



**Title/Subject:** Integration Update

**Meeting:** Integration Joint Board

**Date:** 5 October 2018

**Submitted By:** Chief Executive, Falkirk Council,  
Chief Executive, NHS Forth Valley and  
Chief Officer Falkirk Health and Social Care Partnership

**Action:** For Decision

## 1. INTRODUCTION

- 1.1. The purpose of this report is to demonstrate the progress reached in response to the motion approved by the Integration Joint Board (IJB) at its special meeting on 25 June 2018. Since then the Council and Health Board led by the Chief Executives have had a number of productive conversations on areas of joint future work that go beyond health and social care integration. In addition, the joint session with input from colleagues from Scottish Government was extremely positive and the sections that refer to governance and the role of the Chief Officer reflect their input.
- 1.2. It is important to capture the decision reached by the IJB in June 2018 as reference point which included an acknowledgement that whilst significant progress had been made by Council and Health Board the IJB agreed that it had insufficient assurance to support the delegation of operational management to proceed at that stage. The IJB asked the Chief Executives and the Chief Officer to bring a further report back to the next meeting of the IJB setting out clearly:
- The role of the Chief Officer recognising her role as a director in both organisations but also her statutory role as the IJB's Chief Officer;
  - The management structure proposed by the Health Board in relation to the transferring management responsibilities to include:-
    - clarity on the senior management post; and
    - the professional structures proposed;
  - The governance arrangements for in scope health functions; and
  - A fuller description of the principles for determining hosting with particular reference to the risks and benefits of hosting or transferring services to the partnerships.

## 2. RECOMMENDATION

The IJB is asked to:

- 2.1. note the significant progress outlined in the report and, in particular, in relation to the proposed management structure;



- 2.2 agree that the Chief Officer set up a Shadow Management Team (supported by senior HR Officers from NHS Forth Valley and Falkirk Council) to complete the work required as outlined in section 5 of the report;
- 2.3 note that the Chief Officer and the Chief Executives will complete the remaining work in relation to the outstanding issues in the report; and
- 2.4 agree that the Chief Officer and Chief Executives report back on the IJB on 7 December on the work referred to above with a view to providing assurance that the transfer of operational NHS and Council management integrated arrangements can proceed

### **3. BACKGROUND**

- 3.1 The vision for Falkirk, as set out in the Strategic Plan is 'to enable people to live full and positive lives within supported communities.'
- 3.2 To date the Falkirk Health and Social Care Partnership led by the Chief Officer has adopted a whole system approach to ensure strong foundations to deliver on the ambitions as set out in the Strategic Plan and for the platform for wider transformation within health and social care. This will underpin through transparency and clarity and decision making lines.
- 3.3 The Partnership has also forged strong connections with others, for example the Community Planning Partnership and the Alcohol and Drugs Partnership. In this way the Health and Social Care Partnership can extend access to a wider range of community based services, build community capacity and target more intensive support to those who require it. The Annual Performance Report thus far demonstrates the positive impact of these changes.
- 3.4 The IJB at a time out session supported by Scottish Government colleagues acknowledged the need for pace to progress its integration ambitions. The delegation of operational management arrangements is critical to the transformation of local health and care services. This critical step would then enable an alignment of budgets to the deliverables or direction as set out in the Strategic Plan. This clear link with service redesign and opportunities to improve the sustainability and quality of services and how they are configured at a local (locality), partnership (IJB) and Forth Valley levels will begin to unlock the barriers that staff and people refer to.
- 3.5 On 26 September the Ministerial Strategic Group for Health & Community Care issued a joint statement setting out a shared commitment to integration. The joint statement, signed by the Cabinet Secretary for Health & Sport and the Cosla President, is the first output of the review of integration and frames the joint ambition for Integration to deliver better care for people using health and social care services in Scotland. A copy of the letter is attached as Appendix 1.

#### 4. PROGRESS ON KEY AREAS

- 4.1 A Board Development session was held on 21 September with colleagues from Scottish Government invited to participate in the session. The aim of the session was to work with the IJB to ensure a mutual understanding of the integration framework and to consider some of the opportunities arising from integration.
- 4.2 In terms of the integration framework, colleagues from the Scottish Government made a number of key points which are outlined in the slides attached at Appendix 2.
- The pace of integration has been slower for the Forth Valley IJBs (and one other) than in the rest of Scotland.
  - There is evidence that integration can work well. The areas that are most able to demonstrate this are those areas where the greatest number of services are managed through the Health & Social Care Partnership.
  - Where integration works well, there is clarity that the IJB is the decision making body for in-scope services (through strategic planning, commissioning and its performance oversight role).
  - IJBs are agents of change. To enable this, the Chief Officer in her operational delivery role must be empowered to effect integration and realise the benefits.
  - Greater use of Directions should help to ensure that change is implemented. These Directions should in effect be a shared route map to empower the Partnership to where it wants to be.
- 4.3 This section of the report sets out progress to date for the four key areas set out in the IJB decision of 25 June 2018.

