

MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE

v

Paper no: MSGHCC/126/2020
Meeting date: 22 January 2020
Agenda item: 3

Purpose: For action / note

Title:	Integration Review – Progress Update
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Key Issues:	<p>This paper:</p> <ul style="list-style-type: none">• Provides an overview on progress with all 25 proposals within the MSG review report. 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/.• Additional background material is provided at Annex A which provides details regarding the uptake for both mental health and community link workers.
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Action Required:	<p>The Ministerial Strategic Group for Health and Community Care is asked to:</p> <ol style="list-style-type: none">a) Note that progress has been made across all proposals but there is still more to do;b) Note the linkage between this progress update and two other reports for consideration on the MSG agenda on Annual Performance Reports and Strategic Commissioning Plans;c) Consider the stubborn lack of progress made with particular proposals and identify action to address this;d) Provide any information or contributions from particular agency perspectives to support delivery of the proposals;e) Note the timescale for completion for all proposals is 4 February 2020 and consider next steps to support delivery of integration.
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Introduction

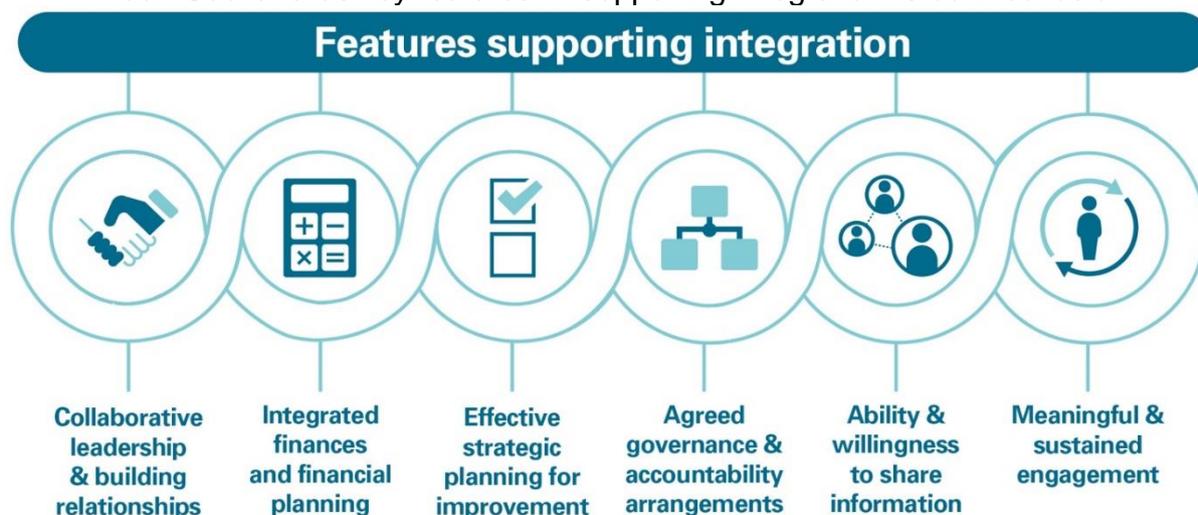
1. At its meeting on 6 November the Ministerial Strategic Group for Health and Community Care (MSG) considered an update on proposals contained in its review report with a 6 month or before delivery date. This included a RAG scored list of the 15 proposals covered. An updated RAG score covering all 25 proposals is at annex A.
2. At the MSG meeting on the 6 November the Cabinet Secretary indicated that the next MSG meeting should take place in January 2020 and that she and Cllr Currie would attend the Integration Leadership Group immediately prior to this to discuss progress. The Cabinet Secretary is keen to ensure that all possible actions are taken to move as many proposals as possible from red to amber and from amber to green.
3. The MSG had previously agreed that the Integration Leadership Group would continue to meet and would have an oversight role to drive and support delivery of the proposals. The Integration Leadership Group continues to meet every 6 weeks to review progress, and provide direction and advice.
4. At its meeting on 27 Nov 2019, following reviewing a high level RAG scoring of all 25 proposals, the Integration Leadership Group requested that a comprehensive overview be provided to the next meeting with accompanying evidence.
5. This was considered by the Integration Leadership Group at its meeting on 7 January 2020. The Cabinet Secretary and Councillor Stuart Currie, COSLA spokesperson for Health and Social Care attended this meeting. It was agreed that this would be followed up by a half day workshop to allow full discussion on action and next steps.
6. An evidence pack was compiled for review by the Integration Leadership Group to support to support the overall assessment of progress made with each proposal. This is of considerable size and is not part of this report. If any member of the MSG would wish access to the evidence pack please contact the Integration Division.
7. 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 focuses on progress across all proposals and is supported by an evidence pack, much of which the Integration Leadership Group has previously considered as part of its ongoing oversight of progress.

