

The Highland Council

Education, Children and Adult Services – 25 August 2016

Agenda Item	9.
Report No	ECAS 53/16

Audit Scotland Report: Health and Social Care Integration

Report by Director of Care and Learning

Summary

This report summarises the findings of a recent Audit Scotland report on progress in the integration of health and social care.

1. Background

- 1.1 Highland Council and NHS Highland integrated health and social care services for children and adults in April 2012. The Public Bodies (Joint Working) (Scotland) Act 2014 required all other local partnerships to achieve health and social care integration by April 2016.
- 1.2 Audit Scotland published a report on progress towards integrated arrangements in December 2015. It is available at: <http://audit-scotland.gov.uk/report/health-and-social-care-integration-0>

2. Integration in Highland

- 2.1 The Audit Scotland report notes the history and achievement of integrated arrangements in Highland. It notes that other partnerships are expected to be operational by the statutory deadline.
- 2.2 The report points out that Highland is the only partnership that has adopted the lead agency model. The others are progressing with the body corporate (Integration Authority) model that requires an Integrated Joint Board.
- 2.3 The report provides little specific commentary on the arrangements in Highland, other than to compare the scope with those planned in other Partnerships. The Highland arrangement is one of ten that includes children's services. It is not one of the 16 integrated arrangements that includes Criminal Justice Services, or one of the two that includes planned acute health services – albeit both are clearly a fundamental aspect of the respective lead agency's operations.
- 2.4 The report indicates that the Highland Partnership is one of eight that had, had its Integration Scheme approved by the Scottish Government – the remainder required to have their Schemes approved by April 2016.

3. Progress to date

- 3.1 Audit Scotland found widespread support for the principles of integration from the individuals and organisations implementing the changes.
- 3.2 They stated that there are significant risks which need to be addressed if

integration is to fundamentally change the delivery of health and care services. There is evidence to suggest that Integration Authorities will not be in a position to make a major impact during 2016/17. Difficulties in agreeing budgets and uncertainty about longer-term funding mean that they have not yet set out comprehensive strategic plans and many have still to set clear targets and timescales showing how they will make a difference to people who use health and social care services.

- 3.3 There are other important issues which also need to be addressed. The proposed governance arrangements for Integrated Joint Boards are complex, with some uncertainty about how they will work in practice. Audit Scotland say this will make it difficult for staff and the public to understand who is responsible for the care they receive.
- 3.4 Audit Scotland also says there are significant long-term workforce issues, as Integration Authorities risk inheriting workforces that have been organised in response to budget pressures rather than strategic needs. Other issues include different terms and conditions for NHS and council staff, and difficulties in recruiting and retaining GPs and care staff.
- 3.5 The report makes a number of recommendations for the Scottish Government and Integration Authorities. These are attached as **Appendix 1**.
- 3.6 Audit Scotland state that partners need to set out clearly how governance arrangements will work in practice, particularly when disagreements arise. This is because there are potentially confusing lines of accountability and potential conflicts of interests for board members and staff. There is a risk that this could hamper the ability of an Integration Authority to make decisions about the changes involved in redesigning services. People may also be unclear who is ultimately responsible for the quality of care. In addition, Integration Joint Board (IJB) members need training and development to help them fulfil their role.
- 3.7 Integration Authorities need to set out clearly:
- the resources, such as funding and skills, that they need
 - what success will look like
 - how they will monitor and publicly report on the impact of their plans.
- 3.8 The report was published at a time of significant budget uncertainty, and reflects that NHS boards and councils had to work with the new Integration Authorities to agree initial budgets. It says that this should cover both their first year and the next few years to give them the continuity and certainty they need to develop and implement strategic plans. Integration Authorities should be clear about how they will use resources to integrate services and improve outcomes.
- 3.9 Finally, Integration Authorities need to shift resources, including the workforce, towards a more preventative and community-based approach. Even more importantly, they must show that this is making a positive impact on service users and improving outcomes.

4. Implications

- 4.1 There are no Resource, Gaelic or Climate Change implications from the Audit Scotland report.

- 4.2 The report confirms the known Legal; Equalities; Risk, and Rural implications associated with the need for health and social care integration to address need and meet social and demographic challenges.
- 4.3 The report was published at a time when the Highland Partnership was reviewing the governance model for the lead agency arrangements. Highland Council has since agreed the new arrangements, which are now in place, albeit NHS Highland is still reviewing its own governance arrangements.

5. Recommendation

- 5.1 The Committee is asked to note the Audit Scotland report.

Designation: Director of Care and Learning

Date: 15 August 2016

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Appendix 1

Recommendations

We have made recommendations to help organisations address potential risks to the success of health and social care integration. We will monitor progress as part of our future work on integration.

