AGENDA ITEM

6

Falkirk Health and Social Care Partnership

Title/Subject:	**Chief Officer Report**
Meeting:	**Integration Joint Board**
Date:	**1 February 2019**
Submitted By:	**Chief Officer**
Action:	**For Noting**

1. INTRODUCTION

1.1 The purpose of this report is to update members of the Integration Joint Board (IJB) on current developments within the Falkirk Health and Social Care Partnership (HSCP).

2. RECOMMENDATION

The IJB members are asked to:

2.1 note that further reports on progress with the Summerford House Care Inspectorate improvement plan will be reported to the IJB Clinical and Care Governance Committee

2.2 note that the requirements set out by the Scottish Information Commissioner have been met and the updated IJB Model Publication Scheme has now been published

2.3 note that the Chief Officer will work with NHS FV and Falkirk Council colleagues to seek assurances that the necessary arrangements are in place for the continued delivery of health and social care services.

3. BACKGROUND

3.1 The Board has previously agreed key areas of work that should be undertaken and the report provides an update on a range of activity.

4. INTEGRATION ARRANGEMENTS

4.1 **Integrated Structures**
A paper prepared by the Chief Officer and the Chief Executives of NHS Forth Valley and Falkirk Council is on the agenda at item 7.

4.2 **Support Services Agreement**
The integrated structure paper at agenda item 7 refers to the requirement for capacity to support the implementation of the HSCP structure and localities to deliver transformation.

5. HSCP SERVICE UPDATES

5.1 **Falls activity**
An update is provided at separate agenda item 12.

5.2 **Memorandum of Understanding between IJBs and Independent Scottish Hospices**
In 2018, a working group comprised of Chief Officers, the Scottish Hospices Leadership Group, Scottish Government and other partners have met to develop a Memorandum of Understanding (MoU) between Scotland's Integration Joint Boards and Independent Hospices.

5.3 The principles underpinning the commissioning relationship between NHS Boards and independent hospices specialising in palliative and end of life care in Scotland were set out in a Scottish Government letter to NHS Chief Executives in 2012 commonly referred to as CEL 12. This document has since governed the commissioning relationship between Health Boards and independent hospices.

5.4 However, following the Public Bodies (Joint Working) (Scotland) Act 2014, the functions and resources associated with the provision of palliative and end of life care are now one of the functions delegated to Integration Authorities. In light of this gap in the national policy framework, the group has come together several times to jointly develop a MoU. This is currently in development and the intention is that it will cover an initial 2 year period from 1 April 2019.

5.5 The aim of the MOU is to provide a strategic and financial framework for Integration Authorities and independent hospices to work in partnership to deliver high quality, responsive and personalised palliative and end of life care. It describes the principles of partnership that should apply in the development of SLAs, contracts or commissioning plans developed in a local context. An update will be taken to a future meeting of the IJB.

5.6 **Summerford House Care Inspection report and Improvement Plan**
Summerford House is an internally run care home and intermediate care facility providing care to a small number of permanent residents and to service users who are being supported through reablement in temporary placements. The service has additionally provided respite care placements up until now. The Care Inspectorate inspected Summerford in December 2018 and published a report on 7 January 2019.

5.7 The inspector found several concerns around compliance with health and safety standards, safety of some equipment, quality of care planning and management and leadership. This resulted in the inspector grading the service:

How well do we support people's wellbeing?	1 - Unsatisfactory
How good is our leadership?	1 - Unsatisfactory
How good is our staff team?	1 - Unsatisfactory
How well is our care and support planned?	1 - Unsatisfactory

5.8 The service has taken immediate action in response to the issues highlighted by the Care Inspectorate. The Service has made changes to the management team, to enhance capacity for improvement and support staff to respond to the challenge of achieving immediate and continuous improvement. All health and safety related issues were immediately addressed, with support from the Council's health and safety function and in partnership with colleagues from Scottish Fire and Rescue. Staff have reviewed and updated service users' personal records and care plans.

5.9 Provision of respite care is being relocated to other settings, enabling staff to focus on two strands of work, provision of intermediate care and support for permanent residents. Staffing levels have been increased and steps taken to optimise the deployment of the staffing resource. Positive feedback from service users has been reported in regard the changes which have enabled staff to spend more time engaged in meaningful activity with service users.