##### **Role of Chief Officer**

- 4.4 The IJB supplementary guidance issued by Scottish Government states that *'the Chief Officer will be appointed by the IJB and will provide the single point of accountability for Integrated Health & Social Care Services.*

Locally, the role of the Chief Officer'; is set out in the Falkirk Integration Scheme and includes reference to:

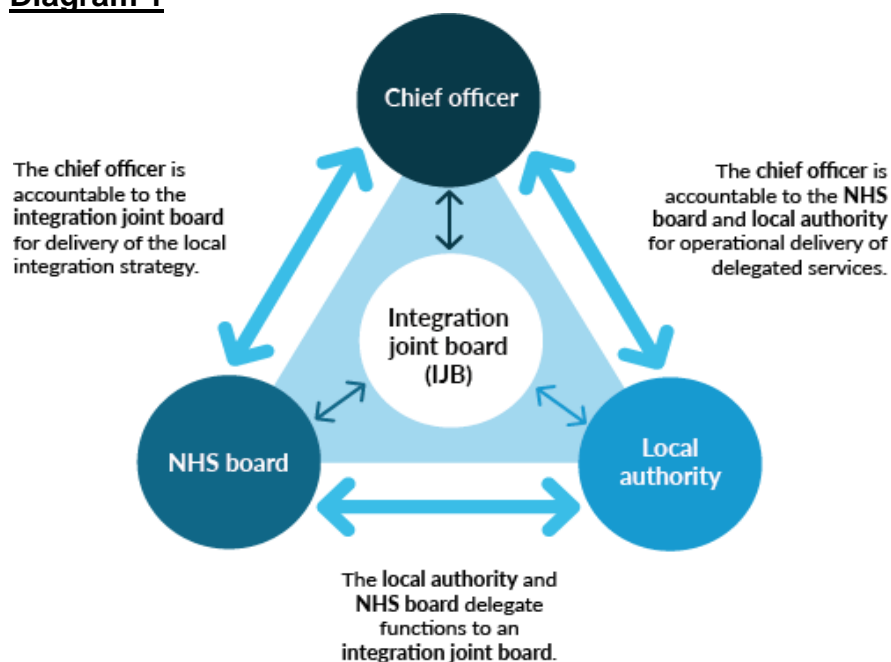
*'The Integration Joint Board shall appoint a Chief Officer in accordance with section 10 of the Act'. The Chief Officer will be employed by one of the Parties and seconded to the Integration Joint Board, to which s/he will be accountable. The Chief Officer shall not also hold the office of Chief Social Work Officer, NHS Medical Director or NHS Nursing Director. The Chief Officer will be a member of the management structures, and report to the Chief Executives, of both Parties. Where the Chief Officer does not have operational management responsibility for services included in Integration Functions, the Parties will ensure that appropriate communication and liaison is in place between the Chief Officer and the person/s with that operational management responsibility'.* (Extract from Falkirk Integration Scheme section 6)

Falkirk IJB Scheme of Delegation (paper to the IJB dated March 2017) states that: *'All powers not specifically reserved to the Board are delegated to the Chief Officer or as the as may be, the Chief Finance Officer. The Chief Officer will have delegated responsibility for all matters in respect of the oversight, operational management and delivery of integrated functions of the board, as set out in the Integration Scheme...'*

4.5 The Scottish Government helpfully presented information at the Board development session on the role of the Chief Officer. This included the dual role of the Chief Officer:

- To be directly accountable to the IJB for all of its responsibilities as the IJB Accountable Officer, these include: producing the Plan, for issuing approved IJB directions to the Health Board and Council, and on behalf of the IJB to ensure, by holding the Health Board and Council to account, that the Plan is delivered to improve outcomes for its local population.
- As described in diagram 1 below the Chief Officer is also accountable to the Chief Executives of the Health Board and Local Authority for the delivery of integrated services in line with the relevant policies and procedures of the both parties and the directions of the IJB. It is the role of the Chief Executives to ensure that they share responsibility with the Chief Officer for delivering improved outcomes.

**Diagram 1**



**Kings Fund: Leading across health and social care in Scotland (June 2018)**

4.6 It is also important to note that the Chief Officer will be responsible for some of the Health Board services in their operational role as an officer of the Health

Board. Where the Chief Officer does not have an operational management 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 the its Directions and the Strategic Plan. It is also important that the Chief Officer has the ability to work creatively across all of the delegated functions to ensure that whole system approaches are developed and recommended to the IJB. Some further work is needed to ensure how this will work in relation to functions not directly managed by the Chief Officer.

