

Paper no: MSGHCC/120/2019
Meeting date: 6 November 2019
Agenda item: 3

Purpose:
FOR ACTION

Title:	Integration Review – Progress Update
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Key Issues:	<p>This paper:</p> <ul style="list-style-type: none"> • Provides an update on progress with proposals within the Ministerial Strategic Group for Health and Community Care (MSG) integration review report with a 6 month or before delivery date. A total of 15 proposals out of the 25 within the MSG’s report were due for delivery within 6 months of its February publication date. The full review report can be accessed here: https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/. • Provides a brief overview of the continuing work following the self-evaluation process and the improvement plans shared with the Integration Division that have been developed collaboratively by Health Boards, Local Authorities and Integration Joint Boards and their key partners.
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Action Required:	<p>The MSG is asked to:</p> <ol style="list-style-type: none"> a) Note that progress has been made across all proposals; b) Consider the circumstances that have led to delays in fully delivering a number of the proposals due for completion within 6 months and before, and revised timescales for their delivery; c) Note the improvement planning underway following the self-evaluation process undertaken across local systems; d) Note that David Williams, Director of Delivery for Health and Social Care Integration, is leading improvement support and sharing learning amongst a grouping of Integration Authorities, as previously agreed by the MSG; e) Agree to receive regular updates on progress with delivery at a national and local level.
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Date: 28 October 2019

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Date: 28 October 2019

Introduction

1. At its meeting on 29 May the Ministerial Strategic Group for Health and Community Care (MSG) considered an update on all of the proposals contained in its review report published in February 2019. It also approved the Delivery Plan for implementation of the proposals aimed at increasing the pace and effectiveness of integration and considered an overview of the self-evaluation process and results.
2. The MSG had previously agreed that the integration leadership group, which is jointly chaired by Malcom Wright, Director General for Health and Social Care and Chief Executive of NHS Scotland, and Sally Loudon, Chief Executive of COSLA, would continue to meet and would have an oversight role to drive and support delivery of the proposals. The leadership group continues to meet every 6 weeks to review progress, and provide direction and advice.
3. The MSG review report sets a challenging and ambitious agenda for IJBs, NHS Boards and Local Authorities, working with key partners, including the third and independent sectors, to make progress with the implementation of integration over 12 months. This update report focuses progress with proposals within the MSG review report with a 6 month or before delivery date. A total of 15 proposals out of the 25 within the MSG review report were due for delivery within 6 months of its February publication date.

Update on delivery of proposals with a 6 month or before delivery date

4. Progress continues across all 25 proposals contained in the MSG review report. The integration leadership group has been provided with regular updates, and will continue to consider these and provide advice and direction.
5. Besides maintaining an overview of progress, the integration leadership group is keen to ensure a continued focus on our joint and mutual responsibility to improve outcomes for people using health and social care services in Scotland and is supporting local systems, involving national improvement bodies. The secondment of David Williams as the Director of Delivery for Health and Social Care Integration has provided additional impetus and leadership capacity. Mr Williams is supporting, and sharing learning from, the small group of partnerships upon which it was agreed he would initially focus efforts.
6. This report provides an update on progress with those proposals that have a 6 month or before delivery date. There are 3 proposals with a delivery date of the end of March 2019, 1 proposal for delivery by July 2019 and 11 proposals with a 6 month delivery date. These are as follows:

Proposals to be completed by end of March 2019 and thereafter each year by end March

