

**Title/Subject:** Integration Update  
**Meeting:** Integration Joint Board  
**Date:** 1 June 2018  
**Submitted By:** Chief Executive, NHS Forth Valley  
**Action:** For Noting

## **1. INTRODUCTION**

- 1.1 To provide assurance regarding the ongoing NHS commitment to integration and the progress being made to implement the operational arrangements for those NHS functions in-scope as determined by the approved Integration Scheme.

## **2. RECOMMENDATION**

The IJB is invited to:

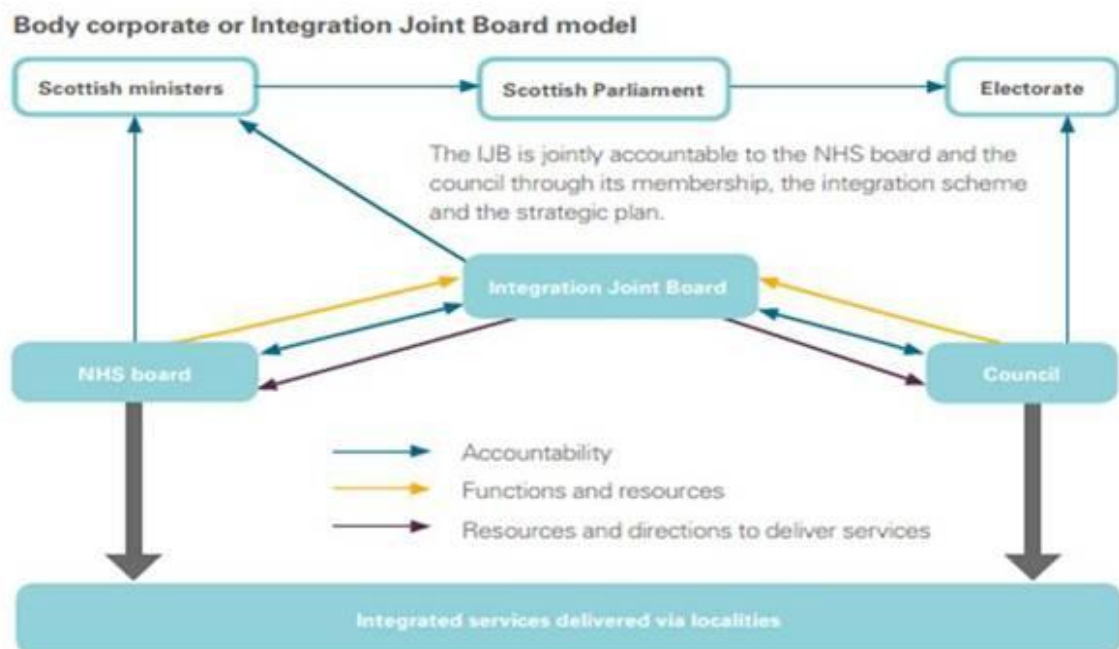
- 2.1 Note the significant and ongoing work to develop the integrated management arrangements to support the delegation of functions.

## **3. BACKGROUND**

- 3.1 The purpose of integration is to create Health and Social Care Partnerships that deliver integrated services for the local population. Integration means that over the next few years GPs, hospitals, health workers, social care staff and others will increasingly work side by side to share information and take a more coordinated approach to the way services are delivered.
- 3.2 In 2016, NHS Forth Valley and the Local Authorities delegated the integration functions as set out in the Integration Scheme for each of the Integration Joint Boards (IJBs) in accordance with the Public Bodies (Scotland) Act 2014. At the stage of agreeing the Scheme in 2015 the scope of the health services that would be operationally managed by the Chief Officers within the health and social care partnerships had not been agreed.
- 3.3 This paper sets out NHS Forth Valley's ongoing commitment to integration and to further implement the operational arrangements to support the delivery of health and social care within our established Partnerships.

## 4. INTEGRATION PROCESS

- 4.1 By way of context, the Integration Joint Board (IJB) sets the strategic direction of the delegated functions (through the Strategic Plan), directs the Health Board/Local Authority to provide services as per the Strategic Plan and allocates budget. The IJB in its oversight role for the Health and Social Care Partnership reviews performance against the Strategic Plan and has the ability to issue directions to the Health Board and Local Authority that drive delivery of the priorities as outlined in this Plan. As a statutory body distinct from the constituent authorities, the IJBs have a role in monitoring and reporting on how the Health Board and the Local Authorities account for delivery of the delegated functions. This is illustrated in Diagram 1 below:



IJBs are not expected to directly employ staff, operating only as strategic commissioning bodies. There is no change anticipated but the Act allows for IJBs to employ staff. However, this would need Scottish Ministers approval rather than being decided locally. A Chief Officer and Chief Finance Officer provide support for the IJB, but they are employed by either the Local Authority or NHS Board and seconded to the IJB. Corporate support to the IJBs will be shared by the NHS Board and Local Authorities to avoid duplication and/or additional costs.

