

Title/Subject: Integrated Structures
Meeting: Integration Joint Board
Date: 25 June 2018
Submitted By: Chief Executive Falkirk Council
Action: For Decision

1. INTRODUCTION

- 1.1 This report should be read alongside the report submitted on Integrated Structures by the Chief Executive of NHS Forth Valley. The purpose of this report is to highlight for the IJB points of difference between the views of the two Chief Executives, and to provide clarity on the areas that cannot be agreed. Furthermore, the report seeks the views of the IJB.
- 1.2 This report has been written following receipt of proposals from the Chief Executive of NHS Forth Valley on the morning of 20 June 2018. At this time the appendices to that report had not been made available. It may be that the revised report and appendices address some of the concerns in this report.

2. RECOMMENDATION

It is recommended that the IJB:

- 2.1 notes the report from the Chief Executive of the Health Board on Integration Arrangements;
- 2.2 agrees that the proposals set out in the report provide insufficient assurance to the IJB on the management structure, on hosting and on the recognition of its own role and that of its Chief Officer in the governance of the health integrated functions; and
- 2.3 does not agree to the transfer of the health services until assurance can be provided to the IJB on these issues by the Chief Officer.

3. BACKGROUND

- 3.1 On 1 April 2016 the operational responsibility for Adult Social Care transferred to the IJB and all decisions relating to those services have been taken by the IJB, or its Chief Officer, via the IJB's Leadership Team.

- 3.2 In February 2017 the operational responsibility for the Integrated Mental Health team and Integrated Learning Disability Team transferred to the IJB.
- 3.3 At the December 2017 meeting of the IJB, the Chief Executives of Falkirk Council and NHS Forth Valley were asked to submit a joint paper detailing the plans for further integration. There was a clear dissatisfaction from the IJB regarding the pace of change. It is important to recall that the IJB asked the Chief Executives and the Chief Officer to bring a paper back to the following meeting setting out which of the delegated health functions would be managed by the Chief Officer, which would be hosted and which would be retained by the Health Board, with a proposed and costed management structure including reference to the localities structure.

4. POINTS OF DIFFERENCE

- 4.1 To date, it has not been possible for the two Chief Executives to agree a joint paper to fulfil the terms of this decision. There are diverging views on the following areas:
- The role of the Chief Officer
 - The governance of in-scope services
 - The management structures
 - Hosted services
- 4.2 It is the view of the Council that the above points need to be absolutely clear and agreed in order to mitigate the substantial risks associated with the transfer of services. It is also the Council's view that until these areas are clarified, the opportunities and benefits associated with integration cannot be recognised and the pace of transformation will continue to be slow. This will continue to pose a risk to the reputation of the Forth Valley NHS Board, the Council and the IJB.
- 4.3 Each of the points of difference is covered in the following sections of this report.

5. THE ROLE OF THE CHIEF OFFICER

- 5.1 The Integration Scheme states that the Chief Officer is accountable to the IJB. In addition the Chief Officer must be a member of the management structures, and report to the Chief Executives, of both parties. For Falkirk, this means that the Chief Officer sits on both the Council's Corporate Management Team (CMT) and the NHS's Senior Leadership Team (SLT).
- 5.2 The standard approach across Scotland is that the Chief Officer sits at Director level within the management teams of the partners. This level ensures appropriate influence and accountability. Falkirk Council considers the Chief Officer a Director level post.
- 5.3 The proposals submitted by NHS Forth Valley do not include the transfer of senior staff to the IJB, beyond Service Manager level. There is an expectation that those

Service Managers that transfer would report directly to the Chief Officer. Currently NHS Forth Valley have General Manager roles in place and the Council would expect a General Manager role to transfer to the IJB to ensure sufficient capacity and avoid the Chief Officer's role becoming hindered by day to day operational responsibilities.

- 5.4 The lack of transfer of senior staff indicates that the Chief Officer role is not considered a Director level post by NHS Forth Valley. This has serious implications for the ability of the Chief Officer to fulfil their responsibilities and for the IJB to fulfil its statutory responsibilities. If the Chief Officer cannot direct staff, their ability, and the ability of the IJB, to influence and deliver change will be limited.
- 5.5 The Council also recognises a role for the Chief Officer to operate autonomously on behalf of the IJB, to challenge and hold to account both the Health Board and the Council in following directions and implementing the strategic plan. This view is not shared by colleagues in the Health Board.