2(i) Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration	G
2(ii) Delegated budgets for IJBs must be agreed timeously	A
2(vi) IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.	R
Proposals to be completed by publication of next round of annual reports in July 2019	
5(i) - IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.	G
Proposals to be completed within 6 months (i.e.by August 2019)	
1(i) - All leadership development will be focused on shared and collaborative practice.	A
2(iii) - Delegated hospital budgets and set aside requirements must be fully implemented	R
2(iv) - Each IJB must develop a transparent and prudent reserves policy.	A
2(v) - Statutory partners must ensure appropriate support is provided to IJB S95 Officers.	A
3(ii) - Improved strategic inspection of health and social care is developed to better reflect integration.	A
3(iii) - National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work	A
4(i) - The understanding of accountabilities and responsibilities between statutory partners must improve.	G
4(iv) - Clear directions must be provided by IJBs to Health Boards and Local Authorities.	A
4(v) - Effective, coherent and joined up clinical and care governance arrangements must be in place.	R
5(iii) - A framework for community based health and social care integrated services will be developed.	G
6(i) – Effective approaches for community engagement and participation must be put in place for integration.	A

Proposals to be completed by end of March 2019 and thereafter each year by end March

2(i) Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration

1. As part of the strategic planning and budget setting process it is recognised that well informed discussions are already taking place in a number of areas. This was evidenced in the responses provided in the self-evaluations, where a number of good examples were provided. All have confirmed that where this isn't in place, this will be by March 2020.
2. There has not been a recent joint Local Government/NHS Directors of Finance and IJB Chief Finance Officers meeting to further support an understanding of respective positions, which we are considering as an option for 2019-20. A Finance Leadership Event was held in November 2018 when the review was under way but prior to any recommendations being made.
3. In terms of all of the finance proposals contained within the review, IJBs will be expected to highlight local progress as part of the management commentary in their 2018-19 Annual Accounts. As appropriate, Audit Scotland will assess the validity of such commentary and may choose to make local recommendations.

2(ii) Delegated budgets for IJBs must be agreed timeously

4. While in the majority of cases budgets were agreed by 31 March, a number of IJBs highlighted that it was an indicative budget that was set at this point. In most cases this was due to the timescales of NHS Board sign-off, which we are discussing with NHS Directors of Finance. All have since indicated that this will be in place for March 2020 bar Edinburgh City, Midlothian, East Lothian and West Lothian.
5. The four Integration Joint Boards in the Lothians are unable to meet this proposal due to the timings NHS Lothian use to set their budget. To ensure delivery of this proposal in every area by March 2020 Scottish Government officials will work with NHS Lothian to amend their budget setting process.
6. Whilst a multi-year Spending Review would have assisted in developing medium term financial plans, we will look to work further with COSLA, IJBs and their partners to ensure arrangements are in place to fully implement this proposal.

2(vi) IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.

7. It is recognised that delivery of the other finance proposals in the review report are key to supporting IJBs in meeting this.

8. The recent Audit Scotland NHS overview report and Health and Sport Committee's 'Looking ahead to the Scottish Government - Health Budget 2020-21: When is Hospital bad for your health?' indicate that this is not yet happening in any part of Scotland.

Proposals to be completed by July 2019

5(i) - IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data

9. Substantial work on this has been undertaken by Chief Officers and by senior managers responsible for strategic commissioning and performance. A workshop on annual reports was delivered by ISD and SG on 29 April with Integration Authority performance leads. COSLA was also in attendance at the workshop. We used the overview of annual reports undertaken by the Integration Division and considered by MSG in October 2018 to help inform discussion, as well as the regulations and statutory guidance. A similar overview report is underway for this year's annual reports and Chief Officers will be offered individual feedback on their reports. A number of actions were agreed by the performance leads to take forward to improve consistency of approach.
10. We are aware of the tight timeframe for completion of these reports, particularly in view of the need to take Annual Performance Reports through the governance process to publication and the effect delays in data availability have had on that, and we appreciate local efforts to overcome these difficulties. We will report difficulties experienced in the overview report we plan to produce on Integration Authorities' Annual Performance Reports. Advice has been provided to Integration Authorities about managing any issues regarding the missing data. ISD together with the Integration Division will continue to provide support, advice and reassurance.
11. Despite some issues with national data not being available, the delivery of this proposal has been achieved within the timescale.

Progress with delivery of proposals due within 6 months of publication of the MSG review

1(i) - All leadership development will be focused on shared and collaborative practice.

