AGENDA ITEM 4

FALKIRK COUNCIL

Subject: **HEALTH AND SOCIAL CARE INTEGRATION**
Meeting: **FALKIRK COUNCIL**
Date: **12 NOVEMBER 2014**
Author: **CHIEF EXECUTIVE**

1. INTRODUCTION

1.1 As Members are aware, the Council and NHS Forth Valley are working towards putting in place arrangements to take forward health and social care integration. At a previous meeting of Council it was decided that we would pursue the 'body corporate model' subject to the draft integration scheme being approved by both bodies.

1.2 This report updates Council on the work that has taken place to progress arrangements and asks Council to take a view on a number of key issues that will be incorporated in the integration scheme as required by the legislation.

1.3 The contents of the report are also being considered by NHS Board. It is important to remember that decisions on these issues require to be taken by the two organisations in order that progress can be made.

2. BACKGROUND AND PROGRESS

2.1 In May 2014, the Council and the NHS Board reached agreement in principle to pursue the body corporate model of health and social care integration and mandated officers to develop a draft integration scheme which would come back to both organisations for approval. The body corporate model involves delegation by the Local Authority and Health Board of the functions within scope of integration to a new entity, the Integration Joint Board, which will be responsible for overseeing the planning, management and delivery of all relevant functions. Members also approved a process for developing a draft integration scheme which involved the establishment of 6 work streams.

2.2 Subsequent reports have been provided to the Community Planning Partnership (CPP) Leadership Board and to the Falkirk Health Partnership Board which have provided details of progress achieved. This report highlights the progress of the work streams. Where the work streams have produced firm recommendations these are reported to Members for consideration. The report also highlights for Members those aspects of the draft integration scheme which are still being progressed or where further regulations or guidance are awaited. Lastly the report advises of an amended timeline.

REGULATIONS

2.3 In May 2014, the Scottish Government launched a consultation on the draft regulations relating to the Public Bodies (Joint Working) (Scotland) Act 2014. Following the conclusion of the consultation, an initial set of regulations was laid before Parliament in October and thus, while work has been progressing, it has had to be reviewed in light of these regulations being published. These are still draft regulations and will be subject to parliamentary approval. A second set of regulations is currently awaited. In addition, it is now not anticipated that the statutory guidance will be available until December.

2.4 The published regulations are intended to provide Partnerships with areas of prescription which then local integration arrangements can supplement. The regulations published to date cover:

- Information to be included in the Integration Scheme;
- Prescribed functions that must be delegated by Local Authorities;
- Prescribed functions that must be delegated by Health Boards;
- National Health and Wellbeing Outcomes;

2.5 It is anticipated further regulations will be laid during November and will include:

1. Membership, powers and proceedings of the Integration Joint Board (IJB);
2. Groups who must be consulted when drafting the Integration Scheme and Strategic Plan;
3. Membership of the Strategic Planning Group; and
4. Prescribed form and content of performance reports.

2.6 The regulations describe a minimum standard for integrated arrangements. Partnerships can then, if they so wish, reach local agreement over and above prescribed elements e.g. in relation the functions delegated beyond the minimum prescribed and the size of the voting membership of IJB. All local arrangements must be articulated within the integration scheme.

2.7 The fully consulted integration scheme must be submitted for Ministerial approval by 1 April 2015. As mentioned previously work to date has been based on the consultation draft regulations. Whilst some regulations are now at a more advanced stage, others are still awaited. This has clearly presented a challenge for the Partnership in being able to complete the work associated with the development of the draft integration scheme and hence at this time I cannot present a draft scheme for approval.

3. PLANNING FOR INTEGRATION

3.1 Within Forth Valley, it is likely that there will be two Partnerships; one for Falkirk and one for Stirling & Clackmannanshire. Our local Health Partnership Boards agreed that, where practical, work to develop integration frameworks would be co-ordinated across the Forth Valley area. A core group of senior officers has been established to oversee developments which have been progressed across 6 key work streams relating to:-

1. Governance – the arrangements for establishing the Integration Joint Board and the integration scheme.
2. Finance – How funding etc. will be identified and allocated to the Integration Joint Board.
3. Workforce & Organisation Development – How key appointments will be made, engagement with employees and their representatives and how two organisations with very different ways of working will be brought together;
4. Clinical & Care Governance – professional standards;
5. Planning & Operational – what services will be delivered by whom, to whom and how performance will be monitored
6. Participation & Engagement – how we engage with a variety of stakeholders and communities on various aspects and elements of integration;

3.2 It is not appropriate for all work streams to operate on a Forth Valley level. This particularly relates to the Planning & Operational and Participation & Engagement work streams. The components of work to be undertaken by both groups will consider local need and adhere to local planning policy for example the Participation Strategy.

