

CONVENTION OF THE HIGHLANDS AND ISLANDS – 31 OCTOBER 2017

HEALTH AND SOCIAL CARE INTEGRATION

1. Purpose

- 1.1. In Spring 2014 the Convention shared experiences of health and social care integration to date. Since then there has been considerable progress, most notably the implementation of the Public Bodies (Joint Working) (Scotland) Act 2014. This paper and accompanying presentation provide an update on progress of the integration of health and social care.

2. Recommendation

- 2.1. COHI is invited to:
 - Discuss the opportunities for members to support Integration Authorities to deliver the principles of health and social care integration and support public sector reform.

3. Background

- 3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 came into effect on 1 April 2016 and sets out a legislative framework for the integration of health and social care services in Scotland. Under the Act, **31 Integration Authorities now have responsibility for £8.3 billion of funding for local services** that was previously managed separately by Local Authorities and NHS Boards.
- 3.2. Integration of health and social care brings about significant changes to the way services are delivered, to help bring long-term sustainability to services and improve the health and wellbeing of the people of Scotland. It places greater emphasis on supporting people in their own homes and communities and reducing inappropriate hospital and care home use.
- 3.3. The legislation requires Local Authorities and NHS Boards to create formal partnership arrangements (Integration Authorities) to integrate the planning, management and delivery of, at a minimum, adult health and social care services (including some hospital services). These arrangements can either be in the form of a body corporate model (known as an Integration Joint Board (IJB) or a lead agency model.
- 3.4. All 31 Integration Authorities had their integration schemes approved by Scottish Ministers and 'went live' on or by 1 April 2016. There are 30 Integration Joint Boards and one lead agency model (Highland).

- 3.5. Health Boards and Local Authorities are required by the legislation to delegate a minimum set of functions to the integration authority, and to make payments to that authority in respect of those delegated functions. Integration Authorities then give direction and payment where relevant for the delivery of services by providers in line with their strategic commissioning plans. In 2016-17 the total budget delegated to Integration Authorities across Scotland was over £8bn (out of a total £12bn Scottish health and social care budget). Of the 2017/18 delegated resource, COHI area Integration Authorities were responsible for £1.37bn.
- 3.6. Under the Act each Integration Authority must establish a strategic planning group to produce a strategic commissioning plan. This must set out how they will plan and deliver services in their area, using the integrated budgets under their control, to deliver the national outcomes for health and wellbeing and achieve the core aims of integration. The development, publication and review of these strategic plans must be done in a manner that fully engages stakeholders.
- 3.7. Each integration authority is required to define and agree, in consultation with local stakeholders, a number of locality areas. These locality areas provide an operational mechanism for local leadership of service planning that feeds upwards into the Integration Authority's strategic commissioning plan via a representative member on the main strategic planning group.
- 3.8. There are nine health and wellbeing outcomes contained in the Act, for which all integration authorities, health boards and local authorities are jointly accountable for delivering (see annex A). The impact of integration will be measured against these statutory national outcomes.
- 3.9. There are seven Integration Authorities in the COHI region. The table in annex B highlights the models of integration adopted and the strategic priorities by each area.

4. Developments and progress

- 4.1. All 31 Integration Authorities are now into at least their second year of being fully operational. They have all prepared and published strategic commissioning plans that set out how they will plan and deliver services using the delegated budgets under their control.
- 4.2. Integration Authorities have all now published their first annual performance reports and financial statements for 2016/17. These reports are structured around key priorities set out in strategic commissioning plans.

- 4.3. Overall, the annual reports indicate that significant progress has been made in terms of governance and infrastructure arrangements, as well as building better integrated delivery teams and developing better integrated models of care.
- 4.4. The annual reports also highlight a range of common challenges, including demographic challenges, workforce recruitment and retention, financial pressures, and addressing inequalities.

5. Proposal and discussion

- 5.1. This session on health and social care integration, which includes a presentation from the Integration Authorities, will allow COHI members to share their own experiences of integration and discuss how they can best support Integration Authorities to deliver the national health and wellbeing outcomes and contribute to the wider public sector reform agenda.
- 5.2. COHI members are invited to consider this paper and the update from the presentation. They may in particular want to discuss:
 - Progress to date across Integration Authorities.
 - Opportunities for members to support Integration Authorities in delivering the principles of health and social care integration.
 - Opportunities that integration may present for furthering public sector reform
 - How to support further learning and sharing of innovative ideas

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OCTOBER 2017

Annex A – Health and Social Care Integration - National Health and Wellbeing Outcomes

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer

Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected

Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Outcome 5. Health and social care services contribute to reducing health inequalities

Outcome 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being

Outcome 7. People using health and social care services are safe from harm

Outcome 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Outcome 9. Resources are used effectively and efficiently in the provision of health and social care services