Currently IJB in-scope functions and budget sit across the remit of three NHS General Managers: the Community Services Directorate; the Medical Directorate; and the Surgical Directorate. Further work is required to outline the management structure and associated governance arrangement for the Partnership and all IJB functions. This will ensure that the IJB is informed on any plans to change service provision of integrated and non-integrated functions which may have a resultant impact on the Strategic Plan.

## **5. Management Structure**

- 5.1 Appendix 3 details those functions in-scope that currently sit under the leadership of the Community Services Directorate General Manager and will be delegated to the Chief Officers within both the Falkirk and the Clackmannanshire & Stirling Partnerships. These are in line with previous decisions taken by the IJB on in-scope functions. This Directorate in the NHS, as previously reported, will be disbanded.
- 5.2 For those services not in-scope (also captured in Appendix 3) these will be delegated to other Senior Managers within the NHS structure. Appendix 3 also refers to those services that NHS Forth Valley will continue to be responsible for, in terms of operational management as part of interim arrangements.
- 5.3 The Chief Executive of NHS Forth Valley established a project team in early June to oversee delegation of operational management arrangements; the membership of this team is outlined in Appendix 4.

The project team has made good progress and through this work, the management capacity to be delegated has now been identified, as at Appendix 5 and 6. For the IJB's information, it should be noted that:

- All 'in-scope' NHS managers have been identified and individual meetings have taken place within the NHS to discuss the changes, and how they impact on individuals (this approach is in line with the NHS organisational change arrangements);
- The NHS Forth Valley Chief Executive is progressing 'hosting' arrangements with the local authorities and linking with the Scottish Government;
- Once the hosting arrangements are agreed, this will determine the additional management structure that will transfer to the HSCP;

- Clinical leadership arrangements have been clarified for nursing (as per Appendix 5) and AHP and medical clinical leadership structures are nearing completion;
- Discussions on the support service structure require to be progressed with both Parties;
- Work has been undertaken on Locality Manager job descriptions and the grading for these; whilst recognising that both the NHS and the Council have different grading structures, grading schemes and terms & conditions, the salary for these posts are broadly similar;
- Invite TU, staff side and staff representatives to support the delivery of a communication and staff engagement plan to inform this work;
- Draft principles on working together have been discussed with the Joint Staff Forum Trade Union representatives, and will be considered at the next meeting of the full Joint Staff Forum (4 October).

5.4 Whilst this progress has been positive, further work is required to review and finalise a health and social care management structure in line with due process. A meeting is scheduled with the Chief Officer and HR lead officers to progress this. A Shadow Management Team will be established with appropriate representation to consider in more detail:

- A proposed integrated structure which will be based on localities and takes account of the impact of any services identified for hosting by the Falkirk HSCP;
- A project plan for transitional arrangements, to ensure the smooth transfer and integration of operational responsibility to the Chief Officer;
- A communications plan to support this work;
- Monitoring arrangements including a risk and issue logs will be established to ensure good progress is made.

5.5 Separate discussions will also require to be progressed on support services, and will feed in to these discussions at the appropriate stage.

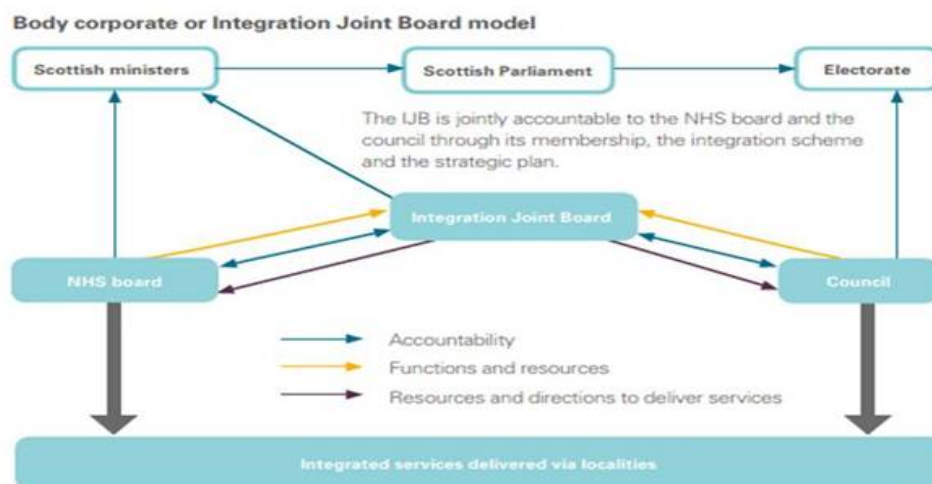
5.6 In addition, work will be undertaken to ensure the Chief Officer has appropriate authorisations under the NHS and Council standing orders and scheme of delegation to enable her to sign off budgets and other matters delegated to officers working at this level.

