

Health and Social Care Integration Narrative

This document provides an overview of Health and Social Care Integration and the processes that must be considered and taken forward by Health Boards and Local Authorities in partnership with health and social care professionals, the third sector, users, carers and other key stakeholders.

It highlights the practical steps to be taken to achieve integration of health and social care services as required by the Public Bodies (Joint Working) (Scotland) Bill, and describes the models that can be used to integrate these services in order to improve the national health and wellbeing outcomes for their communities.

Background

The Public Bodies (Joint Working) (Scotland) Bill was passed by the Scottish Parliament on 25 February 2014. The Bill will receive Royal Assent around March or April 2014. It puts in place the framework for integrating health and social care in Scotland and has cross party political support in the Scottish Parliament.

Over the course of the Spring and Summer of 2014 the Scottish Government will draft and consult on the detailed legislation (“secondary legislation”, which may be in the form of either Regulations or an Order) that will underpin the Bill, and the broader statutory guidance that will further support implementation of integrated service provision.

Integration Models

The Bill allows Health Boards and Local Authorities to integrate health and social care services in two ways, and this note considers both. It is up to Health Boards and Local Authorities to agree which approach is best for local needs.

- **Option 1**

The Health Board and Local Authority delegate the responsibility for planning and resourcing service provision for adult health and social care services to an Integration Joint Board.

- **Option 2**

The Health Board or the Local Authority takes the lead responsibility for planning, resourcing and delivering integrated adult health and social care services.

Option 1

Overview:

The first model of integration allows for Health Boards and Local Authorities, working with health and social care professionals, the third sector, users, carers and other key stakeholders, to establish an Integration Joint Board, to which the Health Board and Local Authority delegate the responsibility and resources for adult health and social care.

The minimum that Health Boards and Local Authorities must delegate is broadly, adult social care services, adult community health services and a proportion of adult acute services. It will be at the discretion of local partners to decide whether to integrate children's services as well, now or in the future.

The detail of this arrangement will be set out within an integration scheme, alongside agreed arrangements for other critical matters such as;

- Engagement of stakeholders;
- Clinical and care governance arrangements;
- Workforce and organisational development;
- Data sharing;
- Financial management;
- Dispute resolution;
- Local arrangements for the Integration Joint Board;
- Local arrangements for operational delivery
- Liability arrangements;
- Complaints handling.

The Health Board and the Local Authority must fully involve and engage their key stakeholders in the development of the draft integration scheme and take into account the views expressed during this process.

Once the Health Board and the Local Authority have finalised the integration scheme it must be submitted to Scottish Ministers for approval. Once approved, Scottish Ministers will lay an Order before the Scottish Parliament to create the Integration Joint Board.

Once established, the Integration Joint Board's first responsibilities are to appoint a Chief Officer and an officer who is responsible for its financial administration. The latter can be the Chief Officer or, if not, should be a joint appointment from the senior finance team of either the Health Board or the Local Authority. The Integration Joint Board must also establish a strategic planning group, which will be involved throughout the process of developing, consulting on and finalising the strategic plan.

Strategic plans for older people's services are already in place in every partnership area in Scotland, which provide a good starting point for this work. By the time the Chief Officer and the strategic planning group are appointed these plans should be as

fit for purpose as possible, developed with stakeholders to include all adults and ensure a smooth transition from the Health Board and the Local Authority to the Integration Joint Board.

The development of the strategic plan must be clear about the national and local outcomes, as reflected in the integration scheme, to be delivered and must include the formal establishment of locality arrangements for the partnership area. These arrangements, based round natural communities, will draw together professionals, staff, the third and independent sectors, carers and service users to lead the planning and delivery of services for their local community, based on their experience and knowledge of local needs, and feed this detail into the strategic plan.

Once the Integration Joint Board and the strategic planning group are satisfied that the strategic plan and the locality arrangements are fit for purpose, the Integration Joint Board is to notify the Health Board and Local Authority of the date on which the responsibility of integrated services and the associated resources should be delegated to the Integration Joint Board. On this date, the responsibility for integrated services and the associated resources are delegated to the Integration Joint Board. Scottish Ministers will set a date by which this delegation must occur by.

The Integration Joint Board, through its Chief Officer, now has responsibility for the planning, resourcing and operational delivery of all integrated services within the strategic plan. Decisions on integrated services are now joint and integrated and made by the Integration Joint Board. The delivery of services will be delegated by the Health Board and local authority to the Integration Joint Board and the Chief Officer and the integration scheme must set out how the managerial arrangements across the integrated arrangements flow back to the Integration Joint Board and the Chief Officer. The staff that will deliver the services are not required to transfer from one employer to another nor to change their terms and conditions.