12. Project Lift is a new approach to recruit, retain, develop and manage talent at all levels of seniority within Health and Social Care in Scotland. It seeks to transform Health and Care in Scotland through enhancing leadership capability/capacity at all levels to help ensure that the very best and most able leaders reach boardrooms. There are 5 key strands to the approach: engagement; values based recruitment; performance appraisal; talent management and leadership development.

13. Project Lift's focus is to embed a consistent and understood approach to leadership across Health and Social Care in Scotland, explicitly linked to the notions of Collective Leadership and the underlying values and principles of the National Performance Framework and Health and Social Care in Scotland. It is about offering people development opportunities, tailored to their individual needs, and supporting the evolution of leadership communities.
14. Since its launch in June 2018, engagement has continued to grow. As at 30 September 2019, 16,493 people have visited the Project Lift website. 3,813 have engaged with the digital talent management process, with significant diversity being evident in terms of: gender, age, disability, race, belief and grade (Band 1 to Executive Level, including medics and dentists). Through this route, we have identified 1,243 people as having high leadership potential. We are committed to sharing information with NHS Boards to support their talent management and leadership development approaches.
15. The introduction of values based recruitment (VBR) for executives/senior managers in NHS Scotland means that their values - and how they relate to the values of NHS Scotland - are as important as their skills and experience. A significant number of recruitment processes have followed the VBR approach, including the recruitment of 7 new Chief Executives and 8 Chairs for NHS Scotland Boards. The inclusive, self-directed approach to talent management is based on individual agency – rather than a traditional top down approach – and is designed to help identify and develop future leaders from all backgrounds and at all levels of seniority.
16. Work is underway to identify evaluation criteria to assess the outcomes and impacts linked to Project Lift activity. There has been interest from a number of academic institutes in supporting this. The first Project Lift progress report was issued on 12 June 2019, and further general information is available at www.projectlift.scot.
17. To ensure robust governance, we have established a Talent Management Board (TMB), the first meeting of which was held on 28 June. This includes representation from both COSLA and SOLACE. Its purpose includes providing oversight of talent management, succession planning, and leadership development activity; steering and authorising the matching of demand and deployment of Leadership Capability within Health and Social Care organisations within Scotland; and providing assurance in relation to Senior Management and Executive level recruitment processes.
18. To support the shared agenda identified in the MSG review report, in collaboration with the Scottish Social Services Council (SSSC), we have initiated a Chief Social Work Officer pilot. Two further practitioners have been trained to hold career conversations to allow us to respond to the resultant increase in demand. Representation from SSSC and IJB Chief Officers on Project Lift's governance groups is supporting wider engagement with Social Care colleagues.

19. Scottish Government officials responsible for supporting the implementation of Project Lift have completed an initial trawl of leadership offers available to colleagues working within the integrated context. The remit extended to learning and development resources wholly or partly concerned with the relational aspects of leadership, and covered offers relevant to the full range of leadership levels; from emerging leaders to executive/strategic leaders. National offers were captured, as well as those provided by NHS Scotland Boards and membership organisations such as the Royal Colleges and FMLM. Findings were presented to the Talent Management Board on 21 October 2019, with an acknowledgement that the data is not exhaustive, partly due to the complex nature of the Health and Social Care landscape. Further discussions are planned regarding how this valuable information might be used to inform and support Project Lift's approach to developing leaders at all levels.
20. While there is work to be done - including continuing to support Project Lift to become more integrated and available to the wider social care sector - much has been achieved, which contributes extensively to delivering the proposal. A national event with senior public sector executive leaders responsible for health and social care integration will take place on 28 November 2019 and will also contribute to the agenda of supporting collaborative leadership to help make a success of integration. The integration leadership group has considered the work underway and is content that this proposal is at an advanced stage of delivery but naturally work continues to grow and develop.