## **6. Governance Arrangements**

6.1 At the board development session, the Scottish Government outlined the governance framework as set out in the Public Bodies (Joint Working) (Scotland) Act 2014. As noted at paragraph 4.2, it is expected that the IJB will require to take important decisions to deliver the change that is required in the health and social care landscape. The Scottish Government view is that integration has worked best where there is clarity that the IJB is the decision making body for in-scope services (through strategic planning, commissioning and its performance oversight role).

- 6.2 The Integration Joint Board (IJB) is a separate legal entity made up of councillors, Health Board non executive directors (or other members of the Health Board where there insufficient non executive directors) and a wider non voting membership reflecting a range of key interests. These non voting members include a range of people notably the Chief Officer as principal advisor, Chief Financial Officer and a number of key stakeholders (carer, service user, and third sector representatives, CSWO, GP and doctor, nurse and staff side representatives). The IJB sets the strategic direction of the delegated functions (through the Strategic Plan (the Plan)), directs the Health Board/Local Authority to provide services as per the Plan and allocates budget.
- 6.3 The IJB in its oversight role for the Health and Social Care Partnership reviews performance against the Plan. The IJB will agree and issue directions to the Health Board and Local Authority in relation to the functions delegated to drive delivery of the priorities as outlined in the Plan. The IJB's ability to make directions is wide ranging, including the ability to direct how the functions are carried out. The Health Board and Local Authority are accountable to the IJB for the delivery of services it commissions and compliance with its directions. The effect of this is to make the IJB the decision maker in relation to the functions delegated to it subject to two principal qualifications. The first is that where a service is hosted on behalf of the Clackmannanshire and Stirling IJB, decision making with its agreement. The second is that the IJB's role needs to be seen in the context of the Health Board and the Local Authority remaining the employers and the bodies responsible for capital asset and planning.
- 6.4 In broad terms, these relationships and how they relate to each other are illustrated in Diagram 2 below:

**Diagram 2**



- 6.4 Whilst work has advanced in this area, the work to date requires further discussion. The governance arrangements will be included in a report to the December IJB.

## **7. Hosting**

- 7.1 A workshop will take place informed by Scottish Government input. This has been agreed and will involve all three Local Authority Chief Executives and members of the Forth Valley Project Team led by the Chief Executive of NHS Forth Valley. The output from this time out session may add to the Chief Officers' operational management responsibilities. A report will be presented to both IJBs at their next meetings to enable delegation of operational management arrangements to proceed.

## **8. CONCLUSIONS**

- 8.1 Falkirk Council, NHS Forth Valley and the IJB continue to work together to ensure that the planning, commissioning and delivery of in-scope NHS and Council services are consistent with the Strategic Plan and subsequent Directions.

### **Resource Implications**

There are no costed management resource implications arising from the content of this report.

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

Progress with integrated operational management arrangements is critical for the development of localities and is central to the delivery of the Strategic Plan.

### **Legal & Risk Implications**

This report proposes work required to comply with the requirements set out in the Public Bodies (Joint Working) (Scotland) Act 2014.

### **Consultation**

The report has been prepared in discussion with relevant officers.

### **Equalities Assessment**

There is no requirement to complete an equalities assessment.

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Approved for submission by:  
Chief Executive, Falkirk Council,  
Chief Executive, NHS Forth Valley and  
Chief Officer Falkirk Health and Social Care Partnership



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Linda Donaldson, HR Director

**Date:** 3 October 2018

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

Cabinet Secretary for Health and Sport  
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Local Authority Leaders  
Integration Joint Board Chairs and Vice Chairs  
NHS Board Chief Executives  
Local Authority Chief Executives  
Integration Joint Board Chief Officers  
Chief Executive, SCVO  
Chief Executive, Health and Social Care Alliance  
Chief Executive, CCPS  
Chief Executive, Scottish Care



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26 September 2018

Dear colleagues

The Scottish Government, NHS Scotland and COSLA share responsibility for ensuring the successful integration of Scotland's health and social care services. We are therefore delighted to send to you today a joint statement, attached to this letter, setting out our shared commitment to integration as leaders in the public sector.

This statement is the first output from our review of integration, which is now underway via the Ministerial Strategic Group for Health and Community Care. It frames our joint ambitions for integration and sets the context for recommendations that will follow from the review.

We look forward to continuing to work with you all to deliver integration, and, through it, better care for people using health and social care services in Scotland.