5.10 The improvement work is being taken forward in a spirit of close partnership working between health and social work staff, reflecting observations in the report on the need to optimise opportunities from integrated working. Training programmes have been delivered to staff with further training inputs underway, including from health colleagues. Issues around standards of staff supervision are being addressed urgently, with a satisfactory programme of staff supervision now in place.

5.11 Summerford is one of six internally run residential resources all of which have been inspected by the Care Inspectorate team during the past six months. The other five services have received positive inspection reports. It is in Summerford alone that serious concerns have been highlighted by the inspection process. The service has co-operated fully with the Care Inspectorate, accepted their findings and will continue to work closely with them to achieve the necessary improvements by their deadline of March 2019. The findings of the report highlight a need for wider analysis of quality assurance capacity and practice. The Board are asked to note that further reports on progress with the improvement plan will be reported to the IJB Clinical and Care Governance Committee.

5.12 **Unscheduled Care and Delayed Discharge**
The Board received a report in December 2018 noting the range of improvement work currently underway in relation to Unscheduled Care and Delayed Discharge. A progress report is a separate agenda item and this will remain a standing agenda item to monitor progress.

6. SERVICE PLANNING

6.1 **Falkirk HSCP Strategic Plan 2019 – 22**
There is ongoing work to prepare the HSCP Strategic Plan. The online consultation is now open and presentations to key groups are being organised. A staff brief has been circulated to encourage feedback from staff.

6.2 The final draft Strategic Plan will be presented to the Strategic Planning Group meeting in March, prior to submission to the IJB in April 2019 for approval.

6.3 **Carers Strategy**
Work to prepare a carers strategy continues. Carer's sessions took place on 9 and 16 January 2019, providing an opportunity for carers to comment on the identified priorities for inclusion in the plan. There will also be a further opportunity for carers to contribute at the Carers Forum on 20 February 2019. There will be public consultation for six weeks from end of January to beginning of March.

6.4 The final draft Carers Strategy will be presented to the Strategic Planning Group meeting in March, prior to submission to the IJB in April 2019 for approval.

6.5 **West of Scotland Regional Planning**
The West of Scotland Regional Planning Team is working to produce a Finalised Regional Design Document. This will be presented to the IJB for endorsement at a future meeting.

7. IJB FINANCIAL UPDATE

7.1 The Leadership Team has been meeting regularly, with separate meeting arrangements in place to cover financial issues. An update on the financial position is detailed as separate agenda item.

8. IJB GOVERNANACE

8.1 **IJB Model Publication Scheme**
The Scottish Information Commissioner (SIC) wrote to the Chief Officer on 29 November 2018. This set out requirements to update the IJB Model Publication Scheme in line with the release of the 2018 SIC's Model Publication Scheme (MPS) and guidance.

8.2 The main substantive change to the MPS was the requirement to include the "last updated" date on the scheme. In addition to this requirement, it provided an opportunity to refresh the IJB scheme with updated links to documents and information now available.

8.3 The Board is asked to note that the requirements set out by the SIC have been met and the updated IJB Model Publication Scheme has now been published.

9. PUBLICATIONS

9.1 Programme for Government Delivery Plan - Better Mental Health in Scotland
In December 2018 the Scottish Government published its delivery plan for the 2018/19 Programme for Government Commitments "Better Mental Health in Scotland."

9.2 The Delivery Plan is described as the blueprint for the next phase of implementing the

national 10 year Mental Health Strategy, which sets out ambitions for mental health. The Scottish Government aim is to reform children and young people's mental health services, to take a 21st century approach to adult mental health, to respect, protect and fulfil rights, and to make suicide prevention everybody's business. It reflects the need for a whole-system approach to mental health.

9.3 In addition, the Minister announced plans for Scotland to recruit an additional 80 mental health professionals to work with children and young people, following a £4 million investment. The additional staff, made up of psychologists, nurses, allied health professionals and administration workers, will support improvements to mental health care and help reduce pressure on Children's and Young People Mental Health Services (CAMHS).

9.4 The national programme is aligned to the ongoing and emerging work already underway in the Falkirk HSCP. This includes the IJB as lead for the Community Planning Partnership Strategic Outcomes and Local Delivery Plan priority "improving mental health and wellbeing." Work is underway to refresh the Delivery Plan for this priority. This will take into account the identified priority relating to mental health for the new Strategic Plan and the work of the NHS FV Mental health and Learning Disability Programme Board.