3.3 The current focus of the work streams is the preparation of the Integration Scheme and the integration governance structure.

3.4 Through a successful bid to the Scottish Government, the sum of £364k has been made available to NHS Forth Valley to support the development of transitional arrangements. To date, Integration Programme Managers have been recruited to each Partnership area. The remaining funds have been allocated equally across the Partnership areas as the need arises for capacity within work stream areas e.g. Governance, HR etc.

4. DRAFT INTEGRATION SCHEME

4.1 As I mentioned earlier, I had hoped to present to Members a draft integration scheme at this time. However this has not been possible as part of the regulations have only just been published and at the time of writing others are still awaited. It should be noted that no area in Scotland has at this time published a draft scheme.

4.2 In order though to progress to having a scheme in place by April 2015 and also importantly having a Joint Board up and running by that time, there are decisions required and issues on which I am seeking guidance from Members at this time. These are issues that will be incorporated into the final scheme but over the next few weeks and months these will be the subject of targeted consultation with relevant groups and stakeholders. We have been advised by the Government that consultation on the various elements of the scheme is an acceptable way forward rather than waiting until a final scheme is developed and then consulting on that in totality.

4.3 The regulations require that the Integration Scheme include the following information:

1. Local Governance Arrangements
2. Local Principles regarding Delegation of Functions
3. Local Operational Delivery Arrangements
4. Clinical & Care Governance
5. Role and Accountability of Chief Officer
6. Workforce
7. Finance

8. Participation & Engagement
9. Information-sharing & Data Handling
10. Complaints
11. Claims Handling, Liability & Indemnity
12. Risk Management
13. Dispute Resolution Mechanisms
14. Functions & Services to be Delegated to the Integrated Joint Board by the Local Authority & Health Board; and
15. Hosted Services

4.4 There are a number of elements of integration that I am asking Members to consider at this time. These are:

1. The vision for integration and the principles that under pin this;
2. The establishment of a Transitional Board and the Council's Members on that;
3. The functions that will be within the remit of the Integration Joint Board;
4. The role, remit and appointment arrangements for the Chief Officer;
5. The arrangements for submitting a proposal for Integrated Care Funding; and
6. The consultation arrangements for the above.

4.5 The following sections outline the issues for the above and make recommendations for Members to consider on these.

4.6 Other elements of the integration scheme such as financial arrangements and arrangements for clinical and care governance will be covered in future reports to Council.

5. VISION FOR INTEGRATION

5.1 An integral part of the integration scheme and indeed the thinking behind integration is to ensure that services more fully and seamlessly meet the changing and more demanding needs of our communities. In order to achieve this, each Joint Board must ensure it has clarity of vision and that its sights are fully focussed on improving services. With this in mind, a vision for the integration scheme has been drafted. This is based on the vision for older people and that was subject to extensive community consultation last year. The vision, outcomes and principles are attached to this report as Appendix 1. Included within this are the national outcomes that the Council and Health Board must have regard to in developing and delivering its arrangements for integration.

5.2 It is proposed that the statement of vision etc. is consulted on. This consultation will include workshops and focus groups with communities, employees and service users and will take place over the coming weeks and months. This work will be overseen by a proposed Transitional Board but will come back to the Council and NHS Board as part of the final Integration Scheme in February 2015.

6. INTEGRATION JOINT BOARD

6.1 The consultation draft of the regulations on the Integration Joint Board (IJB) indicate that these will prescribe the core membership, which includes voting and non-voting members. The regulations make provision for the voting membership to be established through equal nomination from the constituent partners. Each of the constituent partners is asked to appoint 3/4 (TBC) representatives to the IJB. The members appointed by the Council and the Health Board will constitute the voting members of the IJB.