2(iii) Delegated hospital budgets and set aside requirements must be fully implemented

21. Partnerships are at different stages of implementing these arrangements. Given that a number of the challenges need to be worked through by NHS Boards in partnership with IJBs, discussion on progress and next steps formed part of the Annual Operational Plan meetings that the Scottish Government held with NHS Boards in April/May. Building on the information provided in the self-evaluations, where there are known issues emerging in terms of taking this proposal forward locally, closer engagement with individual partnerships will be undertaken by Scottish Government and COSLA officials. The recently submitted Improvement Plans will establish the plans local partners have put in place for improvement. This information will be used by Scottish Government, COSLA and IJB representatives to discuss what further support is required nationally.
22. Recently published Annual Accounts for individual Integration IJBs indicate that where set aside arrangements are being utilised, these are not yet established and continue to be notional budgets. A number of areas, via their self-evaluation return, have advised that this will be fully implemented by March 2020. We won't have confirmation of whether this is the case until the local audit process has taken place and annual accounts have been published for 2019-20. This will be known in late Summer 2020.

23. In previous years Scottish Government Health Finance has provided advice to Health Boards ensuring previous failure to make progress on this did not result in qualification of individual Health Boards accounts by Audit Scotland.

2(v) Each IJB must develop a transparent and prudent reserves policy

24. The self-evaluations undertaken by local systems indicated that most IJBs have a clear and agreed reserves policy. The very few which do not have a reserves policy in place do not currently hold reserves. A working group comprising COSLA and Scottish Government officials, along with representation from NHS and Local Government Directors of Finance and IJB Chief Finance Officers, will undertake some further detailed consideration of the issues, focusing on three aspects:
- a) Given current financial pressures across the system, whether the levels of earmarked reserves are appropriate and being used effectively to support the delivery of key policy commitments;
 - b) All IJBs to have a reserves policy in place whether or not they currently hold reserves; and
 - c) How IJBs, where the Scheme of Integration allows, can be supported in building up general reserves to levels set out in reserves policies and in line with Audit Scotland recommendations.

2(v) Statutory partners must ensure appropriate support is provided to IJB S95 Officers

25. The IJB Chief Finance Officers' (i.e., IJB S95 Officers') network has undertaken a review of the support arrangements in place for each IJB. This assessment included the approach taken in different areas to the Chief Finance Officer role itself (e.g. whether full time or part-time role). Local systems should continue to review whether arrangements are appropriate and make improvements as required. The network is also considering further training support, with input from CIPFA, that would benefit the group.

3(ii) - Improved strategic inspection of health and social care is developed to better reflect integration.

3(iii) - National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work

26. Scottish Government and COSLA officials met with the Care Inspectorate, Healthcare Improvement Scotland, the Improvement Service and National Services Scotland in early July to jointly consider two separate papers developed by the national agencies in respect of scrutiny and improvement.
27. Proposals for a new strategic inspection regime that has a better focus on outcomes and that takes better account of integration are under development. There is full acknowledgement by the Care Inspectorate (CI) and Healthcare Improvement Scotland (HIS) that the emphasis of the current regime is on planning and they are not able to report on the impact of integration generally, nor improvements in the experience or outcomes for people using health and social care services.

28. The paper on improvement support was an early iteration and it was agreed that further work was required. It is acknowledged that there will be important insights from the work that David Williams is leading, particularly in supporting the more challenged partnership areas. We already recognise that this is a different form of support and challenge provided by a credible and knowledgeable senior leader that is offering a unique opportunity for senior leaders in local systems to engage on a different basis and agree improvements that they will lead.
29. In late October, the Director of Community Health and Social Care together with the Director of Healthcare Quality and Improvement met with the Chief Executives of the Care Inspectorate and Healthcare Improvement Scotland to agree the scale of change required and the level of co-operation necessary across both scrutiny and improvement. At this meeting a number of key actions, through a co-ordinated approach, were jointly agreed. Actions included, concluding work already underway to put mechanisms in place to provide information to partnerships about the improvement support available to them from different agencies, and sharing intelligence in order to provide the right quality improvement support, at the right time. This approach will help to address areas for improvement identified through local systems' self-evaluation process.
30. In addition, wider work to create improvement capacity was also discussed and the need to ensure the relationship between scrutiny and improvement was transparent and responsive to local systems in delivering effective and high quality integrated services. Proposals for joint inspections, which will support the delivery this have been developed and a pilot site will be identified.
31. The delivery timescale will not be met for these two proposals and following agreement of the integration leadership group the timescale has been reframed for these to be delivered by February 2020.