The Scottish Government should:

- work with IAs to help them develop performance monitoring to ensure that they can clearly demonstrate the impact they make as they develop integrated services. As part of this:
 - ≠ work with IAs to resolve tensions between the need for national and local reporting on outcomes so that it is clear what impact the new integration arrangements are having on outcomes and on the wider health and social care system
- monitor and publicly report on national progress on the impact of integration. This includes:
 - ≠ measuring progress in moving care from institutional to community settings, reducing local variation in costs and using anticipatory care plans
 - ≠ reporting on how resources are being used to improve outcomes and how this has changed over time
 - ≠ reporting on expected costs and savings resulting from integration
- continue to provide support to IAs as they become fully operational, including leadership development and sharing good practice, including sharing the lessons learned from the pilots of GP clusters.

Integration authorities should:

- provide clear and strategic leadership to take forward the integration agenda; this includes:
 - ≠ developing and communicating the purpose and vision of the IJB and its intended impact on local people
 - ≠ having high standards of conduct and effective governance, and establishing a culture of openness, support and respect
- set out clearly how governance arrangements will work in practice, particularly when disagreements arise, to minimise the risk of confusing lines of accountability, potential conflicts of interests and any lack of clarity about who is ultimately responsible for the quality of care and scrutiny.
This includes:
 - ≠ setting out a clear statement of the respective roles and responsibilities of the IJB (including individual members), NHS board and council, and the IJB's approach towards putting this into practice
 - ≠ ensuring that IJB members receive training and development to prepare them for their role, including managing conflicts of interest, understanding the organisational cultures of the NHS and councils and the roles of non-voting members of the IJB

- ensure that a constructive working relationship exists between IJB members and the chief officer and finance officer and the public.
This includes:
 - ≠ setting out a schedule of matters reserved for collective decision-making by the IJB, taking account of relevant legislation and ensuring that this is monitored and updated when required.
 - ≠ ensuring relationships between the IJB, its partners and the public are clear so each knows what to expect of the other

- be rigorous and transparent about how decisions are taken and listening and acting on the outcome of constructive scrutiny, including:
 - ≠ developing and maintaining open and effective mechanisms for documenting evidence for decisions
 - ≠ putting in place arrangements to safeguard members and employees against conflict of interest and put in place processes to ensure that they continue to operate in practice
 - ≠ developing and maintaining an effective audit committee
 - ≠ ensuring that effective, transparent and accessible arrangements are in place for dealing with complaints
 - ≠ ensuring that an effective risk management system is in place

- develop strategic plans that do more than set out the local context for the reforms; this includes:
 - ≠ how the IJB will contribute to delivering high-quality care in different ways that better meet people's needs and improves outcomes
 - ≠ setting out clearly what resources are required, what impact the IJB wants to achieve, and how the IA will monitor and publicly report their progress
 - ≠ developing strategies covering the workforce, risk management, engagement with service users and data sharing, based on overall strategic priorities to allow the IA to operate successfully in line with the principles set out in the Act and ensure these strategies fit with those in the NHS and councils
 - ≠ making clear links between the work of the IA and the Community Empowerment (Scotland) Act and Children and Young People (Scotland) Act

- develop financial plans that clearly show how IAs will use resources such as money and staff to provide more community-based and preventative services. This includes:
 - ≠ developing financial plans for each locality, showing how resources will be matched to local priorities
 - ≠ ensuring that the IJB makes the best use of resources, agreeing how Best Value will be measured and making sure that the IJB has the information needed to review value for money and performance effectively

- shift resources, including the workforce, towards a more preventative and community-based approach; it is important that the IA also has plans that set out how, in practical terms, they will achieve this shift over time.

Integration authorities should work with councils and NHS boards to:

- recognise and address the practical risks associated with the complex accountability arrangements by developing protocols to ensure that the chair of the IJB, the chief officer and the chief executives of the NHS board and council negotiate their roles in relation to the IJB early on in the relationship and that a shared understanding of the roles and objectives is maintained
- review clinical and care governance arrangements to ensure a consistent approach for each integrated service and that they are aligned to existing clinical and care governance arrangements in the NHS and councils
- urgently agree budgets for the IA; this is important both for their first year and for the next few years to provide IAs with the continuity and certainty they need to develop strategic plans; this includes aligning budget-setting arrangements between partners
- establish effective scrutiny arrangements to ensure that councillors and NHS non-executives, who are not members of the IJB board, are kept fully informed of the impact of integration for people who use local health and care services
- put in place data-sharing agreements to allow them to access the new data provided by ISD Scotland.