6.2 The draft Regulations advise that the members nominated by the Health Board must be non-executive directors of the Board unless the Health Board is unable to nominate that number of non-executive directors. As the Health Board has 6 non-executive directors, this should not arise for the Falkirk Partnership.

6.3 It is proposed that, in order to take forward integration, a Transitional Board is established. This will initially only include voting Members and thus is a Transitional Board as opposed to a Shadow Board which would have all members appointed. It is proposed that the voting members will consider and develop the process for appointing the non-voting members to the Board with appointments being made by the IJB following its incorporation by ministerial order in 2015.

6.4 Council is asked to consider at this time the appointment of its members to this Transitional Board.

6.5 In order to achieve a full IJB, the draft regulations prescribe that the non-voting members will be at a minimum:

6.6 Representation which is required i.e. a specific description of the role:

1. The Chief Officer;
2. The Chief Social Work Officer; and
3. A registered health professional employed by, and chosen by, the Health Board.

6.7 There will also be a need to agree the representative for the following groups:

1. Staff of the constituent authorities engaged in the provision of services provided under the integration functions;
2. Third sector bodies carrying out activities related to health or social care in the areas of the local authority;
3. Service users residing in the area of the local authority; and
4. Persons providing unpaid care in the area of the local authority.

6.8 The above are the minimal requirement on the IJB. The Transitional Board should consider the non-voting representatives, and in particular, whether it wishes to broaden the numbers within the representative categories or include other advisers such as the Council and Health Board Chief Executives. It is also proposed that the scheme itself allows the Integration Joint Board to seek advice and further representation at its meetings, as required, from the Council, Health Board and the Third Sector.

6.9 This type of voting and non voting membership is similar to the current Education Executive, where non voting members can participate fully in discussions but are not allowed to vote.

6.10 Proposals and options for appointing non-voting members will be presented to the IJB prior to wider consultation with the constituent partners and prior to inclusion within the final integration scheme.

6.11 In relation to membership, it is also worth noting that the draft regulation makes provision for substitution of members. A further issue to be considered between the Council and the Health Board is the appointment of the Chairperson. The issues that require to be agreed are firstly, the length of the term of the Chairperson (not exceeding three years) and if the Chair will be a Council or Health Board nomination in the first instance. Thereafter, the entitlement to nominate alternates between the Council and Health Board. Again it is proposed that the Transitional Board consider these issues for inclusion within the final scheme when it is presented for approval to the Council and NHS Board early next year.

7. STRATEGIC PLANNING AND LOCALITIES

7.1 IJBs are obliged to establish a Strategic Planning Group, for the purposes of preparing the strategic plan for that area. The group must involve members nominated by the local authority or the Health Board, or both. In effect, this provides for the partners who prepared the integration scheme, and are party to the integrated arrangements, to be involved in the development of the strategic plan.

7.2 The Partnership is also required to involve a range of relevant stakeholders in the group. The draft regulations state that this must include:

1. Users of health and/or social care;
2. Carers of users of health and/or social care;
3. Commercial providers of health and/or social care;
4. Non-commercial providers of health and/or social care;
5. Health and social care professionals;
6. Non-commercial providers of social housing; and
7. Third sector bodies carrying out activities related to health or social care.

7.3 The IJB can include other persons it considers appropriate. It is proposed that the Transitional Board considers proposals for the establishment of the Strategic Planning Group, organises relevant consultation on this and then puts in place arrangements for that Group to start its work. This will be informed by Regulations on this when finally published.

8. FUNCTIONS

8.1 The Act requires that both the Health Board and Local Authority delegate some of their functions to their Integration Joint Board. By delegating responsibility for health and social care functions to the Integration Authority, the objective is to create a single system for local joint strategic commissioning of health and social care services, which is built around the needs of patients and service users and which supports whole system redesign in favour of preventative and anticipatory care in communities. Members will be aware that there have been various discussions about what functions the IJB will have responsibility for. With the publication of the regulations, the services that must be included have been clarified and set out. These are listed in Appendix 2 of this report.

8.2 The regulations that underpin the Act set out which health and social care functions and services **must be** delegated. The Act limits the functions that can be included in the 'must' list to those services provided to people over the age of 18. The effect of this is that the primary legislation ensures that no children's health and social care services will be required to be integrated. However there is local discretion if the Local Authority and Health Board wish to go beyond what is considered a requirement by the legislation or Regulations.

