 The Public Bodies (Joint Working) (Scotland) Bill was processed in May 2013. The Bill is the culmination of an intense consultation process and seeks to legislate for the effective integration of Adult Health and Social Care planning and services.

6.2 In outline, the Bill:

- Provides for nationally agreed health and social care outcomes for delivery of which Health Boards and local authorities are equally and jointly accountable to the Scottish Ministers and the public.
- Establishes integration authorities (integration joint boards, Health Boards and/or local authorities) as the partnership arrangements for the governance, planning and delivery of health and social care services. The Bill will remove Community Health Partnerships from statute. Health Boards and local authorities will establish functions and resources to be integrated, for the improvement of person-centred care, in an integration plan (partnership agreement), which will set out the detail of their integrated arrangements.
- Requires partners to delegate functions and appropriate resources to ensure the effective delivery of those functions. The Bill provides for two options for integrating budgets and functions:-
  - i. delegation to an integration joint board established as a body corporate, in which case the Health Board and the local authority agree the amount of resources to be committed by each partner for the delivery of services to support the functions delegated; and:-
  - ii. delegation between partners, in which case the Health Board and/or local authority delegates functions and the corresponding amount of resource, to the other partner, which then hosts the services and the integrated budget.
- Requires integration joint boards to appoint a chief officer (jointly accountable officer) who will be responsible for the management of the integrated budget and the delivery of services to meet the outcomes in the integration plan. The chief officer will lead the development and delivery of the strategic plan (Joint Commissioning Strategy) for the integration authority (partnership) area. Where delegation is between partners, these responsibilities fall to the Chief Executive of the host partner.
- Requires integration authorities (integration joint boards, health Boards and/or local authorities acting in the capacity of a 'lead agency'), to prepare a strategic plan (Joint Commissioning Strategy) for the area, which sets out how the partnership will meet both locally and nationally agreed outcomes. The integration

authority will involve a range of partners in the development of the plan and will consult widely, taking into account any views expressed. In addition, the integration authority (integration joint board, Health Board and/or local authority) will be required to make suitable arrangements to plan locally for the needs of its population, ensuring the involvement of a range of partners, including clinicians and care professionals, in the development and implementation of local planning arrangements.

## **7. INTERPRETING THE BILL**

- 7.1 Discussions continue to take place between Council Officers and NHS Tayside counterparts as to the possible preferred options for the integration of budgets and functions, and the structures and processes which will provide the most appropriate and effective model for Perth and Kinross.
- 7.2 Further reports, including proposed models and partnership arrangements for governance, planning and delivery of integrated services will be brought forward to the Council in the coming months.

## **8. LOCALITY PLANNING**

- 8.1 A particular focus of the Public Bodies (Joint Working) (Scotland) Bill is on ensuring that Health and Social Care Partnerships put in place arrangements for the effective involvement of communities, and health and social care professionals, in the planning and delivery of services.
- 8.2 In general terms, planning for service delivery is at its best when it focuses on the needs of its target population and the outcomes it will delivery for individuals.
- 8.3 Some aspects of service planning, particularly in relation to the provision of preventative and anticipatory care can operate with greater effectiveness and efficiency at a more local level than the integration authority itself – at the level, instead, of local communities, which may be identified by their distinct geographic, cultural or demographic features. This is entirely consistent with a renewed emphasis on integration at the local level in line with the Christie report.
- 8.4 In order for locality planning to have real traction on strategic commissioning, Health and Social Care Partnerships will need to ensure that professionals have time to participate in the process and there are transparent and effective mechanisms for effecting change. They will also need to ensure that localities can genuinely influence how resources are allocated within their communities, within a broadly equitable share of integrated resources, rather than on the basis of historic patterns of resource allocation and service provision.