Update on delivery of proposals

8. 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. A RAG score of all proposals is contained in the accompanying evidence pack. This shows

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some movement from red to amber and from amber to green since the MSG meeting of 6 November. In all, there are now 3 reds, 15 ambers and 7 greens. Progress in respect of each proposal under each of the 6 themes identified by Audit Scotland as key features in supporting integration is outlined below.



Theme 1. Collaborative leadership and building relationships

1. (i) **All leadership development will be focused on shared and collaborative practice.** An audit of existing national leadership programmes will be undertaken by the Scottish Government and COSLA to identify gaps and areas of synergy to support integration of health and social care. Further work will be delivered on cross-sectoral leadership development and support.

Timescale: 6 months

Progress – An audit of all existing national leadership programmes has been completed and is contained in the evidence pack. Progress with Project Lift continues with over 2000 participants having completed the self-assessment questionnaire (SAQ). Targeted communications via the talent management framework are being used to share information about development opportunities, with the impact of this approach being evaluated.

Values Based Recruitment - A review of the operation of VBR has been conducted to inform best practice and how the process might be enhanced/extended. At least 44 processes have concluded, including the recruitment of 7 new Chief Executives and 8 Chairs for NHS Scotland Boards.

Leadership Development - Work to curate existing leadership offers across Health and Care in Scotland is supporting coherence and understanding of the available opportunities. A report on this is contained in the evidence pack. Targeted engagement with Scottish Clinical Leadership Fellows and Chief Registrars has started, to inform their leadership development needs. A number of community events are being planned for 2020. 18 individuals are currently being prepared for the third cohort for Leadership, with preparations for cohort 4 expected to commence in spring 2020. Work with the SSSC continues, and COSLA and SOLACE are represented on the Talent management Board. It is recognised that further work

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is needed beyond Project Lift and that this remains a work in progress. A paper on all current known leadership offers is included in the evidence pack.

Integration Leadership event - A one day leadership event was held for Chief Executives of NHS Boards, Local Authorities and IJB Chief Officers on 28 November focused on driving forward integration. It was agreed that a further event would be held in May 2020 involving this key group of public sector leaders.

1. (ii) Relationships and collaborative working between partners must improve. Statutory partners in particular must seek to ensure an improved understanding of pressures, cultures and drivers in different parts of the system in order to promote opportunities for more open, collaborative and partnership working, as required by integration.

Timescale: 12 months

Progress – The self-evaluation material showed that there was work underway to improve relationships between statutory partners and that relationships were well developed in a number of local systems. It was recognised that some areas have more work to do.

1. (iii) Relationships and partnership working with the third and independent sectors must improve. Each partnership will critically evaluate the effectiveness of their working arrangements and relationships with colleagues in the third and independent sectors, and take action to address any issues.

Timescale: 12 months

Progress – The self-evaluations undertaken by local systems suggest that progress has been made on these relationships across the piece. A meeting is planned in late January with representatives of the Third Sector Collaborative for health and social care to consider ways that this might be corroborated. A copy of the most recent Health and Social Care Alliance case studies paper “Integration in Action” is included in the evidence pack.

Theme 2. Integrated finances and financial planning

2. (i) Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration. In each partnership area the Chief Executive of the Health Board and the Local Authority, and the Chief Officer of the IJB, while considering the service impact of decisions, should together request consolidated advice on the financial position as it applies to their shared interests under integration from, respectively, the NHS Director of Finance, the Local Authority S95 Officer and the IJB S95 Officer.

Timescale: By 1st April 2019 and thereafter each year by end March.

Progress - 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 self-evaluations, where a number of good examples were provided. All have confirmed that where this is not in place, it will be by March 2020.