8.3 The list of obligatory functions from the Council includes all adult social care services; some housing support services restricted to aids and adaptations; garden aid and also supported/sheltered employment arrangements. The only significant change in the current draft from the consultation draft is the removal of some housing services and provisions in relation to financial recovery between authorities and setting and recovering charges for care services from the list.

8.4 Each Health Board must delegate all of its functions as they relate to adult primary and community health services, along with a proportion of hospital sector provision. This approach builds upon the requirements of the statutory guidance for Community Health Partnerships (CHPs). All services set out within the statutory guidance for inclusion in CHP arrangements must be delegated to Integration Authorities. Additionally to the arrangements under CHPs, each Health Board is required to integrate some of its hospital functions.

8.5 From a health perspective there is clear guidance that while GP services are included within the functions to be delegated to the IJB, their contracts will continue to be nationally agreed and thus operational management will not rest with the IJB.

8.6 Integration Authorities will be responsible for services most commonly associated with the emergency care pathway, i.e., hospital specialities that exhibit a predominance of unplanned bed day use for adults. Within the context of integration, "unplanned" is used to refer to those stays that are unplanned and potentially avoidable with the provision of some sort of preventative care. These services are listed in appendix 2 of this report. It must be remembered that as some of these services are delivered to more than one partnership, planning arrangements must take account of this.

8.7 There is scope within the regulations for the Council or Health Board to consider including services within the IJB arrangements that are not obligatory. At this time it is proposed that we do not go beyond the regulations with regards including areas of service but that if in the future there is merit in including additional services in these arrangements the IJB would approach the Council or NHS (or vice versa) to have these included in a planned way.

9. CHIEF OFFICER

9.1 In addition to guidance on the integration scheme, there has been further clarification on the role and remit of the Chief Officer. This guidance notes that the scheme must include reference to the operational management arrangements for the Chief Officer as well as covering critical aspects of strategic planning for integrated services. A copy of a job description that has been drafted by Council Officers in conjunction with NHS colleagues is attached at Appendix 3. This outlines the key roles for this post.

9.2 The Chief Executive of NHS Forth Valley and I require to seek approval from Council and the NHS Board to move to making an appointment to this post. The process for appointment will be as follows:

1. Both organisations size the post for an appropriate and equivalent grade;
2. The post be advertised once the process etc. is signed off by the Transitional Board;
3. The Transitional Board acts as the appointment panel for this post and will oversee the appointment of the Chief Officer; and
4. The Council's HR officers would support the Transitional Board to make this appointment.

9.3 It is hoped that an appointment will be made before the end of the year with an appropriate candidate taking up post prior to the Integration Joint Board coming into being after April 2015.

10. CONSULTATION ARRANGEMENTS

10.1 The draft Regulations relating to the Act set out the groups that must be consulted when preparing (or revising) the Integration Scheme, drafting strategic plans, and making significant decisions within localities. In relation to the Integration Scheme, the draft Regulation specifies that before submission is made to Scottish Ministers, the Local Authority and Health Board must jointly consult with prescribed groups of persons and also any other persons that they think fit.

10.2 The draft Regulations identify standard consultees as:

- Health and social care professionals;
- Users of health and/or social care;
- Carers of users of health and/or social care;
- Non-commercial and commercial providers of health and/or care;
- Non-commercial providers of social housing;
- Third Sector bodies carrying out activities related to health or social care;
- Staff of the Local Authority and Health Board likely to be affected by the Integration Scheme; and
- Other Local Authorities operating within the area of the Health Board preparing the Integration Scheme.

10.3 Consultation will take place at a local level and be phased to help inform relevant sections of the Scheme. The consultation will be targeted to ensure that relevant groups are able to access and input into specific sections of interest. To enable a Scheme to be formed within the required timescale, it is proposed that the consultation process is initiated as soon as possible.

10.4 Consultation will link with existing consultations, groups and forums including, for example, the Community Health and Care Forum, Joint Futures Staff Forum, Clinical Services Review Groups and pertinent thematic groups. Links with services users and carers will be facilitated through working with existing providers and forums.