- 8.5 The Bill places a duty upon Health and Social Care Partnerships to work with local professionals, across extended multi-disciplinary health and social care teams, and the third and independent sectors, to determine how best to put in place local arrangements for planning service provision and on the operation of their locality function, Health and Social Care Partnerships will be required to put in place, and to subsequently support, review and maintain such arrangements. Health and Social Care Partnerships will be required to develop their strategic plans on the basis of their respective locality plans.
- 8.6 The Bill does not prescribe mechanisms for locality planning, structure and processes are left to local agreement. There is however, a clear requirement to ensure a pivotal role for locality planning arrangements with respect to strategic commissioning.
- 8.7 It will be an important early task for the Health and Social Care Partnership to agree and establish an appropriate and effective approach to locality planning. Each community, whether it is geographical or of a community of interest will have particular needs and aspirations. A flexible and responsive approach will require to be developed focussed on inclusive ways of working with engaging and involving staff, families and individuals, rather than rigid one size fits all structures. Much good practice already exists in Perth and Kinross for example, in Highland Perthshire, where professionals and communities are coming together to improve service delivery. It is intended to build upon this good practice within a flexible but supportive locality planning framework.
- 8.8 Over the next few months, time will be spent engaging with existing locality groups, integrated teams and voluntary organisations etc, to learn from best practice and 'what works' in terms of engaging and involving professionals in the planning of services. These discussions will inform proposals for the most appropriate approach to locality planning for further Health and Social Care Integration.

## **9. CONCLUSION AND RECOMMENDATIONS**

- 9.1 This report provides an update on progress in relation to further Health and Social Care Integration in Perth and Kinross, and outlines a number of the key aspects of the Public Bodies (Joint Working) (Scotland) Bill.
- 9.2 It is recommended that the Housing and Health Committee:
- i. Notes the progress to date in terms of Health and Social Care Integration;
  - ii. Requests that further reports be brought forward to the Housing and Health Committee in terms of planning for the implementation of the Public Bodies (Joint Working) (Scotland) Bill.

**Author**

<b>Name</b>	<b>Designation</b>	<b>Contact Details</b>
Paul Graham	Senior Corporate Strategy Manager	<a href="mailto:pbgraham@pkc.gov.uk">pbgraham@pkc.gov.uk</a> Ext 75056

**Approved**

<b>Name</b>	<b>Designation</b>	<b>Date</b>
David Burke	Executive Director (Housing and Community Care)	19 July 2013

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Council Text Phone Number 01738 442573

## IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

<b>Strategic Implications</b>	<b>Yes / None</b>
Community Plan / Single Outcome Agreement	<b>Yes</b>
Corporate Plan	<b>Yes</b>
<b>Resource Implications</b>	
Financial	<b>None</b>
Workforce	<b>None</b>
Asset Management (land, property, IST)	<b>None</b>
<b>Assessments</b>	
Equality Impact Assessment	<b>None</b>
Strategic Environmental Assessment	<b>None</b>
Sustainability (community, economic, environmental)	<b>None</b>
Legal and Governance	<b>None</b>
Risk	<b>None</b>
<b>Consultation</b>	
Internal	<b>Yes</b>
External	<b>Yes</b>
<b>Communication</b>	
Communications Plan	<b>None</b>

### 1. Strategic Implications

#### Community Plan / Single Outcome Agreement

- 1.1 This report is central to the achievement of the Community Plan/Single Outcome Agreement priority of supporting people to lead independent, healthy and active lives.

#### Corporate Plan

- 1.2 This report is central to the achievement of the Corporate Plan priority of supporting people to lead independent, healthy and active lives.

### 2. Resource Implications

#### Financial

- 2.1 There are no direct financial implications arising from this report.

#### Workforce

- 2.2 There are no direct workforce implications arising from this report.

### Asset Management (land, property, IT)

- 2.3 There are no direct asset management implications arising from this report.

## **3. Assessments**

### Equality Impact Assessment

- 3.1 Under the Equality Act 2010, the Council is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the Council to demonstrate that it is meeting these duties.

This report has been considered and assessed as **not relevant** for the purposes of EqlA

### Strategic Environmental Assessment

- 3.2 The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals.

However, no action is required as the Act does not apply to the matters presented in this report. This is because the Committee are requested to note the contents of the report only and the Committee are not being requested to approve, adopt or agree to an action or to set the framework for future decisions.

## **4. Consultation**

- 4.1 This report summarises progress in relation to Health and Social Care Integration. A number of internal and external stakeholders have informed the content of the report over previous months.

## **5. BACKGROUND PAPERS**

There are no background papers

## **6. APPENDICES**

There are no appendices to this report.