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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.** The recently published financial framework for health and social care sets out an expectation of moving away from annual budget planning processes towards more medium term arrangements. To support this requirement for planning ahead by Integration Authorities, a requirement should be placed upon statutory partners that all delegated budgets should be agreed by the Health Board, Local Authority and IJB by the end of March each year.

Timescale: By end of March 2019 and thereafter each year by end March

Progress - 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.

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.

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. (iii) **Delegated hospital budgets and set aside requirements must be fully implemented.** Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published in June 2015. These arrangements must be in place in time for Integration Authorities to plan their use of their budgets in 2019/20. The Scottish Government Medium Term Financial Framework includes an assumption of efficiencies from reduced variation in hospital care coupled with 50% reinvestment in the community to sustain improvement. The set aside arrangements are key to delivering this commitment.

Timescale: 6 months

Progress - Partnerships are at different stages of implementing these arrangements. Building on the information provided in the self-evaluations, where there are known issues in terms of taking this proposal forward locally, closer engagement with individual partnerships will be undertaken by Scottish Government and COSLA officials. The Improvement Plans will establish the plans local partners have put in place for improvement.

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 local systems, via their self-

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evaluations, have advised that this will be fully implemented by March 2020. We will not 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.

2. (iv) **Each IJB must develop a transparent and prudent reserves policy.** This policy will ensure that reserves are identified for a purpose and held against planned expenditure, with timescales identified for their use, or held as a general reserve as a contingency to cushion the impact of unexpected events or emergencies. Reserves must not be built up unnecessarily.

Timescale: 3 months

Progress - 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.** This will include Health Boards and Local Authorities providing staff and resources to provide such support. Measures must be in place to ensure conflicts of interest for IJB S95 Officers are avoided – their role is to provide high quality financial support to the IJB. To ensure a consistent approach across the country, the existing statutory guidance should be amended by removing the last line in paragraph 4.3 recommendation 2, leaving the requirement for such support as follows:

It is recommended that the Health Board and Local Authority Directors of Finance and the Integration Joint Board financial officer establish a process of regular in-year reporting and forecasting to provide the Chief Officer with management accounts for both arms of the operational budget and for the Integration Joint Board as a whole. It is also recommended that each partnership area moves to a model where both the strategic and operational finance functions are undertaken by the IJB S95 officer: and that these functions are sufficiently resourced to provide effective financial support to the Chief Officer and the IJB.

Timescale: 6 months

Progress - 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

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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.

2. (vi) **IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.** Local audits of the Health Board and Local Authority must take account of the expectation that money will be spent differently. We should be focused on outcomes, not which public body put in which pound to the pot. It is key that the resources held by IJBs lose their original identity and become a single budget on an ongoing basis. This does not take away from the need for the IJB to be accountable for these resources and their use.
Timescale: from 31st March 2019 onwards.

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

3. Effective strategic planning for improvement

3. (i) **Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.** This will include Health Boards and Local Authorities providing staff and resources to provide such support. The dual role of the Chief Officer makes it both challenging and complex, with competing demands between statutory delivery partners and the business of the IJB. Chief Officers must be recognised as pivotal in providing the leadership needed to make a success of integration and should be recruited, valued and accorded due status by statutory partners in order that they are able to properly fulfil this "mission critical" role. Consideration must be made of the capacity and capability of Chief Officers and their senior teams to support the partnership's range of responsibilities.
Timescale: 12 months

Progress – The self-evaluation material showed that good progress has been made on this but some local systems have more to do. These remain challenging and complex roles. As well as local supports, the Chief Officer network meets regularly and provides national peer support. David Williams in his seconded role has been providing support directly to a small number of Chief Officers and the Integration Division provides ongoing support to all Chief Officers, as well as funding for a Policy Officer to support the Chief Officer Network.

3. (ii) **Improved strategic inspection of health and social care is developed to better reflect integration.** As part of this work, the Care Inspectorate and Healthcare Improvement Scotland will ensure that:

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- As well as scrutinising strategic planning and commissioning processes, strategic inspections are fundamentally focused on what integrated arrangements are achieving in terms of outcomes for people.
- Joint strategic inspections examine the performance of the whole partnership – the Health Board, Local Authority and IJB, and the contribution of non-statutory partners – to integrated arrangements, individually and as a partnership.
- There is a more balanced focus across health and social care ensured in strategic inspections.