10.5 It is proposed that targeted but appropriate consultation be undertaken on the following issues prior to a Scheme being finalised:

1. The appointment of non-voting members to the IJB and the process for doing that;
2. Local vision and priorities;
3. Development of Locality arrangements; and
4. Participation and Engagement.

10.6 A crucial part of the process will be to communicate to participants what integration means to them, both in their working and home lives. This means using consultative tools appropriate to the time-scale, geographical spread and range of participants.

11. INTEGRATION CARE FUND

11.1 The Partnership has the opportunity to bid for a share of the Integrated Care Fund which was announced by the Government on 7 July 2014. This Fund of £100m builds upon the Reshaping Care for Older People's Fund which comes to an end in April 2015. The new Integrated Care Fund will be accessible to local partnerships to support investment in integrated services for all adults. Funding is intended to support partnerships to focus on prevention, early intervention and care and support for people with complex and multiple conditions. In order to secure the indicative allocations that have been announced for 2015/16, partnerships are required to submit an integrated care plan by 12 December 2014. Although the timing of this is challenging, as it precedes the completion of the strategic delivery plan, it is nevertheless a welcome opportunity to secure additional resources for 2015/16. The indicative allocations in the Forth Valley are Falkirk £2.88m, Clackmannanshire £0.96m and Stirling £1.52m.

11.2 Work associated with the development of the Integrated Care Fund Plan has been remitted to the existing Joint Management Group. It is proposed that a proposal be submitted to the Government by the due date subject to approval by the Transitional Board.

12. TIMELINE

12.1 Based on a timetable of key milestones issues by the Scottish Government and also to comply with Local Authority and Health Board decision making timescales, a revised timescale has been developed which sets out activity from now until 1 April 2016, which is the date by which the integration scheme must be finalised. The revised timeline is attached as Appendix 4. It should be noted that this timeline may be subject to amendment with the release of Ministerial guidance.

13. CONCLUSIONS

13.1 While I am not at this time able to provide Members with a draft scheme, the decisions I am asking Members to make in this report constitute significant progress on the path to establishing such a scheme and the Board that will oversee its finalisation and implementation.

By establishing a Transitional Board to oversee not just the drafting of a scheme but the establishment of a new way of working, I would anticipate a scheme being able to be presented to Members next year that will put in place a very firm and positive foundation for achieving the vision and outcomes we hope to achieve.

14. RECOMMENDATIONS

14.1 **It is recommended that Members:**

14.2 **Note the progress that has been made on the arrangements for health and social care integration;**

14.3 **Note that further Regulations are due to be published that will inform arrangements for the Integration Scheme;**

14.4 **Approve the vision as set out in Appendix 1 for wider consultation;**

14.5 **Agree that a Transitional Board be established to oversee the further development of the Scheme and that the Council determine its representatives on that Board;**

14.6 **Agree the functions to be included within the scope of integration do not go beyond those listed in the draft regulations, but that the Scheme would be developed to allow further functions to be included in the future on the agreement of both the Council and Health Board;**

14.7 **Agrees that the Transitional Board oversees the recruitment and appointment of the Chief Officer;**

14.8 **Give authority to Officers to submit proposals to the Government on the Integrated Care Fund subject to approval of the Transitional Board; and**

14.9 **Approve relevant consultation takes place on the areas noted in the report in order to inform the final Integration Scheme.**

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CHIEF EXECUTIVE

Date: 29 October 2014
Ref: ABD121114FC - HSCI
Contact Name: Fiona Campbell EXT 6004

LIST OF BACKGROUND PAPERS

1. Draft regulations on Health and Social Care Integration – Oct 2014.

Any person wishing to inspect the background papers listed above should telephone Falkirk 01324 506004 and ask for Fiona Campbell.

Appendix 1

Draft Local Vision and Outcomes

Our vision is "**to enable people in Falkirk to live full and positive lives within supportive communities."**

Our Outcomes describe <u>what</u> changes we want to see:

- Individuals, their carers and families are able to manage their own health, care and well being;
- Community networks and supports are in place, accessible and help people to live in good health for longer;
- Individuals, their carers and families have control and choice over decisions about their care, which focuses on maintaining or improving quality of life;
- Individuals are able to live, as far as reasonably practicable, at home or in homely settings within their community;
- Hospital admissions and discharges are planned.