32. 4(i) - The understanding of accountabilities and responsibilities between statutory partners must improve

33. The self-evaluation work has provided a baseline of where local partners believe themselves to be in relation to decision making and improved understanding of accountabilities and responsibilities. Many evaluated this positively. There is a greater acceptance of the statutory functions of Integration Joint Boards (IJB) and that decisions about all delegated services must be made by the IJB. This is an area where work requires to continue and is linked to many other proposals, including collaborative leadership, providing clear directions, clinical and care governance, budget setting and implementing set-aside. This proposal has only been partially delivered and following agreement of the leadership group has been reframed to be delivered by February 2020.

4(iv) - Clear directions must be provided by IJBs to Health Boards and Local Authorities

34. Draft revised statutory guidance on the use of directions was widely circulated and discussed in the autumn/winter of 2018. It was agreed at a review reference group meeting that scenario planning work with a multi-partnership NHS Board area would be undertaken to help inform the guidance about this crucial and complex aspect. This led to work with the Ayrshire partnerships, which have been exploring how to develop agreement on set aside budgets and associated directions, focusing principally on primary care and unscheduled care. The Scottish Government has supported this scenario planning work and although it has not yet concluded, we will be able to use this to add useful advice on multi-partnership arrangements for acute and other service planning.
35. As the original proposal for this augmentation of the draft guidance came from the review reference group, it would seem sensible to seek comment from that group on a final draft, taking account of lessons learned in the scenario planning undertaken. It is therefore suggested that this is identified as a substantive agenda item for the next meeting of the reference group on to take place in early December, with a view to finalising and issuing the revised statutory guidance thereafter. This would enable delivery of the proposal by the end of 2019.

4(v) - Effective, coherent and joined up clinical and care governance arrangements must be in place

36. A small internal Scottish Government team of professional and policy advisers has been working on the clinical and care governance guidance. The group has undertaken a wide range of reviewing, research, mapping and engagement activities to inform decisions about the best way to deliver effective guidance for integration authorities. This has been an extremely productive exercise concluding with clear advice about the way forward.
37. A draft document has been prepared, which builds on the outputs from 3 national stakeholder events and good practice nationally and internationally. The document includes an explicit consideration of the quality planning, control, assurance and improvement dimensions of good governance as well as public protection. This draft, which is focused on how to operationalise the requirements of the Clinical and Care Governance Framework, will be subject to further refinement based on engagement with front line stakeholders at a national event to be held later this year. This event will have a practical focus on testing and co-producing content for the resource. The guidance will then be further refined before being subject to a process of ongoing drafting and improvement through collaboration with key national stakeholder groups.
38. This work has required detailed consideration across a range of disciplines and has taken longer than initially thought. After consideration by the integration leadership group, it was agreed that the timescale for completion of the guidance should move to February 2020, notwithstanding that additional work will be required to support the implementation of the guidance.

5(iii) - A framework for community based health and social care integrated services will be developed

39. Engagement work with key stakeholders has been combined with a review of the current policy context, recognised good practice and published evidence to produce a draft framework. The draft framework includes the components of effective, sustainable integrated care that are known to improve outcomes for people with the factors that need to be in place to support their delivery, along with a clear sense of purpose for frontline practitioners and commitment to consistency of experience for the people of Scotland.
40. At the same time, a number of examples of good practice have been assembled for each of the components of effective, sustainable integrated care and these, along with draft framework, have been tested through extensive stakeholder engagement during the summer months. Nearly 40 engagement sessions with a range of external partners have been undertaken, including a successful webinar organised by the Alliance. The feedback gathered has shaped the final draft framework and further populate the accompanying good practice guide.
41. The final version of the framework is also on the MSG agenda for 6 November 2019 for consideration and final sign off.

