
To: Renfrewshire Integration Joint Board

On: 22 March 2019

Report by: Chief Officer

Heading: Ministerial Strategic Group for Health and Social Care - Review of Progress with Integration of Health and Social Care

1. Summary

- 1.1. In May 2018, the then Cabinet Secretary for Health and Sport made a commitment to Parliament to undertake, with COSLA, a 'Review of Progress Under Integration Authorities'. Through the Ministerial Strategic Group for Health and Social Care, a small leadership group was commissioned to undertake this Review of Progress which has now concluded its deliberations and on 4 February 2019 produced a set of twenty-six proposals for driving forward health and social care integration.
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2. Recommendation

It is recommended that the IJB:

- As detailed in section 4.2, note the work with partner organisations to evaluate our current position in relation to each of the proposals; and
 - From this, develop a jointly agreed action plan consistent with the timelines indicated in the Review Report.
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3. Background

- 3.1 At its meeting on 20 June 2018, the Ministerial Strategic Group for Health and Social Care agreed that a review of the progress with integration with health and social care 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). A larger group of senior stakeholders has acted as a "reference" group to the leadership group. Membership of this group is as follows:
- Paul Gray (co-chair) (Director General for Health and Social Care and Chief Executive of NHS Scotland)
 - Sally Loudon (co-chair) (Chief Executive of COSLA)

- Paul Hawkins (Chief Executive of NHS Fife, representing NHS Board Chief Executives)
- Andrew Kerr (Chief Executive of Edinburgh City Council, representing SOLACE)
- David Williams (Chief Officer of Glasgow City IJB and Chair of the Chief Officers' network, representing IJB Chief Officers)
- Annie Gunner Logan (Chief Executive of CCPS, representing the third sector)
- Donald MacAskill (Chief Executive of Scottish Care, representing the independent sector)

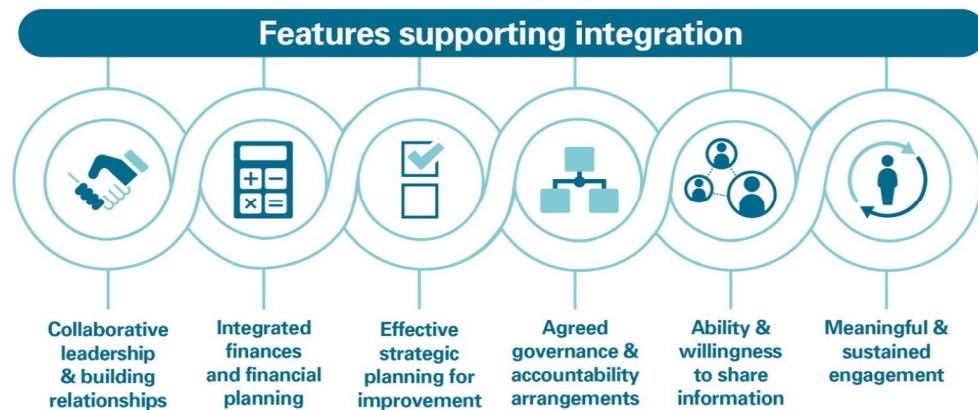
3.2 The group recognised that the Audit Scotland report¹ published in November 2018 provided important evidence for changes that are needed to deliver integration well and agreed that the recommendations of this report are acted upon.

The key messages for the Audit Scotland Report include:

- Integration Authorities (IAs) have started to introduce more collaborative ways of delivering services and have made improvements in several areas, including reducing unplanned hospital activity and delays in discharging people from hospital. People at the end of their lives are also spending more time at home or in a homely setting, rather than in hospital. These improvements are welcome and show that integration can work within the current legislative framework, but IAs are operating in an extremely challenging environment and there is much more to be done.
- Financial planning is not integrated, long term or focused on providing the best outcomes for people who need support. This is a fundamental issue which will limit the ability of IAs to improve the health and social care system. Financial pressures across health and care services make it difficult for IAs to achieve meaningful change. IAs were designed to control some services provided by acute hospitals and their related budgets. This key part of the legislation has not been enacted in most areas.
- Strategic planning needs to improve and several significant barriers must be overcome to speed up change. These include: a lack of collaborative leadership and strategic capacity; a high turnover in IA leadership teams; disagreement over governance arrangements; and an inability or unwillingness to safely share data with staff and the public. Local areas that are effectively tackling these issues are making better progress.
- Significant changes are required in the way that health and care services are delivered. Appropriate leadership capacity must be in place and all partners need to be signed up to, and engaged with, the reforms. Partners also need to improve how they share learning from successful integration approaches across Scotland. Change cannot happen without meaningful engagement with staff, communities and politicians. At both a national and local level, all partners need to work together to be more honest and open about the changes that are needed to sustain health and care services in Scotland.

¹ http://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr_181115_health_socialcare_update.pdf

In addition, the group noted specifically that the Audit Scotland report provided a helpful framework and therefore set out its proposals under each of the six features below:



3.3 The proposals from the review are detailed below and focus on a joint and mutual responsibility to improve outcomes for people using health and social care services in Scotland:

1. Collaborative leadership and building relationships

- i. All leadership development will be focused on shared and collaborative practice;
- ii. Relationships and collaborative working between partners must improve; and
- iii. Relationships with the third and independent sectors must improve

2. Integrated finances and financial planning

- i. Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration;
- ii. Delegated budgets for IJBs must be agreed timeously;
- iii. Delegated hospital budgets and set aside requirements must be fully implemented;
- iv. Each IJB must develop a transparent and prudent reserves policy;
- v. Statutory partners must ensure appropriate support is provided to IJB S95 Officers; and
- vi. IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.

3. Effective strategic planning for improvement

- i. Improved strategic inspection of health and social care is developed to better reflect integration;
- ii. Improved strategic planning and commissioning arrangements must be put in place;

- iii. Improved capacity for strategic commissioning of delegated hospital services must be in place; and
- iv. Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.

4. Governance and accountability arrangements

- i. The understanding of accountabilities and responsibilities between statutory partners must improve;
- ii. Accountability processes across statutory partners will be streamlined;
- iii. IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis;
- iv. Clear directions must be provided by IJBs to Health Boards and Local Authorities; and
- v. Effective, coherent and joined up clinical and care governance arrangements must be in place.

5. Ability and willingness to share information

- i. IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data;
- ii. Identifying and implementing good practice will be systematically undertaken by all partnerships; and
- iii. A framework for community based health and social care integrated services will be developed.

6. Meaningful and sustained engagement

- i. Effective approaches for community engagement and participation must be put in place for integration;
- ii. Improved understanding of effective working relationships with carers, people using services and local communities is required; and
- iii. We will support carers and representatives of people using services better to enable their full involvement in integration.

4. Next Steps

4.1 In support of these proposals the Ministerial Strategic Group 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; and
- Report regularly on progress with implementation to the Ministerial Group for Health and Community care.

4.2 In response the Ministerial Strategic Group 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; and
- Partnerships to be innovative in progressing integration.

Implications of the Report

1. **Financial** – n/a
2. **HR & Organisational Development** – n/a
3. **Community Planning** – n/a
4. **Legal** – n/a
5. **Property/Assets** – property remains in the ownership of the parent bodies.
6. **Information Technology** – n/a
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council’s website.
8. **Health & Safety** – tbc
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – None.
11. **Privacy Impact** – n/a.

List of Background Papers – [Ministerial Strategic Group for Health and Social Care - Review of Progress with Integration of Health and Social Care](#)

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