The Chief Officer has a direct line of accountability to the Chief Executives of the Health Board and the Local Authority for the delivery of integrated services. The Chief Officer is responsible for ensuring that service delivery improves the national outcomes, and any locally delegated responsibilities for health and wellbeing and for measuring, monitoring and reporting on the underpinning measures and indicators that will demonstrate progress.

Once the resources for delegated functions are allocated to the Integration Joint Board, the Integration Joint Board makes decisions on the use of the integrated finance. The Chief Officer carries out the decisions of the Integration Joint Board and the Chief Officer (or the responsible financial officer, where that is not Chief Officer) is responsible for financial governance of those resources. When the Integration Joint Board re-allocates the resources back to the Health Board and the Local Authority, for the delivery of services, the Health Board accountable officer and local authority Section 95 officer are responsible for them.

The Chief Officer and the responsible financial officer will work with locality groups to devolve appropriate responsibility and accountability for spend. Integrated partnerships will need to ensure that localities are empowered to make decisions that achieve appropriate shifts in outcomes.

Option 2

Overview:

The second model of integration outlined in the Bill allows for either the Health Board or the Local Authority to take the lead in planning and delivering adult integrated health and social care service provision in their area.

The minimum that Health Boards and/or Local Authorities must delegate is broadly, adult social care services, adult community health services and a proportion of adult acute services. The responsibility for this minimum set of services must sit with either the Health Board or the Local Authority. It will be at the discretion of local partners to decide whether to integrate children's services as well, now or in the future. The responsibility for any additional services that are delegated can sit with either partner. The Highland Partnership is an example of this latter type of arrangement.

The detail of this arrangement, including which body will be the 'lead agency', will be set out within an integration scheme, alongside agreed arrangements for other critical matters such as;

- Engagement of stakeholders;
- Clinical and care governance arrangements;
- Workforce and organisational development;
- Data sharing;
- Financial management;
- Dispute resolution;
- Local arrangements for the Integration Joint Monitoring Committee
- Local arrangements for operational delivery
- Liability;
- Complaints handling.

The Health Board and the Local Authority must fully involve and engage their key stakeholders in the development of the draft integration scheme and take into account the views expressed during this process.

Once the Health Board and the Local Authority have finalised the integration scheme it must be submitted to Scottish Ministers for approval. Unlike option 1, no secondary legislation is required to allow the delegation of responsibility for integrated services to the lead agency so Scottish Ministers will respond directly to the Health Board and the Local Authority indicating that they can proceed.

The Chief Executive of the lead agency now has the responsibility to develop the strategic plan for the integrated services and is required to set up the strategic planning group. Once the group is established the process of developing, consulting on and finalising the strategic plan can begin.

Strategic plans for older people's services are already in place in every partnership area in Scotland, which provide a good starting point for this work. By the time the strategic planning group are appointed these plans should be as fit for purpose as

possible, developed with stakeholders to include all adults and ensure a smooth transition from the Health Board and the Local Authority to the lead agency.

The development of the strategic plan must be clear about the national and local outcomes, as reflected in the integration scheme, to be delivered and must include the formal establishment of locality arrangements for the partnership area. These arrangements, based round natural communities, will draw together professionals, the third and independent sectors, carers and service users to lead the planning and delivery of services for their local community, based on their experience and knowledge of local needs, and feed this detail into the strategic plan.

The Health Board and the Local Authority are also required to establish an Integration Joint Monitoring Committee. This committee will scrutinise the delivery of the integrated arrangements and reports on the progress that is being made to improve outcomes. The Committee must be established by the time that responsibility for integrated services is delegated.

Once the Chief Executive of the lead agency and the strategic planning group are satisfied that the strategic plan and locality arrangements are fit for purpose, and the Integration Joint Monitoring Committee is established, they should notify the delegating authority of the date upon which the responsibility for integrated services and associated resources should be delegated to the lead agency. On this date, the responsibility for integrated services and the associated resources are formally delegated. Scottish Ministers will set a date by which this delegation must occur by.

The lead agency now has responsibility for the planning, resourcing and operational delivery of all integrated services within the strategic plan. Staff that will deliver the services are not required to transfer from one employer to another.

The Chief Executive of the lead agency will work with locality groups to devolve appropriate responsibility and accountability for spend. The lead agency will need to ensure that localities are empowered to make decisions that achieve appropriate shifts in outcomes.

The Integration Joint Monitoring Committee will begin to track the progress that the lead agency is making in delivering the outcomes and report to the Health Board and the Local Authority on that progress. It is able to make recommendations to the lead agency where it considers that this is necessary.

Scottish Government
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