**JEANE FREEMAN**  
Cabinet Secretary for Health and Sport

**COUNCILLOR ALISON EVISON**  
COSLA President

## **DELIVERING INTEGRATION**

We need to step up the pace of integrating health and social care. Truly integrated services, focused on the needs of citizens – individuals, carers and families, and on the health and wellbeing of local communities – require our leadership and personal commitment. We need to act together and in our individual roles to accelerate progress.

There are challenges that we must address. We will work together, and with our local populations as well as partners in the third and independent sectors, to understand public expectations and better meet needs for health and social care, which go hand-in-hand with improvements in life expectancy and the availability of new medicines and technologies. We are already making progress. We recognise that we are jointly responsible for tackling these challenges and that we need to adapt, compromise and support one another to deliver integration for the people of Scotland.

The Public Bodies (Joint Working) Act 2014 puts in place governance and financial arrangements, and a set of outcomes, for us to work within to achieve integration. We share a duty to empower Integration Authorities, to hold ourselves and one another to account in order to make integration work. We will learn from one another and adopt good practice. We will also work collaboratively and in partnership beyond the statutory sector to deliver improvements.

We commit to delivering together because that is the right way to deliver better services for our citizens.

**CABINET SECRETARY FOR HEALTH AND SPORT**

**COSLA PRESIDENT**

**DIRECTOR GENERAL, SCOTTISH GOVERNMENT HEALTH AND SOCIAL CARE  
DIRECTORATES AND CHIEF EXECUTIVE, NHSSCOTLAND**

**CHIEF EXECUTIVE, COSLA**

**CHAIR, SOLACE**

**26 SEPTEMBER 2018**

# Integration of health and social care

## Governance and strategic planning

Alison Taylor  
Christina Naismith



## Vision

- People are supported to live well at home or in the community for as much time as they can
- They have a positive experience of health and social care when they need it



# Building blocks for integration

1) A guiding principle:

“... effective services must be designed with and for people and communities – not delivered ‘top down’ for administrative convenience”

The Christie Commission Report  
Commission on the future delivery of public services, June 2011

2) A single commissioner and budget for health and social care

3) Legislation:

- The Public Bodies (Joint Working) (Scotland) Act 2014

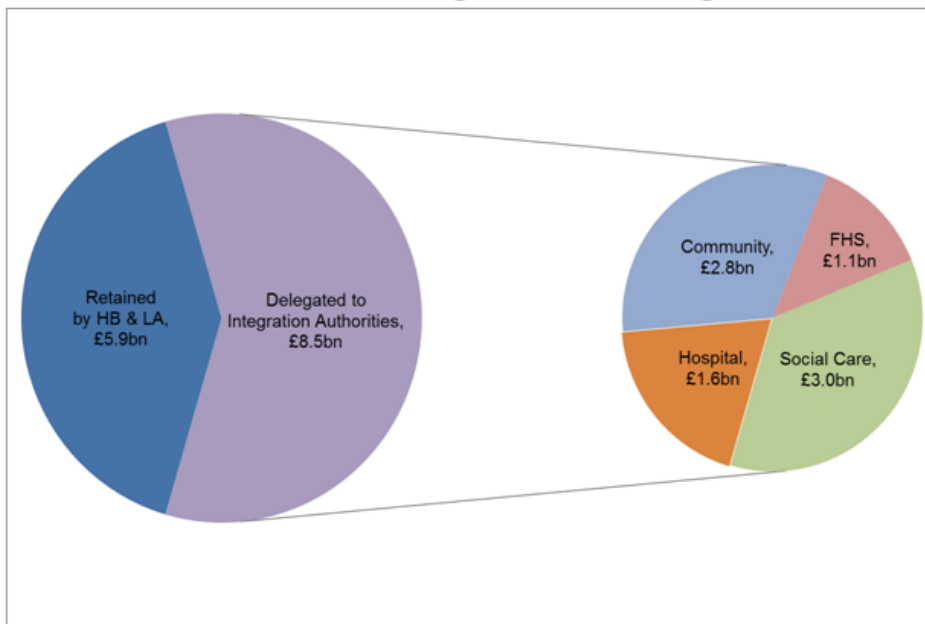


## Public Bodies (Joint Working) (Scotland) Act (2014)

- Principles for integrated health and social care
- Nationally agreed outcomes for health and wellbeing
- Integrated governance arrangements for health and social care: delegation to a body corporate or lead agency
- Integrated budgets for health and social care
- Integrated oversight of delivery
- Strategic planning
- Localities