Timescale: 6 months

Progress – Scottish Government and COSLA officials have met with the Care Inspectorate, Healthcare Improvement Scotland, the Improvement Service and National Services Scotland Information Statistics Division on a number of occasions and a 6 weekly meeting has been set up for sharing information across the agencies.

In late October 2019 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.

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 of this, have been developed and a pilot site will be identified.

In November 2019, Audit Scotland convened a helpful round table meeting on scrutiny of health and social care integration to explore how this could be improved and better co-ordinated, and how this might support their plans for Best Value Audits of Integration Joint Boards. The note of this meeting will be shared with the Integration Leadership Group when it becomes available.

3. (iii) National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work. These bodies include Healthcare Improvement Scotland, the Care Inspectorate, the Improvement Service and NHS National Services Scotland. Improvement support will be more streamlined, better targeted and focused on assisting partnerships to implement our proposals. This will include consideration of the models for delivery of improvement support at a national and local level and a requirement to better meet the needs of integration partners.

Timescale: 3 - 6 months

Progress – See above at 3 (ii)

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3. (iv) **Improved strategic planning and commissioning arrangements must be put in place.** Partnerships should critically analyse and evaluate the effectiveness of their strategic planning and commissioning arrangements, including establishing capacity and capability for this. Local Authorities and Health Boards will ensure support is provided for strategic planning and commissioning, including staffing and resourcing for the partnership, recognising this as a key responsibility of Integration Authorities.

Timescale: 12 months

Progress – The Integration Division has completed an overview of all strategic commissioning plans for 2019 – 2022, this overview is part of the papers for consideration by the MSG. The overview identifies that these plans have developed further from their first iterations and that generally these are more accessible, supported by a good level of community and staff engagement, facilitated by maturing Strategic Planning Groups and locality arrangements.

3. (v) **Improved capacity for strategic commissioning of delegated hospital services must be in place.** As implementation of proposal 2 (iii) takes place, a necessary step in achieving full delegation of the delegated hospital budget and set aside arrangements will be the development of strategic commissioning for this purpose. This will focus on planning delegated hospital capacity requirements and will require close working with the acute sector and other partnership areas using the same hospitals. This should evolve from existing capacity and plans for those services.

Timescale: 12 months

Progress – This is inextricably linked to the full delegation of delegated hospital budgets and set aside arrangements, which are not yet fully in place. There has been some progress with planning for unscheduled care services but this is not yet at a developed stage in a number of local systems. This is supported by the findings in the overview of all strategic commissioning plans for 2019- 2022

4. Governance and accountability arrangements

4. (i) **The understanding of accountabilities and responsibilities between statutory partners must improve.** The responsibility for decisions about the planning and strategic commissioning of all health and social care functions that have been delegated to the IJB sits wholly with the IJB as a statutory public body. Such decisions do not require ratification by the Health Board or the Local Authority, both of which are represented on the IJB. Statutory partners should ensure duplication is avoided and arrangements previously in place for making decisions are reviewed to ensure there is clarity about the decision making responsibilities of the IJB and that decisions are made where responsibility resides. Existing committees and groups should be refocused to share information and support the IJB.

Timescale: 6 months

Progress - 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

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greater acceptance of the statutory functions of IJBs 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. However, over time we have seen strong examples of impressive implementation of integration such as the evidence provided by representatives of NHS Grampian and its three IJB partners on 17 December 2019 to the Health and Sport Committee of the Scottish Parliament. Such examples demonstrate that where there is commitment to making integration work for the benefit of people using services, responsibilities and accountabilities are clear and evidently understood locally. A link to the official report of this Committee session is included in the evidence pack.

4. (ii) **Accountability processes across statutory partners will be streamlined.**

Current arrangements for each statutory partner should be scoped and opportunities identified for better alignment, with a focus on better supporting integration and transparent public reporting. This will also ensure that different rules are not being applied to different parts of the system particularly in circumstances of shared accountability.

Timescale: 12 months

Progress – There is improved understanding of accountability processes and arrangements for each statutory partner and transparent public reporting is improving. However, current arrangements are not well aligned and there remain differences in reporting mechanisms. In the self-evaluation material a number of local systems identified that shared arrangements and accountability were well established while others identified that shared arrangements were only partly established. One local system identified that shared accountability was not in place at all. Nationally, discussions have taken place about how IJBs and COSLA may be more effectively represented in Ministerial Reviews of NHS Boards and further work will be done early in 2020.