- 4.2 The Chief Officer has a dual role. The Chief Officer reports to the Chief Executives of each of the Partners and is responsible for the delivery of integrated services in line with the relevant policies and procedures of the Local Authority and NHS Board. They are also directly accountable to the IJB for all of its responsibilities. These include strategic planning, establishing the strategic planning group, producing the annual

performance report, ensuring directions are being carried out and recommending changes and reviewing the strategic plan in line with legislation.

- 4.3 The Chief Officer will be responsible for some of the NHS services in their operational role as an officer of the Health Board. Where the Chief Officer does not have an operational role, the Integration Scheme requires that they are given the support and 'line of sight' to provide assurance to the IJB that the Health Board is delivering services appropriately in accordance with Directions and the Strategic Plan. The Chief Officers are members of the Senior Leadership Team within NHS Forth Valley. Line of sight will be achieved through the Chief Officer being a member of NHS Forth Valley's Senior Leadership Team and through the Performance Report prepared by the NHS Board to assure each of the Integration Joint Boards.
- 4.4 The Chief Finance Officer under the terms of Section 95 of the Local Government (Scotland) Act 1973 has formal responsibilities for the financial affairs of the IJB.
- 4.5 In regard to functions within health legislation, functions of Health Boards are generally described very broadly. The same statutory function may provide a legal basis for a wide range of services (including acute, tertiary and community services, in some cases). The Integration Schemes for each of the Partnerships therefore include a list of the health services to which integration applies, rather than just the functions. The Integration Schemes approved by Scottish Ministers refer to the 'Functions delegated by the Health Board to the Integration Joint Board'. The Scheme refers to a number of Acts and those functions to be delegated except for those functions listed. For example:

**National Health Service (Scotland) Act 1978:**

Section 17C (type of primary care contract for the provision of primary care medical services) – is not delegated to the IJB whilst services provided by General Practitioners are delegated but the contracting function under Section 17C cannot be delegated. Similarly, the same applies to General Ophthalmic, General Dental and The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009/183 and The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55 – these are not delegated to the IJB. As with the other services, these regulations relate to practical arrangements such as contracting, payment and standards.

- 4.6 NHS Forth Valley has agreed to a phased implementation plan to support further operational management delegation, this is being developed by the Chief Executives of the Partners supported by Chief Officers and key senior managers including HR and Finance from both the Health and Local Authorities.

- 4.7 The delegated operational management responsibilities will be aligned wherever possible to co-produced Locality Structures of each Partnership. These will be considered and approved in due course by the NHS Board, Local Authorities and IJBs.

## **5. Delegation of NHS Functions to each of the Integration Joint Boards**

- 5.1 NHS Forth Valley is determined to deliver integration for our local population and will delegate operational service delivery of appropriate services to Health and Social Care Partnerships. This will build on the successful delegation of operational responsibilities for Community Mental Health and Learning Disability functions. This was completed in February 2017. By delegating further operational responsibility for health functions to the Health and Social Care Partnerships, we will, with partners, develop an integrated system for local joint strategic commissioning of health and social care services. This will be informed by the needs of patients and service users with a focus on preventative and anticipatory, community-based, whole system redesign.
- 5.2 Delegation of operational management including workforce and management resources will be informed and agreed by all Partners. This will be phased over this financial year. Appendix 1 describes those functions to be delegated, the line management support and the budgets which will be operationally managed by the Chief Officer from September 2018. These are functions which already work closely in partnership to deliver local priorities and where resources are already broadly aligned with the Health and Social Care Partnership areas.
- 5.3 There are exceptions where services are configured on a Forth Valley wide basis. Agreement will be required to ensure optimal operational delivery for these services. Arrangements for these will be informed by the principles outlined in appendix 2.
- 5.4 This work will be incorporated into phase 2. Delegation of these functions will take place after phase 1 (those arrangements described in appendix 1) and will be completed within this financial year (i.e. March 2019). Primary care including Public Dental Services will be hosted by the NHS Board, and similar to Unscheduled Care, the Chief Officers will have a line of sight through the Programme Board structure to fulfil their oversight role and will receive regular performance reports. A review of this arrangement will take place in 18 months; this will enable the NHS Board to oversee the new General Medical Services (GMS) contract implementation in partnership with the IJBs. Similarly, Public Health/Health Improvement will remain within the NHS Board aligned to the priorities set by localities and community planning partners. This will be reviewed after publication of the recommendations of the Public Health Reform Oversight Board.
- 5.5 Health and Social Care Partnerships are expected to develop locality based health and social care models of care. Where it is not in the best interests of service users, impacts adversely on protecting or improving the safety for service users and/or fails to make best use of available resources, then the services will be maintained on a

Forth Valley wide basis to support access to equitable, integrated NHS services. Appendix 2 details those functions that may fall into this category. It is intended that, for those services that are likely to be 'hosted' clinical staff, supported by line managers will inform a stakeholder event on the preferred model of service delivery to further inform delegation decisions as part of a phased approach. A stakeholder event is currently being developed for June.