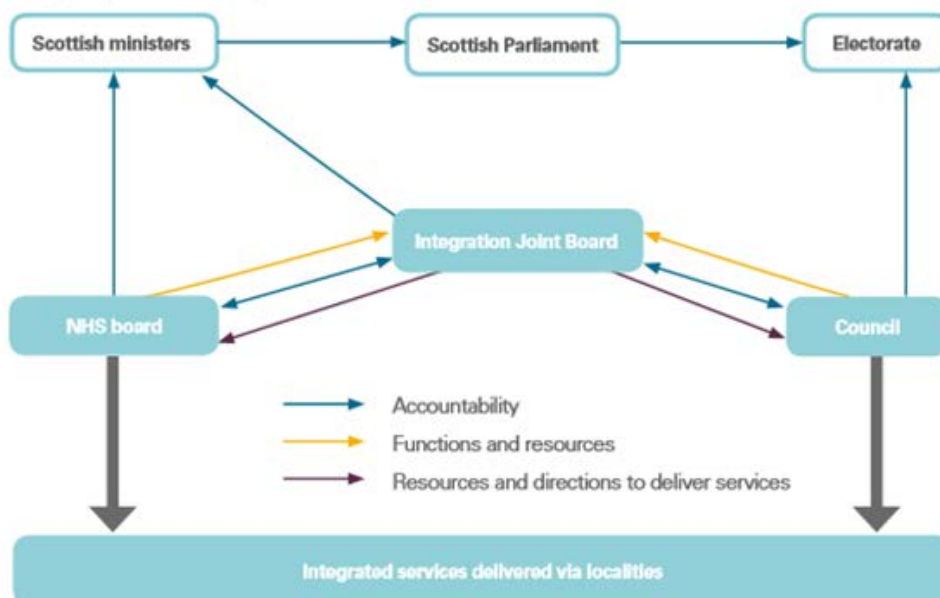


## 2017/18 Delegated Budgets

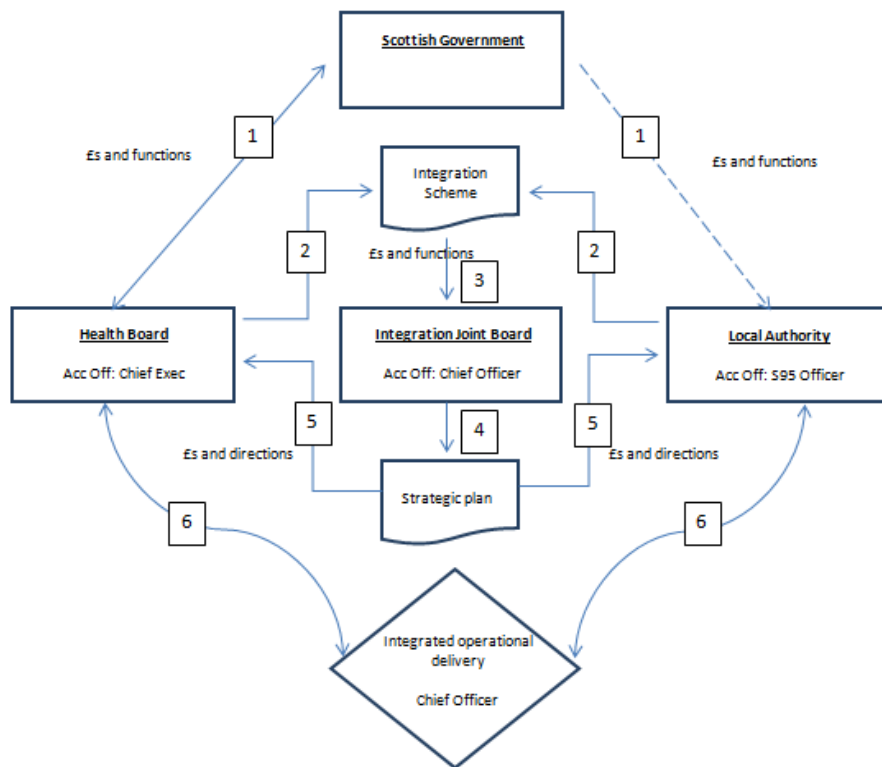


## The Scottish Government

### Body corporate or Integration Joint Board model

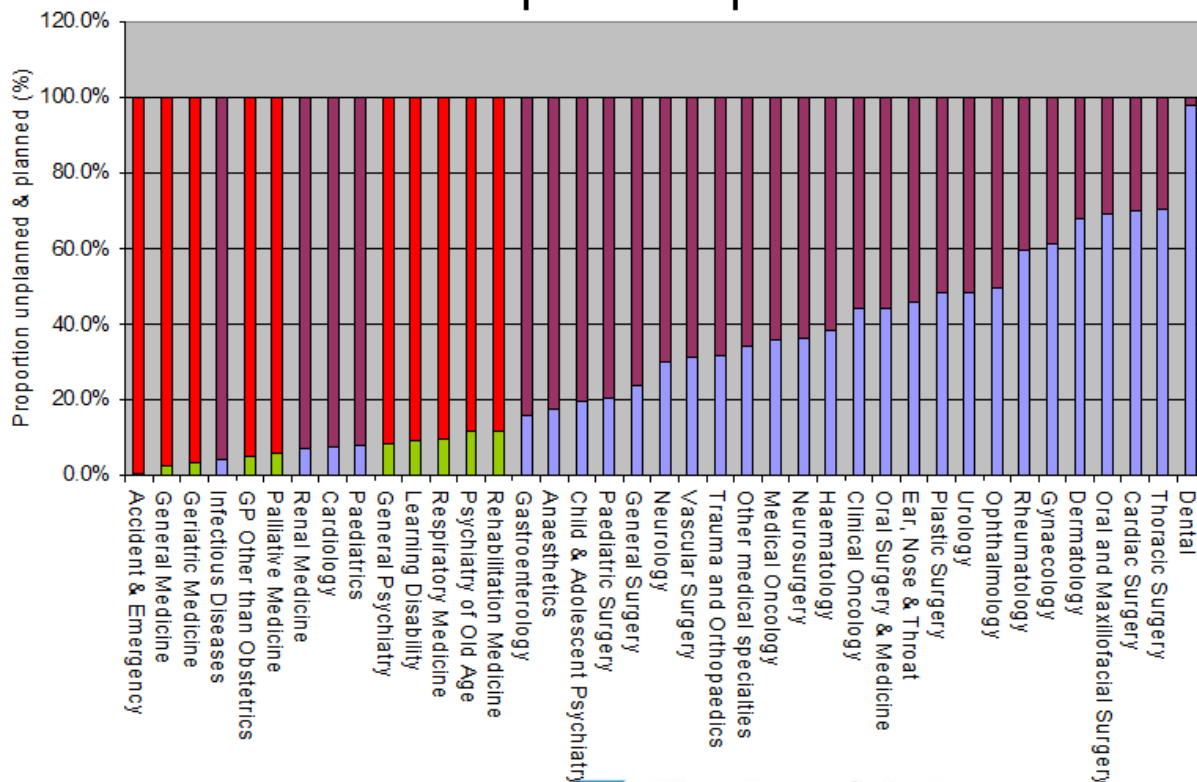


## The Scottish Government



 The Scottish Government

## Minimum scope – hospital services



 The Scottish Government

# Review of progress with integration

- Announced May 2018
- Overseen by the Ministerial Strategic Group for Health and Community Care
- Led by Paul Gray and Sally Loudon
- Interim recommendations October 2018
  - Audit Scotland review November 2018
- Final recommendations to MSG January 2019



## Appendix 3: Proposed Management Structures

### DELECTIONATION OF OPERATIONAL ARRANGEMENTS TO DATE

• LD Community Teams: Falkirk, Clacks and Stirling	• Mental Health Resource Centre CCHC
• Woodlands Resource Centre	• Mental Health Resource Centre Livilands
• IMHS	

### IN-SCOPE FUNCTIONS AGREED FOR TRANSFER IN PHASE ONE ( these will be shared across both Partnerships unless location specified)

• LD Community Residential Resources	• District Nursing
• Community Mental Health (Older People) Services	• Treatment Room Nurses
• Home Liaison	• Out of hours night nursing (Falkirk)
• Dementia Outreach (Stirling)	• AHP Rehabilitation Care Group: Core ReACH
• Day Therapy	• Community Hospitals
• Phlebotomy	•

### HOSTING: For further discussion and decision

• LD: Lochview	• OPD AHP Care Group
• Specialist Mental Health Services	• Portfolio GPs
• AHP Mental Health Care Group	• Health Improvement services
• Psychological Therapies	• Complex Care (Adult)
• Psychiatry	• Continence Advisory Service
• Rehab Care Group: Area Rehab Specialist Services	• Tissue Viability Service
• Rehab Care Group: area wide SLT Rehabilitation	

It is proposed by clinical staff that services identified by green bullet points remain together