The following points describe <u>how</u> we will achieve our outcomes:

- Provide seamless, integrated services that are focussed on delivering outcomes and prioritising the best and most appropriate care for people.
- Putting individuals, their carers and families at the centre of their own care pathway;
- Taking an asset based approach to service development, which recognises the wealth of our communities;
- Recognising the importance of independence by focussing on re-ablement, rehabilitation and recovery;
- Communicating frequently in a way which is accessible and understandable, and allows an ongoing, two way dialogue;
- Encouraging continuous improvement by supporting and developing our workforce.
- Presumption will be against unplanned care and therefore any shift of resources will be from unplanned care to community based services.

National health and wellbeing outcomes

Health and Local Authorities must have regard to these outcomes in preparing their scheme.

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

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.

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

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

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

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 wellbeing.

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

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.

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

Delegated Functions

The following social care services provided by Local Authorities **must** be integrated, as they relate to adults:

- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptions
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare

The following health care services provided by the Health Board **must** be integrated:

Community Based Services

- Complex Care
- Specialist Clinics
- Learning & Physical Disability Service
- Mental Health Services
- Re-ablement & Rehabilitation
- Community Nurses (including specialist)
- Community Pharmacy
- Dental Service
- Optometrists
- Community AHP
- Health Improvement/promotion

Hospital Based Services

- Community Hospitals
- Accident & Emergency
- General Medicine
- Infectious Diseases
- Palliative Medicine
- GP Other than Obstetrics
- General Psychiatry
- Psychiatry of Old Age
- Renal Medicine
- Learning Disability
- Rehabilitation Medicine
- Respiratory Medicine

Appendix 3

Chief Accountable Officer
Job Description

Overview

This is a permanent appointment, however, for legal reasons; the formal appointment will be confirmed once the corporate body has been established. The appointment of chief officer is a joint NHS/ [Council(s) name] Council appointment and it is intended that the post holder would eventually be seconded to the Integration Joint Board (IJB) of the new corporate body in April 2015 as it will have no employment powers of its own.

The role that the Chief Officer will fulfill must be set out in the Integration Scheme that the Council and Health Board are required to agree and have approved by Scottish Ministers. The role will therefore develop and evolve in order to deliver agreed priorities. It is envisaged that the role, will in time have strategic and operational components. Initially the role will be focused on strategic priorities including a) the development of an Integration Joint Board Strategic Plan in 2015 – 16 and b) responsibility for establishing Body Corporate arrangements.

There is the potential for this role to develop throughout 2015 – 16. As this is a period of transition the job description may therefore be amended to reflect the long term requirements of the integrated service.

The successful candidate can opt whether to be employed by [Council(s) name] Council or NHS Forth Valley and will be appointed on either health or council terms or conditions, depending on which organisation is most attractive to the individual. It is expected that candidates with a health background would prefer NHS and candidates with a local authority background would prefer council, candidates from neither background can also express a preference. It should be noted that pay and terms and conditions are different in both organisations and candidates cannot select terms from each employer but will be offered the whole package of conditions from one. The post will be accountable to the Integration Joint Board and will report to the Chief Executive Officers of both organisations and will be a member of both council and health management structures.

CHIEF OFFICER (HEALTH AND SOCIAL CARE INTEGRATION)

1. JOB PURPOSE

The post holder will:

Outcomes

- Deliver the best outcomes for patients, people who use services and carers within the Partnership area, by leading:
  a) The implementation of the Integration Scheme and Scheme of Delegation once agreed;
  b) The development of the Strategic Plan in accordance with the provisions agreed within The Public Bodies (Joint Working) (Scotland) Act April 2014;
  c) Following delivery of the key strategic priorities of the post, continue to develop such plans and the operational delivery of services to support the plans.

Change

- Develop and implement the Integration Joint Board Strategic Vision and Strategic Plan delivering a programme of transformational change to deliver health and social care that is seamless from the perspective of the patient, user or carer; to provide leadership and influence ensuring a coherent vision, values and culture, underpin delivery of whole system change to improve outcomes for adults in (add partnership area e.g. the Falkirk) area.

Budget

- Be accountable to the Integration Joint Board for the integrated budget for adult health and social care service provision, to ensure delivery of the agreed integrated services.