6. GOVERNANCE OF IN-SCOPE SERVICES

- 6.1 Under the current proposals, NHS Forth Valley will retain the management for the majority of in-scope functions, including primary care, AHPs (other than ReACH) and health improvement and prevention. This approach is not integrated and severely inhibits the IJB's ability to influence transformation.
- 6.2 The proposed arrangements would result in decisions on the majority of in-scope functions being taken by the NHS SLT, of which the Chief Officer is only one voice. This can provide little or no assurance that the voice of the IJB will be heard and acted upon. There are no plans to bring these decisions to the IJB Leadership Team, other than potentially for noting. There is little evidence of developments within the in-scope services coming to the IJB for decision making, notwithstanding the terms of the Direction. The decision making ability of the IJB and its Leadership Team is compromised.
- 6.3 Current proposals refer to a NHS Forth Valley wide Programme Board model. Once again the Chief Officer role is diluted and the ability to give direction and influence change is curtailed. It is worthy of note that the IJB was not consulted on this Programme Board approach despite elements of the Programme Boards' remits including integration functions.
- 6.4 The IJB has a lead role in strategic planning and oversight of in-scope functions and services. This role is not reflected in the current proposals.
- 6.5 There is no clear vision for what integration will look like in Forth Valley, and specifically in Falkirk. Phase 1 is limited and phase 2 remains uncertain.

7. MANAGEMENT STRUCTURE

- 7.1 There remains uncertainty around the management structure to be transferred, with no agreement on the appropriate seniority of transferring posts. If unresolved this would result in the Chief Officer and Head of Adult Social Care being overburdened with unfeasible spans of control, which is a significant risk for the services transferring as well as adult social care. The Council cannot support a proposal that could undermine adult social care and the vulnerable people it protects.
- 7.2 The existing Community Services Directorate of NHS Forth Valley comprises a General Manager with nine direct reports. Of those direct reports, it is understood that one will transfer to each of the IJBs, leaving a General Manager and seven direct reports within the NHS. The current proposals do not set out what these staff will retain responsibility for.
- 7.3 Furthermore, the lack of clarity will result in confusion surrounding lines of accountability and individual responsibilities. An example of this is the community hospitals which are set to transfer without a corresponding transfer of doctors, portfolio GPs or Allied Health Professionals. The lines of accountability for the community hospitals are unclear.
- 7.4 The proposed management structure is out of line with many IJB management structures adopted across Scotland, including those of a similar size and scale to Falkirk.

8. HOSTED SERVICES

- 8.1 To date the IJB has not approved any principles to be applied to hosted services. At the time of writing, the appendices on hosting, referenced in the Chief Executive of the NHS Forth Valley's report, have not been made available. The absence of a mutually agreed position on hosting arrangements brings an unacceptable level of uncertainty to the arrangements for integration. This will impact on the IJB's ability to deliver robust locality based services and are out of line with other IJB arrangements.

9. CONCLUSION

- 9.1 It is unusual for public authorities to set out the divergence of views in such an open way. But it is important that the IJB is properly informed of the discussions that have taken place and why agreement has not been reached. The Council has approached integration in an open and supportive way. It has placed all the integration functions within the operational management of the partnership and passed the decision making role over them to the IJB. We did this not only to meet the letter and the spirit of the legislation but because we want the benefits of integration for the people of the Falkirk area.

- 9.2 Nothing that the Council has sought in the unsuccessful discussions is any different from what is found in partnerships across the country. We may now be at the stage where the best course of action would be to ask for assistance from our colleagues in the Scottish Government to work with the Council, the Health Board, the IJB and its Chief Officer to build a properly functioning partnership.

Approved for Submission by: Chief Executive, Falkirk Council

Author – Mary Pitcaithly

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List of Background Papers: The papers that may be referred to within the report or previous papers on the same or related subjects.