4. (iii) **IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.** There are well-functioning IJBs that have adopted an open and inclusive approach to decision making and which have gone beyond statutory requirements in terms of memberships to include representatives of key partners in integration, including the independent and housing sectors. This will assist in improving the effectiveness and inclusivity of decision making and establish IJBs as discrete and distinctive statutory bodies acting decisively to improve outcomes for their populations.

Timescale: 12 months

Progress - A review of NHS corporate governance was completed in September 2018. The outputs of the review and work completed in NHS Tayside led to the development of a 'Blueprint for Good Governance' which aims to achieve greater consistency across governance in all NHS Boards. In early May 2019 it was agreed that this framework would be used to highlight and explain the role of integration and non-executive members within IJBs and make any learning materials/opportunities also available to Councillors on IJBs. These learning materials have been developed by NHS NES in close cooperation with a wide range of partners, including IJB Chairs and Vice Chairs and will be finalised in January 2020.

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The IJB Chairs and Vice Chairs executive group is currently recruiting a support officer, which is part funded by the Integration Division and the Chief Officers Group. This post will greatly assist in providing on-going high quality support to the Chairs and Vice Chairs network, which last met in November 2019 with an agenda entirely designed and planned by the IJB Chairs and Vice Chairs executive group.

In late November, The Standards Commission Scotland published new Advice for Members of Health and Social Care Integration Joint Boards, to provide an overview of their responsibilities under an ethical framework. It seeks to assist members in recognising and dealing with potential conflicts of interest to minimise the risk that such conflict will erode effective governance and scrutiny arrangements. A copy of the advice note is included in the evidence pack.

The Vice Chair of NHS Grampian noted in her evidence to the Health and Sport Committee on 17 December that it is evident to her from her experience of the NHS Chairs group that the Grampian partnerships' experience of integration is unusually positive. So, support for IJB Chairs is vital and it needs to start with support from NHS Chairs and Council Leaders – Peter Murray and Cllr Kieron Green representing IJB Chairs and Vice Chairs recently agreed that they would seek to convene a discussion via the COSLA Health and Social Care Board about how such support could be better provided. Officials are providing support.

4. (iv) **Clear directions must be provided by IJBs to Health Boards and Local Authorities.** Revised statutory guidance will be developed on the use of directions in relation to strategic commissioning, emphasising that directions are issued at the end of a process of decision making that has involved partners. Directions must be recognised as a key means of clarifying responsibilities and accountabilities between statutory partners, and for ensuring delivery in line with decisions.

Timescale: 6 months

Progress – Revised statutory guidance has been completed following close working with NHS Ayrshire and Arran and the three Ayrshire IJBs, and a final consultation process through the Integration Reference Group. We have taken on board helpful comments from a range of respondents representing different parts of the system, and the final guidance will be published in January 2020. Directions are the means by which an IJB tells the Health Board and Local Authority what is to be delivered using the integrated budget and for the IJB to improve the quality and sustainability of care, as outlined in its strategic commissioning plan. Directions are also a key aspect of governance and accountability between the statutory partners. A copy of the final guidance is included in the evidence pack.

4. (v) **Effective, coherent and joined up clinical and care governance arrangements must be in place.** Revised statutory guidance will be developed based on wide ranging consultations with local partnerships, identifying good practice and involving all sectors. The key role of clinical and professional leadership in supporting the IJB to make decisions that are safe and in accordance with required standards and law must be understood, co-ordinated and utilised fully.

Timescale: 6 months

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Progress - This work has now picked up pace again and additional professional leads have been identified from within the Scottish Government directorates to provide social work, nursing and medical expertise. Three regional events are planned to consult on initial thinking in Aberdeen – 8th January 2020, Edinburgh – 15th January 2020 and Glasgow – 23rd January. All Integration Authorities have been invited to send representatives who have a leadership role in clinical and care governance, and these events will include representation from the third and independent sectors. It is planned that revised guidance will be finalised in March 2020.

5. Ability and willingness to share information

5. (i) **IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.** Chief Officers will work together to consider, individually and as a group, whether their IJBs' annual reports can be further developed to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure that, as a minimum, all statutorily required information is reported upon.