6(i) – Effective approaches for community engagement and participation must be put in place for integration

42. Work is currently underway to develop new statutory guidance for community engagement and participation. A working group has been established, comprising key representative bodies and national agencies. It is co-chaired by Scottish Government and COSLA and is meeting regularly. The new statutory guidance will aim to provide clarity and specificity about how public engagement principles apply to health and social care in Scotland using best practice examples.
43. Substantial progress has been made in scoping the guidance and what it needs to cover, and a first draft has been completed for consideration of the working group. The work to complete the guidance is fairly complex as it is bringing together, for the first time, the different but not dissimilar duties and powers of different statutory public bodies with regard to community engagement. This has required a fairly sophisticated approach to describing the differences and the similarities, and setting out expectations for different bodies, while keeping the principles of effective engagement with communities as core to this irrespective of which statutory body is expected to apply the guidance. To enable this draft guidance to be adequately developed and consulted upon, the leadership agreed that the timescale for delivery of the guidance should be extended to February 2020.

Self-evaluation process – Improvement Plans

44. The MSG review report contained an expectation that “every Health Board, Local Authority and Integration Joint Board will evaluate their current position in relation to this report and the Audit Scotland report, and take action to make progress.”. On 25 March Malcolm Wright and Sally Loudon wrote to all local systems reminding them of this expectation and providing a self-evaluation template focused on the 25 proposals in the review report.
45. Local partners were invited to complete and return the template on a collective basis by 15 May, ensuring that the process for completing it was undertaken on a collaborative basis and extending beyond statutory partners to include local colleagues in the third and independent sectors and other partners. The self-evaluation template was intended to assist local partners not only in fulfilling the expectation outlined above but also as a means of developing a collective understanding from across local systems to deliver integration.
46. The self-evaluation template invited local partners to rate themselves against four rating descriptors for each of the proposals. These were: not yet established; partly established; established; and exemplary. For each proposal an indicator descriptor was provided to assist partnerships in determining their ratings. Partnerships were also asked to provide evidence to support their ratings and to identify proposed improvement actions.
47. The MSG considered a brief overview of the self-evaluation material at its meeting on 29 May 2019, shared by each local system across Scotland. The integration leadership group considered a more detailed analysis and the joint chairs wrote to local system leaders thanking them for their collaboration and support in undertaking and completing the exercise within the timescale requested. The integration leadership group has been committed to ensuring that completing the self-evaluation template would have a clear local value as well as enabling the group to gain an insight to local progress. From both formal and informal feedback we understand that many local systems found undertaking the self-evaluation and the process of agreeing collective responses to be a useful one while others found this more challenging.
48. Since then, the Integration Division requested that local systems share their Improvement Plans by 23 August. We have received Improvement Plans from all areas, although a number of these are still draft, high level and lacking necessary detail. Others are well developed and demonstrate a clear focus on appropriate actions to ensure delivery of the proposals at a local level. The plans have been analysed and information from them will be used to direct support to local areas by the Integration Division and by David Williams, Director of Delivery for Health and Social Care, within the broader context of the recent establishment within the Scottish Government of the Directorate for Community Health and Social Care under Elinor Mitchell.

Recommendations

46. The MSG is asked to:

- f) Note that progress has been made across all proposals;
- g) Consider the circumstances that have led to delays in fully delivering a number of the proposals due for completion within 6 months and before, and revised timescales for their delivery;
- h) Note the improvement planning following the self-evaluation process undertaken across local systems;
- i) Note that David Williams, Director of Delivery for Health and Social Care Integration, is leading improvement support and sharing learning amongst a grouping of Integration Authorities, as previously agreed by the MSG;
- j) Agree to receive regular updates on progress with delivery at a national and local level.

Christina Naismith

Integration Division

28 October 2019