Corporate Management

- Participate as appropriate in the corporate and strategic management of both partner organisations and be accountable for ensuring that the Integration Joint Board corporate and strategic objectives are reflected and met in the services for which the post holder is responsible.

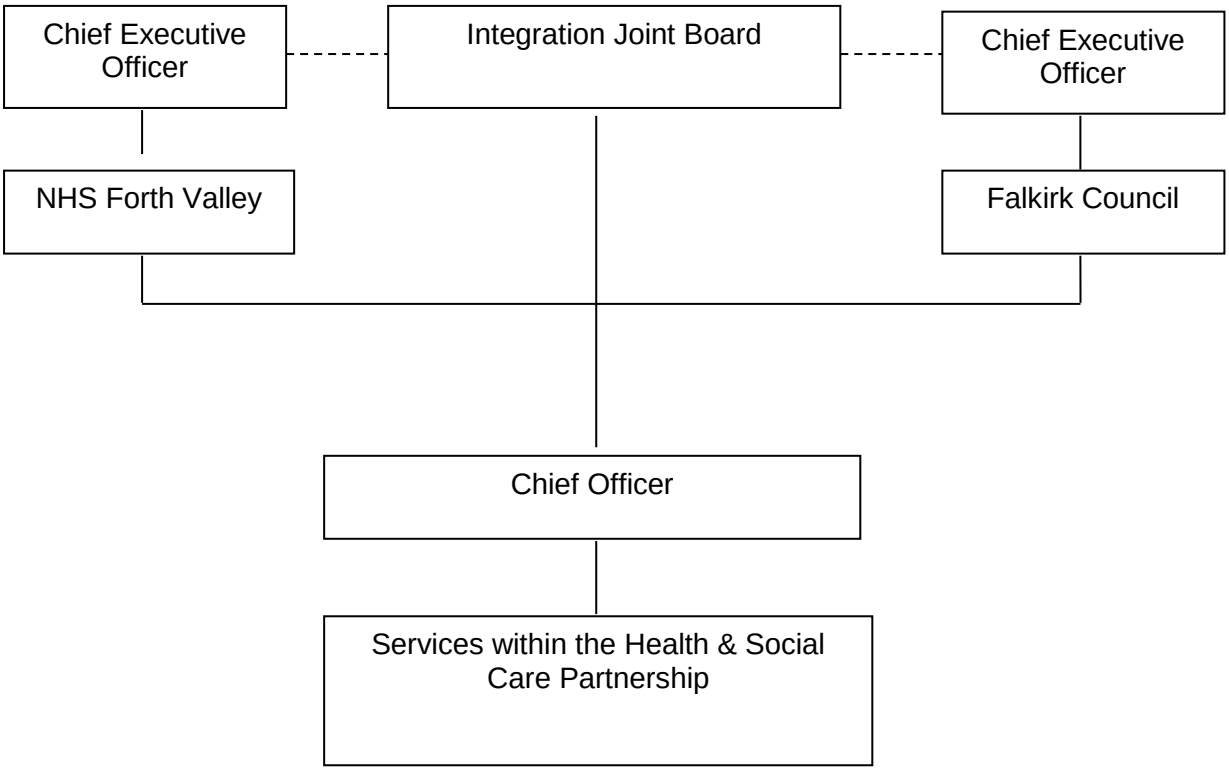
Systems and Performance

- Lead the design and introduction of integrated systems of governance, finance reporting and performance and be accountable to the joint partners for the performance of the partnership.

Operational Responsibility

- The post holder will be responsible for operationalising the delivery of the Strategic Plan.
- The services within the scope of this Strategic Plan will be those defined under the Regulations as published in October 2014.

2. ORGANISATION CHART AND REPORTING RELATIONSHIPS



This is a key post which is integral to significant transformational change and clear objectives will be agreed with the post holder to ensure delivery of the Integration Joint Board's outcomes and priorities.

3. KEY RESULT AREAS & RESPONSIBILITIES

During 2015 – 16 the key result areas will be:-

- Responsibility for establishing Body Corporate Arrangements
- Leading the implementation of the Integration Scheme
- Leading the development and approval process for the Strategic Plan

Additional Key Areas and Responsibilities

- Supporting the Integration Joint Board Committees, ensuring appropriate infrastructure is in place to support the business of the Partnership. Ensuring standard operating procedures are in place to deliver the work of the Integration Joint Board and comply with all statutory guidance. Produce annual performance plans to comply with Audit arrangements.