9.5 **Integration in a diverse health and social care system: how effective are Integration Joint Boards?**
The Royal College of Physicians of Edinburgh ("the College") published a report in December 2018 and is attached at appendix 1. Overall, the report welcomes deeper integration as a means to deliver a more focused health and social care system, however calls for health and social care integration in Scotland to be made simpler.

9.6 The report highlights that IJB's are complex and this can sometimes lead to confusion around roles and responsibilities, and even make accountability unclear, particularly when there is service failure. This may prevent care being delivered in a timely and efficient manner. The report examines performance and governance arrangements for IJBs, and makes important recommendations for improving governance arrangements, to ensure quality, safe, effective care for patients.

9.7 The report also says that IJBs must understand the needs of their local population for integration to work, and that "staff on the ground" require more support to deliver health and care objectives. This should be underpinned by integrated financial planning and stable and effective leadership.

9.8 A number of recommendations on IJBs are put forward in the College's report, including:

- IJB governance must be made simpler, and leadership must focus on strategic goals
- Clear guidelines must be in place to clarify the roles and responsibilities of IJB board members, and their relationship with the public

- The purpose and focus of IJBs must be regularly reviewed
- A common language is required to ensure that all staff understand the rationale for health and social care integration, and their role within that process
- A model to develop quality and good practice is essential, as a tool to improve quality standards in health and social care.

9.9 Over 2018 the College's Quality Governance Collaborative hosted the first in a series of detailed conversations on IJB quality governance and performance. The College has now agreed to begin "governance surgeries" on IJBs, free and available to health and social care leaders, which will advise on a range of matters.

9.10 The report is timely and will be considered alongside the implementation arrangements for integrated services.

10. CORRESPONDENCE

10.1 **Free Personal Care Guidance**
The Scottish Government has been working with an Implementation Advisory Group to draft statutory guidance outlining the provision of free personal care to those both over and under the age of 65. The group consists of members from Scottish Government, COSLA, local authorities, Integration Authorities and service providers. This was issued to HSCP's and Local Authorities on 21 December 2018.

10.1 Additionally, in his Budget statement on 12 December, the Cabinet Secretary for Finance, Economy and Fair Work announced that the Scottish Government would provide £30 million in 2019-20 to implement their commitment to extend Free Personal Care to under 65s.

10.2 There will be two elements of funding for social care in the year 2019/20:

- £120 million will be transferred from the health portfolio to the Local Authorities in-year for investment in integration, including delivery of the Living Wage and uprating free personal care, and school counselling services
- £40 million has been included directly in the Local Government settlement to support the continued implementation of the Carers (Scotland) Act 2016 and to extend free personal care for those under the age of 65.

10.3 The funding allocation for free personal care is yet to be confirmed but LAs have been notified of allocations for the other funding streams. When this information is available it will be reported to the Board in the Financial report.

10.4 Free Personal Care is available to all adults who are assessed by their local authority as needing this service by 1 April 2019. Local Authorities will be required to continue to measure the eligibility of those applying for personal care and those who are assessed as needing this service, will receive this service free of charge.

10.5 A short-life working group will be established to oversee the implementation of Free Personal Care guidance, including finance officers to monitor the impact of the Act.

10.6 **Review of Progress with Integration of Health and Social Care**
At a health debate in Parliament on 2 May 2018, the then Cabinet Secretary for Health and Sport undertook that a review of progress by Integration Authorities would be taken forward with the Ministerial Strategic Group (MSG) for Health and Community Care, and that outputs arising from any further action stemming from such a review would be shared with the Health and Sport Committee of the Scottish Parliament.

10.7 At its meeting on 20 June 2018, the MSG agreed that the review would be taken forward via a small "leadership" group of senior officers chaired by Paul Gray (Director General Health and Social Care and Chief Executive of NHS Scotland) and Sally Loudon (Chief Executive of COSLA). A larger group of senior stakeholders has acted as a "reference" group to the leadership group.

10.8 Conclusions and agreement on recommendations from the Review Leadership Group will be reported to the MSG on 23 January 2019. It is anticipated the report will draw together proposals for ensuring the success of integration with a focus on shared responsibility to improve outcomes for people using health and social care services in Scotland. They will reflect the shared commitment set out in the joint statement published in September 2018 from the Cabinet Secretary, COSLA, NHS and Solace reaffirming the commitment to making integration work.