Annex B – COHI Region Integration Authorities – Models, delegated functions, strategic objectives and locality planning areas

| Integration Authority | Model of integration | Functions delegated to integration authority | Strategic objectives/ priorities | Locality planning areas | Delegated Budget 2017/18 |
|-----------------------|-------------------------|---|---|---|--------------------------|
| Argyll & Bute | Integration Joint Board | As well as the minimum required delegated functions, the integration joint board is also responsible for children's health and social care services, criminal justice social work and all acute services. | <ul style="list-style-type: none"> - Promote healthy lifestyles and increase self-management of long term conditions - Reduce the number of avoidable emergency admissions to hospital - Minimise the time that people spend delayed in hospital - Reduce the adverse events for children and young people, and provide the best start in life for them - Institute a continuous quality improvement management process within a change process across the functions delegated to the Partnership - Operate as a single service and single health and social care team at a locality level by integrating services and our workforce supported by integrated strategy, corporate service, systems and procedures - Efficiently and effectively manage all resources to deliver best value. | 8 locality areas: <ul style="list-style-type: none"> - Oban and Lorn - Mull, Iona, Coll, Tiree and Colonsay - Mid Argyll - Kintyre - Islay and Jura - Cowal - Bute - Helensburgh & Lomond | £259m |
| Highland | Lead Agency | Highland has adopted a lead agency model. Under this model NHS Highland assume responsibility for Adult Health and Social Care Service and Highland Council assume responsibility for Children's Health | <ul style="list-style-type: none"> - Ensure the best available evidence is used for making decisions. - Increase transparency on price and quality. - Pay for value. - Enhance quality, efficiency and capacity of care at a local level. - Increase dignity and quality of care for seriously /terminally ill patients. - Focus on prevention. - Build the foundation of a sustainable health and social care system across all sectors. | 10 locality areas: <ul style="list-style-type: none"> - Caithness - Sutherland - Easter Ross - Mid Ross - Skye, Lochalsh & Wester Ross - Inverness West - Inverness East - Lochaber - Badenoch & Strathspey - Nairn & | £600m |

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| | | and Social Care Services. | | Ardersier. | |
| Moray | Integration Joint Board | Moray IJB has responsibility for the minimum required delegated functions. | <ul style="list-style-type: none"> - More people will live well in their communities - the population will be responsible for their own health and wellbeing – the community will respond to individual outcomes - Carers can continue their caring role whilst maintaining their own health and wellbeing - Relationships will be transformed to be honest, fair and equal - Investment in a seamless workforce to ensure that skills, competencies and confidence match the needs to enable people to maintain their wellbeing - Technology enabled care considered at every intervention | 2 locality areas: <ul style="list-style-type: none"> - Moray East - Moray West | £124m |
| North Ayrshire | Integration Joint Board | In addition to the minimum required delegated functions the IJB also has responsibility for children's health and social care services and criminal justice social work | <ul style="list-style-type: none"> - Tackling inequalities - Engaging communities - Bringing services together - Prevention and early intervention - Improving mental health and wellbeing | 6 locality areas: <ul style="list-style-type: none"> - Arran - Garnock Valley - Irvine - Kilwinning - North Coast - Three Towns | £245m |
| Orkney | Integration Joint Board | In addition to the minimum required delegated functions the IJB also has responsibility for children's health and social care services and criminal justice social work | <ul style="list-style-type: none"> - service developments are designed with and for people, their carers and communities; - services are safe, effective, and person-centred; - service developments involve partnership and whole systems working to improve care; - reducing inequalities and promoting equality. | 2 locality areas: <ul style="list-style-type: none"> - East and West Mainland - The Isles | £40m |

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| Shetland | Integration Joint Board | In addition to the minimum delegate functions, has responsibility for children's health services and criminal justice social work | <ul style="list-style-type: none"> - Keeping people safe from harm, protecting vulnerable people - Delivering integrated health and care pathways and single point of entry to services by continuing to shift resources to primary and community care - Strengthening and working in partnership with individuals, their families and communities - Reducing avoidable admission to and inappropriate use of hospital services - Developing primary care and community responses through multi-disciplinary teams - Supporting unpaid carers - Tackling inequalities, with a focus on health inequality - Prevention and early intervention - Promoting healthy lifestyles - Improving mental health and wellbeing - Promoting self-management and independence | 7 locality areas: <ul style="list-style-type: none"> - North Isles - North Mainland - West Mainland - Whalsay and Skerries - Central Mainland - Lerwick and Bressay - South Mainland | £42m |
| Western Isles | Integration Joint Board | In addition to the minimum required delegated functions, the Integration Authority is also responsible for children's health services and criminal justice social work. | <ul style="list-style-type: none"> - Changing services through the strategic plan - Effective investment of resources - Supporting robust locality planning - Operational integration of services | 5 locality areas: <ul style="list-style-type: none"> - Barra & Vatersay - Uists and Benbecula - Harris - Rural Lewis - Stornaway & Broadbay | £58m |