### REMAINING WITH NHS FORTH VALLEY: For review in 12 – 18 months (INTERIM ARRANGEMENTS)

• Primary Care Services and PC MH Nursing Team linked with 2c practices	• Public Dental Service
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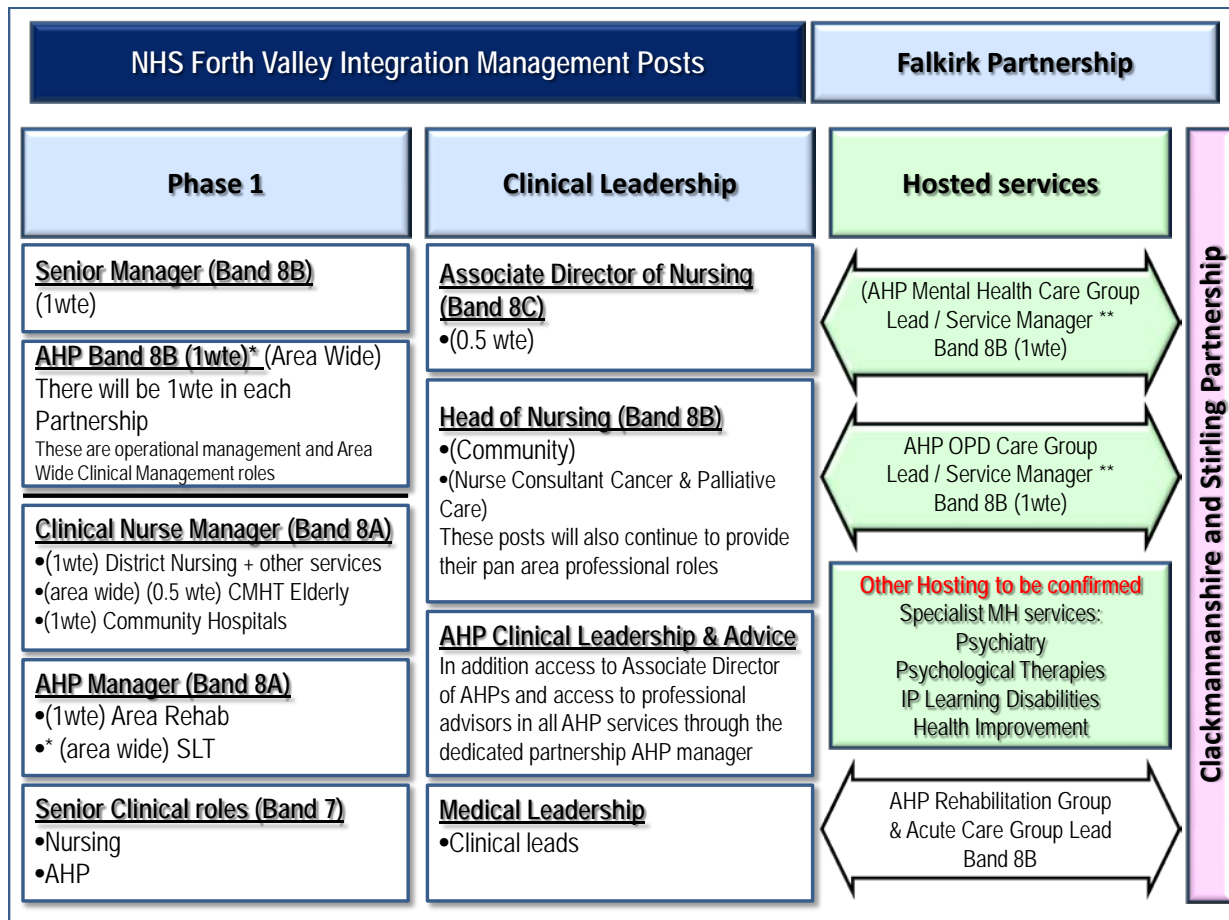
### SERVICES NOT IN SCOPE

• School Nursing	• Disability Services
• Health Visitors	• Prisons
• Family Nurse Partnership	• Acute AHP Care Group
• AHP Children's services	• Complex Care (Children)
• OPS Hospital Liaison	

## Appendix 4: Membership of Forth Valley Integration Project Team

Ian Aitken	General Manager, Medical Directorate NHS Forth Valley
Karen Algie	Head of HR & Business Transformation, Falkirk Council
Chris Alliston	HR Service Manager, Clackmannanshire Council
Patricia Cassidy	Chief Officer, Falkirk HSCP
Cathie Cowan	Chief Executive, NHS Forth Valley <b>(Chairperson)</b>
Linda Donaldson	Director of HR, NHS Forth Valley
Simon Dryburgh	Associate Director of Finance, NHS Forth Valley
Graham Foster	Director of Public Health, NHS Forth Valley
Kristine Johnson	Chief Officer HR, Stirling Council
Bette Locke	Associate Director of AHPs, NHS Forth Valley
Joe McElholm	Head of Social Work Adult Services, Falkirk Council
Ewan Murray	Chief Finance Officer, Clackmannanshire & Stirling HSCP
Kathy O'Neill	General Manager, Community Services Directorate
Shiona Strachan	Chief Officer, Clackmannanshire & Stirling HSCP
Amanda Templeman	Chief Finance Officer, Falkirk HSCP
Angela Wallace	Director of Nursing, NHS Forth Valley

## Appendix 5: In scope Integration Health Management posts



## Appendix 6: Phase 1 Health Management Structure (Falkirk HSCP)