10.9 An update on the outcome of the MSG meeting will be reported to a future meeting of the IJB.

10.10 **EU Exit: health and social care**
A wide range of work is underway at a national and local level to ensure Scotland is as prepared as possible for the outcome of the ongoing Brexit negotiations. This includes work to advise and support EU nationals working in health and social care services, preparation of contingency plans for any potential issues, procurement and logistics, pharmacy (including the supply medicines) and provision of information to patients and the general public.

10.11 A workshop was held by East of Scotland Regional Resilience Partnership on 17 January, with a follow-up to take place on 6 March 2019 and a number of EU Exit workshops for health and social care are taking place on 28 January (Edinburgh), 5 February (Stirling) and 8 February 2019 (Glasgow). These are aimed at resilience leads, procurement leads, HR leads, Communication Leads and Medical Directors as well as representatives from Partnerships and the social care sector. They aim to provide an overview of work underway on EU Exit, as well as the opportunity to test some of the scenarios that might arise.

10.12 The Board are asked to note that the Chief Officer will work with NHS FV and Falkirk Council colleagues to seek assurances that the necessary arrangements are in place for the continued delivery of health and social care services.

11. CONCLUSIONS

11.1 The report summaries the range of work being taken forward on a collaborative and strategic approach that will continue to address the range of issues facing the partnership and to improve outcomes for service users and carers in Falkirk.

Resource Implications
The Chief Finance Officer will continue to report through the IJB financial reports to the Board.

There remains commitment from all partners to ensure the Partnership meet its statutory obligations under the Public Bodies (Joint Working) (Scotland) Act 2014 and the ongoing commitment will be confirmed in a future report to the Board on the Support Service agreement and the integrated structure.

Impact on IJB outcomes and priorities
The ongoing work is designed to deliver the outcomes described in the Strategic Plan.

Legal and Risk Implications
The IJB is required to be compliant with the Public Bodies (Joint Working) (Scotland) Act 2014 and the Falkirk IJB Integration Scheme.

Consultation
Stakeholders will be involved as required.

Equalities Assessment
There will be appropriate consideration of the equalities implications and equalities impact assessments as required for work noted in this report.

Approved for submission by: Patricia Cassidy, Chief Officer

Author – Suzanne Thomson, Programme Manager Falkirk HSCP
Date: 21 January 2019

ROYAL COLLEGE of PHYSICIANS of EDINBURGH

Integration in a diverse health and social care system:

How effective are Integration Joint Boards?

December 2018

1. Executive summary

Integration Joint Boards (IJB) were established by The Public Bodies (Joint Working) (Scotland) Act 2014, as part of a framework to integrate health and social care in Scotland. Local authorities and NHS boards jointly delegate, to IIBs, the responsibility of planning and resourcing service provision for delegated adult health and social care services. They also delegate a budget to IJBs, which decide how financial resources should be spent[1]. According to Audit Scotland, IJBs are "…responsible for the governance, planning and resourcing of social care, primary and community healthcare and unscheduled hospital care for adults, in the local population."[2]

The focus of health and social care stakeholders has shifted to IJBs, given their important role in ensuring that services are well integrated and that people are receiving appropriate care in the correct location. Recognising this shift, and the need to facilitate open discussion on the effectiveness of IJBs to date, the Royal College of Physicians of Edinburgh ("the College") hosted a symposium on Friday 7 September 2018. The symposium was chaired by **Professor Michael Deighan FRCP Edin** and it consisted of a debate, a workshop session, and an expert panel of speakers[3].

Contributions from the audience were also welcomed, a selection of which are included in this paper. **Four core outcomes of the symposium were established**. These are as follows:

1. **A publication**, summarising the discussion during the symposium and bringing together the 5 core themes **(finance; staff; clinical and social governance; voice of the user and performance)** that the audience felt would most help IJBs to fulfil their duties.
2. A follow up meeting based on stakeholder feedback, exploring **IJB communication and culture**, **sustainability of membership and legal responsibilities.**
3. The College would establish **governance surgeries** on IJBs, free and accessible to health and social care stakeholders including voting and non-voting members of IJBs.
4. Develop **maturity matrix model** of good governance practice for IJBs.

[1] SPICe, August 2016, pp. 6.
[2] Audit Scotland, March 2018, pp. 1.
[3] See appendix 1 for a list of speakers.