Timescale: By publication of next round of annual reports in July 2019

Progress - 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 the Integration Division 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. An overview of Annual Performance Reports for 2018/19 has been completed by the Integration Division and forms part of the papers for consideration by the MSG. Chief Officers will be offered individual feedback on their reports. This overview report notes overall improvements in consistency of reporting, improved accessibility and that local progress and challenges are better reflected.

5. (ii) **Identifying and implementing good practice will be systematically undertaken by all partnerships.** Chief Officers will develop IJBs' annual reports to enable partnerships to identify, share and use examples of good practice, and lessons learned from things that have not worked. Inspection findings and reports from strategic inspections and service inspections should also provide a clear means of identifying and sharing good practice, based on implementation of the framework outlined below at 5 (iii) and the national health and social care standards.

Timescale: 6 - 12 months

Progress – As reported above, annual performance reports include examples of good practice that may be used by others. The development of the Framework for Community Health and Social Care Integrated Services has included extensive work on developing a resource whereby good practice can be stored, shared and used by Integration Authorities. This repository is located on the website of Health and Social Care Scotland. Good practice is frequently shared between Chief Officers and their staff, the second annual conference of Health and Social Care Scotland held on 4

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December 2019 again showcased a range of good practice examples from across Scotland.

5. (iii) **A framework for community based health and social care integrated services will be developed.** The framework will be key in identifying and promoting best practice in local systems to clearly illustrate what good looks like in community settings, which is firmly focused on improving outcomes for people. This work will be led by Scottish Government and COSLA, involving Chief Officers and other key partnership staff to inform the framework.

Timescale: 6 months

Progress – The Framework for Community Health and Social Care Integrated Services was approved by the MSG at its meeting on 6 November 2019. To support delivery of the framework, initial meetings have now been held to understand the planned approaches across the six early adopter sites, namely Aberdeenshire; Clackmannanshire and Stirling; Edinburgh City; Falkirk; Inverclyde; and South Ayrshire.

Targeted support is being provided to the Integration Authorities as they seek to use the framework to secure senior local agreement to its application on a whole system basis; align it with existing transformation plans; assess the levels of integration within their services, systems and processes; identify priorities; and develop associated improvement plans, in a way that reflects where they are on their integration journey.

Recognising the need for peer support and joint learning through this process, a round table session is planned for early 2020 to enable the early adopter Chief Officers to come together and share their plans and experiences.

Finally, through their regular input to the IJB Chief Officers Network Meeting on Friday 13 December 2019, the Integration Division re-stated the expectation that the other Integration Authorities will also be embedding the framework within their local systems and offered to meet to discuss planned approaches for this, as well as the support they may require to deliver this. A copy of the Framework for Community Health and Social Care Integrated Services is included in the evidence pack.

6. Meaningful and sustained engagement

6. (i) **Effective approaches for community engagement and participation must be put in place for integration.** This is critically important to our shared responsibility for ensuring services are fit for purpose, fit for the future, and support better outcomes for people using services, carers and local communities. Revised statutory guidance will be developed by the Scottish Government and COSLA on local community engagement and participation based on existing good practice, to apply across health and social care bodies. Meaningful engagement is central to achieving the scale of change and reform required, and is an ongoing process that is not undertaken only when service change is proposed.

Timescale: 6 months

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Progress - The development of the new community engagement guidance is progressing well. Feedback has been requested from all NHS Boards, Integration Authorities and Local Authorities on the initial draft version of the guidance. We are also seeking comments from key third sector partners and a small number of service user groups. Pennie Taylor, a freelance journalist and broadcaster who specialises in health matters, is supporting this work by providing her specialist input.

The initial version of the document has been developed to take a principles-based approach, which recognises and reflects the good practice currently being conducted in communities throughout Scotland. The content has also been informed by discussions that have taken place with a number of engagement practitioners in health boards and integration authorities.

Feedback at this stage is key so we can develop robust guidance which will provide a framework for meaningful engagement with communities across Scotland. The key themes from the feedback will inform the next steps for the guidance and a detailed action plan will be developed in January. From April 2020, we aim to test the guidance alongside the Scottish Health Council and Care Inspectorate's developing assurance model for a period of around 6 months before the guidance and associated support package is rolled out across Scotland.

A copy of the consultation draft document is included in the evidence pack.