- 5.6 For functions not to be delegated it is expected that both Health and Social Care Partnerships will in partnership with the Health Board be responsible for the strategic planning six Partnership Objectives around Unscheduled Care contributing to the delivery of the 4 hour access target and reduction in avoidable admissions and reductions in occupied bed days. This work led by the Medical Director is part of the NHS Board's Unscheduled Care Programme of work.
- 5.7 Alongside the work of the Unscheduled Care Programme Board will be a review that supports improvements in Acute Services. This work, led by the NHS Chief Executive will review the future scope of the acute hospital footprint as part of a whole system review and utilisation of the Health Board's current overall estate.
- 5.8 Following the principles described in paragraph 5.3, it has been agreed that the Health Board will be responsible for the operational management of the Out of Hours Service given the current service sustainability issues in Primary Care Services. The Health Board is supporting a number of salaried practices and will, given the risks, retain operational management for these services at this time. This decision will be reviewed in 18 months. Responsibility for the management and maintenance of the Primary Medical Services Performers Lists will remain a Health Board function in line with the Board's contractual duties.

## **6. Corporate Support to the Integration Joint Boards**

- 6.1 NHS Forth Valley will continue to prepare a joint performance report (bringing together Local Authority and NHS Board information for the nationally agreed six integration measures). The assurance report will compare over time performance and benchmark each of the IJBs against national data. The Chief Officer in this regard will be expected in presenting the report to provide assurance and/or interventions to improve performance.
- 6.2 NHS Forth Valley has also agreed to support each of the Chief Officers in fulfilling their risk management responsibilities. A quarterly risk management report will be prepared for the Chief Officers to present to their respective IJBs.
- 6.3 Clinical Governance and reporting on complaints, incidents including adverse events will be provided by NHS Board to provide assurance to the IJB on service quality and

safety for in-scope functions. A similar process for 'care governance' will be supported by the Local Authority.

- 6.4 Strategic Planning support as and when required to inform future reviews/updates of the IJB Strategic Plans will be made available through the NHS Board's Public Health Directorate directed by the Director of Public Health and through the Council's Director of Corporate and Housing Services.
- 6.5 Ongoing financial support to the Chief Finance Officer will continue, directed by the NHS Director of Finance and the Council's Chief Finance Officer.

## **7 CONCLUSIONS**

- 7.1 It is intended that the paper provides assurance to the Health Board and to each of the Integration Joint Boards on the commitment to support the Health and Social Care Partnerships deliver community-based, integrated services that provide best value, best care and best experience for the people of Forth Valley.
- 7.2 Work is underway by the Senior Leadership Team to meet the commitment to delegate operational management for Phase 1 by 1<sup>st</sup> September 2018 and to complete Phase 2 by the end of March 2019. Chief Officers will be supported during this transition to ensure a smooth transfer of operational management.
- 7.3 To note the significant and ongoing work to develop the integrated management arrangements to support the delegation of services. This will include staff side engagement. Staff side engagement through the NHS will continue to be led by the Chief Executive with regular updates through the Area Partnership Forum and each Joint Staff Forum.
- 7.4 A further update on progress including project arrangements and a detailed Implementation Plan will be shared at subsequent meetings.

### **Resource Implications**

The paper proposes no additional budget allocation as staff will continue to operate in their current roles aligned wherever possible to the co-produced Locality Structures of each Partnership.

### **Impact on IJB Outcomes and Priorities**

Developing operational management arrangements for services in-scope is core to transforming health and social care.

### **Legal & Risk Implications**

A risk assessment will be included as part of the development of arrangements.

### **Consultation**

The phased implementation plan to support the further operational management delegation has been developed by the Chief Executives of the Partners, supported by

Chief Officers and key senior managers, including HR and Finance from both the Health Board and Local Authorities.

Staff side engagement will continue to be led by the Chief Executive with regular updates through the Area Partnership Forum and each Joint Staff Forum.

**Equalities Assessment**

Due regard will be given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision making process.

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Approved for Submission by: Cathie Cowan, Chief Executive

**Author – Cathie Cowan**

**Date:** 23 May 2018

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