2. Core themes

During the IJB symposium, a round table workshop session discussed "What are the 5 core areas of governance which would help you to discharge your duties?". The audience discussed this in groups, and fed their responses back to the symposium. The responses rotate around 5 the main themes noted below, which were also referred to at different points throughout the symposium by the speakers and audience. These broad themes are as follows:

Theme 1: Finance – it was recognised that there is currently a lack of clarity regarding prioritisation of funding and overspend. The group described confusion, on occasion, as to whether an IJB has failed to control expenditure, or whether insufficient resources have been delegated to the IJB by the local authority and NHS board. Greater clarity in this regard is called for.

Theme 2: Staff – varied views were expressed about the understanding of the roles and responsibilities of IJB members including whether organisational understanding of health and social care integration was uniform across all staff groups. For example, there appears to be some confusion between the roles and responsibilities of voting and non-voting board members, as well as between the roles and responsibilities of local authority board members and NHS board members. It was also recognised that staff "on the ground" require more support to deliver integration, as they are vital to this process.

Theme 3: Clinical and social governance – it was established that clinical and social governance is vital to ensuring quality, safe care. The complexity of this agenda was recognised. There was also discussion about how clinical and social governance mechanisms remain distinct and separate. It is vital for high quality safe care to have appropriate integrated assurance frameworks.

Theme 4: Voice of the user – the discussion indicated that patient and user involvement will be crucial to IJB development, as they are the people using the service, and receiving care.

Theme 5: Performance – it was established that IJB governance must be made simpler. There was concern that IJBs can lose sight of strategic goals. The role of targets was also raised, vis-à-vis how accurate they are for measuring the direction of IJBs. It was commented that pace of change is perhaps not as urgent as the understanding of integration process. A final concern was sustainability of IJB members – turnover caused by party political reshuffles and elections can upset the composition of boards, potentially affecting progress, and creating the feeling of being "back to square one". The group strongly supported IJB governance being made simpler and for leadership to focus on strategic goals.

3. Symposium commentary

The commentary from the symposium can be **grouped into 3 core areas – governance, localism, and performance**. Financial, staff, and clinical governance are grouped under the "governance" heading.

Governance

Professor John Connell (Academic Lead, Royal College of Physicians of Edinburgh) stated that a clear understanding is needed on who is accountable for service delivery. There is a risk that the complex relationships among integration authorities, local authorities and NHS Boards might distort the clear understanding of who is accountable and this could be put to the test when there is service failure. Clear guidelines are needed in terms of defined functions and roles with clarity over areas including the function of the governing body, responsibilities of executives and non-executives, and the relationship with the public. The question was also raised about what impact the drive towards regionalisation – north, west and east - would have on IJBs. More clarity from government is required around this point.

Integrating health and social care has been an aspiration for over 10 years. Professor Connell said that the intentions of the 2014 Bill were admirable, but asked whether we have "got it right" in terms of the structures to deliver successful integration. Professor Connell believes that we should be seeking value for money but that the notion we would see significant financial saving was unlikely. He also cited the example of one Scottish region, were IJBs had different interpretations of the Act, leading to some confusion around roles and responsibilities. Furthermore, according to Professor Connell, it is unclear who makes decisions about site closures of, for example, hospitals. It is the lack of clarity around roles and responsibilities that is at the heart of the problem, according to Professor Connell. It was noted by the group that under the legislation, IJBs are statutory agencies in their own right and they are accountable to the public and the Scottish Parliament, and which can be directed by Scottish Ministers.

Other problems cited by Professor Connell were that IJBs are making decisions about service planning without having control over NHS staff, that turnover as a result of council elections can interrupt decision making, and concerns around complex regional planning and the need for this to be streamlined.

Anne O'Brien (NHS Professionals) raised the point that when clinical governance guidelines were introduced in Northern Ireland for health and social care integration, for example, the social care sector questioned what the guidelines meant for them. Some staff believed that health and social care integration simply equated to being paid by the same body and did not comprehend the relevance of the process to them. To resolve these issues, the Clinical and Social Care Governance Support Team worked with the institute for excellence to produce a practical workbook for social workers: *Board Assurance Challenges for Good Clinical and Social Care Governance* (2007). This was revised in 2013 and different organisations in England have drawn inspiration from this document. This is an example of good practice in conferring the roles and responsibilities of different components of the health and social care sector.