6. (ii) Improved understanding of effective working relationships with carers, people using services and local communities is required. Each partnership should critically evaluate the effectiveness of their working arrangements and relationships with people using services, carers and local communities. A focus on continuously improving and learning from best practice will be adopted in order to maximise meaningful and sustained engagement.

Timescale: 12 months

Progress - Work has been undertaken by the Carers Coalition to understand how carers representatives on IJBs are supported. The picture is mixed, with some areas identified as providing good support while others need to improve arrangements, including paying reasonable expenses. Examples of this work are included in the evidence pack.

6. (iii) We will support carers and representatives of people using services better to enable their full involvement in integration. Carers and representatives of people using health and social care services will be supported by partnerships to enable meaningful engagement with their constituencies. This will support their input to Integration Joint Boards, strategic planning groups and locality arrangements for integration. This would include, for example, receipt of IJB papers with enough time to engage other carers and people using services in responding to issues raised. It would also include paying reasonable expenses for attending meetings.

Timescale: 6 -12 months

Progress – See above for progress on supporting carers, including paying reasonable expenses. The self-evaluation material suggest that there are good arrangements in many local systems for supporting representatives of people using

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services but unlike carers we do not have other evidence to validate or challenge this.

Recommendations

7. The Ministerial Strategic Group for Health and Community Care is asked to:
 - a) Note that progress has been made across all proposals but there is still more to do;
 - b) Note the linkage between this progress update and two other reports for consideration on the MSG agenda on Annual Performance Reports and Strategic Commissioning Plans;
 - c) Consider the stubborn lack of progress made with particular proposals and identify action to address this;
 - d) Provide any information or contributions from particular agency perspectives to support delivery of the proposals;
 - e) Note the timescale for completion for all proposals is 4 February 2020 and consider next steps to support delivery of integration.

Christina Naismith
Integration Division
January 2020

MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE

RAG scoring for all proposals – January 2020

Proposal	R-A-G
1(ii) Relationships and collaborative working between partners must improve	A
1(iii) Relationships and partnership working with the third and independent sectors must improve	A
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(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	G
2(v) Statutory partners must ensure appropriate support is provided to IJB S95 Officers	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
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
3(iv) Improved strategic planning and commissioning arrangements must be put in place	A
3(v) Improved capacity for strategic commissioning of delegated hospital services must be in place	R
4(i) The understanding of accountabilities and responsibilities between statutory partners must improve	G
4(ii) Accountability processes across statutory partners will be streamlined	A
4(iii) IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis	A
4(iv) - Clear directions must be provided by IJBs to Health Boards and Local Authorities	G
4(v) - Effective, coherent and joined up clinical and care governance arrangements must be in place	A
5(i) IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data	G
5 (ii) Identifying and implementing good practice will be systematically undertaken by all partnerships	G
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

MENTAL HEALTH WORKERS

- Action 15 within the Mental Health Strategy outlines the Scottish Government commitment to funding 800 additional mental health workers in key settings, including all A&Es, all GP practices, every police station custody suite, and to our prisons, ensuring that local provision and support is at the heart of our plans. Funding will rise to £35 million in 2021-22.
- Included within this funding is the development of an enhance mental health pathway for those in distress or who have mental health difficulties who come into contact with frontline services. This national model will work in collaboration with local services and further information on this initiative will be provided in due course.
- As at 1 October 2019, **327.5** whole time equivalent (WTE) mental health roles have been filled. This equates to over 40% of the overall target.
- The Scottish Government are on track to exceed the Action 15 commitment to recruit 800 additional mental health workers by the end of 2021-22.

COMMUNITY LINK WORKERS

- The Scottish Government remains fully committed to its target of recruiting 250 Community Link Workers in GP surgeries by the end of this Parliament. This is a core element of local support to the 2018 GP contract, and link workers are one of the six key services for delivery by Integration Authorities as set out in the Memorandum of Understanding between the SG, BMA, LAs and Health Boards.
- The Scottish Government continues to monitor the progress of the community link worker commitment through Primary Care Improvement Plans and associated trackers. The number of Community Links Workers in post as at March 2019, based on October returns, is 116. The Scottish Government will request an update in April which will show the number of Community Link Workers in post as at end March 2020.
- The Scottish Government are on track to deliver their target of 250 Link Workers by the end of this Parliament.