- In addition this post will develop the integrated planning of Health and Social Care Services, ensuring the management, planning and commissioning of services meets the objectives of the Integration Joint Board and statutory requirements as defined in the Strategic Plan, by providing strategic leadership and direction.

- Lead the integration of services through the co-ordination, the preparation and the application of key strategic documents including Service Plans and Joint Commissioning Plans.

- Manage inspection and audit activity relating to the delivery of services defined in the Integration Joint Board Scheme and undertaken as part of the Joint Commissioning plan.

- Design and implement, in partnership with both organisations and with their staff side/Trades Union representatives, organisational arrangements, including locality arrangements, which are fit for purpose, take into account statutory and professional responsibilities and accountabilities and deliver objectives on time and within budget.

- Manage and be accountable for all allocated budgets to meet the agreed objectives of the Joint Board, ensuring that financial targets are achieved within the resources available.

- Develop standards for the joint delivery of adult health and social care services ensuring a robust performance management framework is in place to measure service delivery, and ensure continuous improvement. Ensure that all statutory clinical and non-clinical governance and professional standards are adhered to and arrangements are established to ensure systems are in place which meets professional and clinical standards. Work on a Care and Clinical governance framework to include the Chief Social Work Officer, Medical Director and Nurse Director.

- Lead initiatives to ensure that the Council and Board working with Third Sector partners and independent contractors to deliver the necessary outcomes; meet policy requirements and relevant targets.

- Develop and secure effective partnership working with a range of key stakeholders, including voluntary and private sector providers, trades unions/professional organisations and staff to achieve optimum development of services taking account of the NHS Scotland Staff Governance Standard, any [Council(s) name] Council requirements and the Best Value arrangements of both organisations.

- Ensure the Integration Joint Board fulfils its responsibilities as Community Planning Partner. Lead and develop Community Planning Partnership arrangements, as agreed and in accordance with the CPP Single Outcome Agreement.

- Lead the cultural changes required to achieve integration, through personal commitment to the values of collaborative leadership, strengthening partnership arrangements, through facilitation and active support to merge two very different cultures, ensuring staff are supported to achieve transformational change that will foster a supportive, learning, outcome-focused organisation and create a strong partnership ethos.

- To generate an ethos of professional and distributive leadership amongst professionals, senior clinicians and managers who form the health and care partnership with regard to accountability, responsibility, role and contribution.

- Develop and implement a communication and engagement strategy which addresses effective engagement with communities and frontline employees and which supports innovative practice and local solutions to health inequalities and shapes the Partnership's Strategic Plan.

Integration Timeline
Subject to change
Please note final guidance and regulation has not been issued yet.

MILESTONE	WHEN
Partnership Board Provides direction: • IJB – composition of Board • Remit and Job Description of Chief Accountable Officer (CAO) • Draft scheme • Functions • Vision for integration • Localities • Consultation arrangements	November 2014
• Transitional / Shadow Board established	November 2014
• NHS & Council draft Integration Scheme for consultation with Transitional / Shadow Board	During November / December 2014
• Implement consultation of draft Scheme including vision, outcomes and localities	During October/November/December 2014
• Integrated care fund proposal submitted to SG	December 2014
• Arrangements being put in place to establish of Shadow Board e.g. numbers and how non-voting members will be determined • Take forward appointment of CAO • Establish strategic planning process and group to develop Strategic Plan (including CPP) • Consider engagement and consultation process going forward	December / January 2015
• NHS, Council & CPP Approve Integrated Scheme	February 2015
• Board established • Initiate development of Strategic Plan	By March/April 2015
• Minister approves Scheme and Board formally established	June 2015
• Finalise draft Strategic Plan including: Budgets, functions and how these are aligned to vision, outcomes and how integration is operationalised.	By November 2015
• Consult on Strategic Plan	During November/December 2015
• Final Strategic Plan approved by NHS, Council & CPP • **Once plan approved IJB takes full strategic and operational responsibility for integration of Health & Social Care**	January 2016
• Fully Operational	By April 2016