Cllr Tim Brett (Fife Council, Tay Bridgehead Ward) asked about the support that social care staff received on clinical governance in Northern Ireland. Anne O'Brien said that they saw clinical governance initially as being about heath and not social care. The boards themselves were responsible for both health and social care.

Eddie Fraser (East Ayrshire IJB) also highlighted staff governance as an issue. He stated that in East Ayrshire, staff standards are produced collectively and there has been intermediate care success. He advised that the health and social care partnership go out, talk about what they want to achieve in the communities, and they recruit. This point relates to staff buy in. If there is a clear direction about how health and social care integration will be delivered at community level, this can help recruit staff and reinforce an understanding of roles and responsibilities. Recruitment is done in teams for council and health staff.

Turning to experiences of governance in Manchester, **Dr Richard Preece (Manchester Health and Social Care Partnership)** highlighted Clinical Commissioning Groups (CCG) which have single strategic commissioning functions. Chief Officers are joint appointed and they oversee a pooled budget. Spending is decided on an assistance based approach. Dr Preece stated that the appropriate stakeholders "sit in the same" room and make decisions together. This joint approach helps to develop consensus and removes the possibility of a "blame culture", because nobody is excluded from decision making.

Eddie Fraser added that while governance is important, we must keep our eye on the prize. Integration authorities are set up to tackle "real challenges" such as alcohol and drug abuse, and their role is to go out and improve health and social care outcomes.

"Localism"

Geoff Huggins (Scottish Government), stated that resources should be "used for people". One of the key questions is what will work best for people in a given area. He noted that the Scottish health and social care system is very diverse – allowing for different use of hospitals, for example. There is a need to support and achieve outcomes, and clinical governance is important for ensuring safe and good quality health and social care.

Geoff Huggins also said that understanding the complexities of local systems needs people close to the system. Initiatives bringing care closer to services and the individual are required and money is there to support the outcomes.

According to Dr Richard Preece, the relationship with the voluntary sector is very important when we get to neighbourhood level. He said that the structure in Manchester looks simple in reality but in practice it can be more complex. It is important to understand the needs of the local population, and most health and social care workers understand their local population well. Dr Preece referred to the principle of subsidiarity – the concept that a central authority should perform only those tasks which cannot be performed at a more local level - and asked how much control should integration authorities exercise. In Manchester, staff are allowed to get on with the job at hand because they know their populations best in theory, but with different levels of progress.

Dispersed leadership is important, but underpinning this is the question how do we retain accountability in the system? Someone must be accountable for individual care, Dr Preece stated. Within a top down structure, Manchester Health and Social Care Partnership want an overview of the system. The people who are leading across the system are working in the system – how do we capture their views? How can we get the balance between political, clinical and managerial aspects of governance?

Performance

One of the focuses on integration authorities is whether they are performing well, and this is certainly the case with IJBs. According to Geoff Huggins, some good progress has been made on delayed discharge for example, but in other areas too. Some improvements are local, some have been across a local authority area, and some have been across an NHS health area. He indicated that there are 3 progress clusters – IJBs which have met expectations, those which are performing adequately, and those which are not doing as well.

Geoff Huggins posed the rhetorical question, "should we have done integration differently?". He went onto explain that the negotiated settlement was between three different bodies – the Scottish Government, local authorities and NHS – and that this was a complex balance. Knowing what we know now, some things may have been done differently, according to Geoff Huggins.

Regarding the legislation, Geoff Huggins explained that we are seeing diversity across Scotland, with different responsibilities and different teams. This indicates a degree of subsidiarity, which was legislated for by the negotiating partners. He indicated that we may see a greater use of subsidiarity in the future when Audit Scotland report back in November 2018 following their current audit of IJBs. This report has now been published[4]. The first Audit Scotland report on integration indicated that health and social care partnerships should step back and understand the implications and implementation of governance. Ultimately, there is a lot of work yet to be done, and much of this comes down to local relationships and ability to work effectively.

According to Geoff Huggins, the Scottish Government are reviewing the process. **Paul Gray (CEO, NHSScotland)** and COSLA have been working on what changes could be made and the Scottish Government is working on the financial aspect. The final recommendations will come to the Scottish Government for consideration. Geoff Huggins added that this is a challenging agenda, in a complex and high pressure environment, and that challenges and service to the public can be best managed by working collectively and collaboratively together. It was raised by the delegation that there should be a mutual assurance framework to straddle health and social care.

On performance, Anne O'Brien stated that in Northern Ireland, themes from quality standards were adapted into challenges for boards, and then a matrix was used to measure performance. Where are we now, Anne O'Brien asked? She said that success can be built on by having a common language to make health and social care integration real. She reflected that being able to see that different iterations in the system have stood test of time (the framework is still being used), is very encouraging, and that this was a testament to social work professionals in Northern Ireland. The sharing of case studies on quality and process improvement were also cited by Anne

[4] Audit Scotland, November 2018.

O'Brien as an useful way to promote good practice and manage knowledge, in response to a question from Brian **Whittle MSP (South Scotland region)** on good practice.

Dr Richard Preece indicated that good progress has been made in Manchester but that the process of health and social care integration in the area is still only two years old. Interestingly, IJBs are of similar age.

Professor Derek Bell (President, Royal College of Physicians of Edinburgh) added that there are opportunities going forward. IJBs are early in a journey which has many miles left to travel. There are chances to tweak the system but hardwiring and then changing the system can be disruptive. We must be data informed to make sure that we know our population and their needs. There are opportunities to share learning, best practice, and work together to develop a shared learning and problem solving approach.

The next section of this paper (pp.7) will outline further considerations.

4. Further considerations

This paper now outlines some further considerations, which are in part influenced by the group discussion, and which provide topics for further discussion and debate among Scotland's health and social care stakeholders, including integration authorities.

1. Corporate leadership and accountability

We must ensure that the purpose of IJBs is focused and reviewed often, and services must meet regional objectives and match the requirements of the local population. Appropriate integrated assurance frameworks are vital in that regard. Financial and business planning must follow strategic goals and maintain viability. Key stakeholders should be consulted to develop enduring and effective partnerships. Change must be managed effectively and robust risk management and continuity plans must be in place.

2. Safe, quality and effective care

Recognised guidelines must be followed by IJBs, and serious adverse incidents and healthcare acquired infections must be reduced and controlled. As indicated in the 5 themes on page 2 of this paper, appropriate integrated assurance frameworks are vital to quality, safe, effective care.

3. Accessible, flexible and responsible services

Staff vacancies must be well managed by IJBs, and staff must be recruited and retained in roles appropriate to their skills. Reduction of waiting times and costs must be a focus for IJBs. Patients and service users should have the flexibility to choose a range of care but care environments must be appropriate. Patients and users will be vital in informing the future development of IJB-managed services.

4. Improving and protecting health and social well-being

IJBs must play their part in improving and protecting health and social care locally. Integrated assurance frameworks are vital to achieving this.

5. Effective and informative communication

IJBs must ensure that individuals are fully involved in their progress along care pathways. It is helpful for IJBs to have access to a full and wide range of views, and IJBs must provide information on what they provide and to what standard. Information systems should be developed to ensure that health and social care professionals understand the relevance of the information that they are asked to collect. Understanding roles and responsibilities is crucial.

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Appendix 1

Speakers included:

- **Professor Derek Bell FRCP Edin**, President, Royal College of Physicians of Edinburgh
- **Geoff Huggins**, Director, Health and Social Care Integration, Scottish Government
- **Anne O'Brien**, Director of Clinical Governance and Operations, NHS Professionals
- **Professor John Connell FRCP Edin**, Academic Lead for the Royal College of Physicians of Edinburgh
- **Eddie Fraser**, Chief Officer, East Ayrshire Integration Joint Board
- **Dr Richard Preece**, Executive Lead for Quality, Greater Manchester Health and Social Care Partnership

References

Audit Scotland, (April 2018) *What is integration? A short guide to the integration of health and social care services in Scotland*. Available: http://www.audit-scotland.gov.uk/uploads/docs/report/2018/briefing_180412_integration.pdf

Audit Scotland, (November 2018), *Health and social care integration: update on progress*. Available: http://www.audit-scotland.gov.uk/report/health-and-social-care-integration-update-on-progress

Scottish Parliament Information Centre (August 2016) *Integration of Health and Social Care*, SPICe Briefing. Available: http://www.parliament.scot/ResearchBriefingsAndFactsheets/S5/SB_16-70_Integration_of_Health_and_Social_Care.pdf