Borders NHS Board

PUBLIC BODIES (JOINT WORKING) (SCOTLAND) BILL

Aim

This report advises the NHS Borders Board of the publication of the Public Bodies (Joint Working)(Scotland) Bill.

The Bill was introduced into the Scottish Parliament on 28th May. It is anticipated that it will be debated in autumn 2013, receive Royal assent in 2014 for implementation on 1st April 2015.

This report summarises the main provisions and identifies the next steps for the partnership in preparing the local partnership.

Background

Several attempts have been made in recent years to improve joint working beginning with Joint Futures in 2000 and then in 2005, the introduction of community health partnerships. By 2010 there was a growing political consensus that further legislation was required and three of the four main parties contested the 2011 Scottish parliamentary election with manifesto promises to integrate older person's services.

The Scottish Government summarise the issues in paragraph 9 of the Policy Memorandum as follows:

From the perspective of people who use the system – patients, service users, carers and families – the problems to be addressed can be summarised as follows:

- *Inconsistency in the quality of care for people, and the support provided to carers, across Scotland, particularly in terms of older people's services;*
- *People are too often unnecessarily delayed in hospital when they are clinically ready for discharge; and*
- *The services required to enable people to stay safely at home are not always available quickly enough.*

The Prinicipal Provisions

Integration Plans

The local authority and health board will be required to prepare an integration plan for the area of the local authority.

The plan will set out the chosen model of integration:

(a) delegation of functions to a body corporate
or
(b) delegation of functions from one statutory body to the other known as the *delegation between partners* model

The purpose of the integration plan is to establish the context and provide the necessary clarity of the arrangements in which the integration authorities will operate. It will set out the governance arrangements for the integration authority, functions and budgets to be delegated, outcomes to be achieved, and the model of financial integration to be implemented. Other aspects of the integrated arrangements, such as dispute resolution, clinical and care governance will also be set out in the integration plan.

Health boards and local authorities will be required to involve and consult a wide range of stakeholders including health and social care professionals, representatives of health board and local authority employees, carers, and service users. Health boards and local authorities will be required to take account of the views of the consultees.

The integration plan will be agreed by the full council and health board, approved by the Scottish Ministers, and will be made publicly available.

The Integration Plan will set out the functions to be delegated and will set out a method of calculating payments to be made in respect of a delegated function.

Delegation to a body corporate will require the establishment of an **integration joint board.**

Integration Planning Principles

The main purpose of services under integration is to improve the wellbeing of recipients. That services should be provided in a way that:

(a) is integrated from the point of view of recipients takes account of differing needs
(b) takes account of particular needs of recipients in different parts of the area
(c) is planned and led locally, engaging community and professionals
(d) best anticipates needs and prevents them arising
(e) makes best use of facilities, people and resources

The premise underpinning integration of budgets is that the allocation and utilisation of resources should recognise the interdependencies between health and social care services, and that the service imperative of integrating all aspects of care from prevention through to specialist treatment in improving care should be reflected in, and enabled by, integrated resources models.

The source of the integrated budget, as outlined in paragraph 106 of the Policy Memorandum is the sum of the operational budgets for: community health care, adult social care and the resources for those appropriate aspects of hospital activity.

The ability to look at overall expenditure for defined populations and user groups, and to use budgets flexibly, is a hallmark of integrated care. This is important, both to enable efficient allocation of resources and also to ensure that needs are met in the most appropriate and cost-effective way.

Governance

The integration joint board will be accountable to the health board and the full council for the delivery of the delegated functions and the national and local outcomes expressed through the strategic commissioning plan.

The integration joint board will be a decision-making body and take responsibility for the delivery of outcomes, the discharge of the integrated budget, and the performance management of the partnership arrangements. The board will provide direction to the **chief officer** in the discharge of his or her duties, which will be to deliver the strategic commissioning plan using the integrated budget.

Decision making will only be delegated to integration authorities if local authorities and health boards remain confident that all voting committee members are publically accountable and there is parity in the number of health board and local authority representatives.

The Scottish Government will require, through regulations, that integration joint boards have representation from health and social care professionals representing the whole pathway of of care, staff, the third sector, users, the public and carers.

Chief Officer

The Scottish Government requires joint accountability at senior level to achieve two objectives:

(a) To provide a point of joint accountability upwards, from the joint board, via which there is accountability to the full council and Health Board; and

(b) To provide a single, senior point of joint and integrated management down through in each partner organisation.

The Bill requires integration joint boards to appoint a the chief officer, formerly known as a Jointly Accountable Officer who will manage the integrated budget for health and social care, and deliver the outcomes specified in the integration plan through delivery of the strategic plan. The consultation paper on integration of health and social care referred to this post as the —Jointly Accountable Officer.

The chief officer will oversee carrying out of the functions of the integration joint board. The relationship with the chief executives is important to ensure that the proper consideration of areas of health and social care outwith the integrated arrangements are taken account of in the course of planning and delivering integrated services.

Professional Leadership

The Scottish Ministers recognise the key importance of statutory roles as currently defined in legislation and have no intention of changing these. The Scottish Government is strongly of the view that the influence of high quality professional leaders in partnership arrangements is central to the effectiveness of the new arrangements.

The Scottish Government is already working closely with professional leaders on this agenda, for example, in revising the Scottish Government guidance to strengthen the role of the Chief Social Work Officer, the development of clinical and care governance

guidance, and the development of financial management guidance within the new integrated arrangements.

Health and social care workforce

It is the policy intention that the body corporate will not employ staff at this stage and that staff will continue to be employed by the health board and local authority. However, the Bill provides for the Scottish Ministers to enable the body corporate to employ staff, at a later stage, should they consider it necessary to deliver effective, quality, integrated services.

Strategic Commissioning of Health & Social Care Services

The bill establishes a requirement for a a 3 year strategic commissioning plan which sets out how the partnership will plan and deliver services for their area. A ten year plan to follow.

The plan is expected to include:-

- Arrangements for carrying out the integration functions i.e. services and activities during 3 year period i.e. services and activities
- The division into localities for this purpose, and the arrangements for each locality must be itemised separately i.e. locality planning
- A description of the way in which the arrangements for carrying out the functions are intended to achieve or contribute towards achieving the national health and wellbeing outcomes i.e. how services and activities will meet outcomes

As part of the strategic commissioning process, the Bill anticipates that

- Service users and their carers are embedded in the decision-making process
- Third and independent sectors are treated as key partners
- GPs, other clinicians, social care professionals are involved in all stages of the planning work, from initial stages to the final draft

The strategic commission plan is also expected to adhere to the following:-

- Services are integrated from the viewpoint of users
- Takes account of the needs of users
- Takes account of the needs of users in different localities
- Planned and led, in a way which is engaging with the community and local professionals
- Best anticipates needs and prevents them arising
- Makes best use of the available facilities, people and other resources
- There will be a consultation group for the strategic commissioning plan and its membership is prescribed.

Locality Planning

In general terms, service planning is at its best when it focuses on the needs of its target population and the outcomes it will deliver for individuals.

The Scottish Government believes some aspects of service planning, particularly in relation to the provision of preventative and anticipatory care, operate with greater

effectiveness and efficiency at a more local level than the integration authority itself - at the level of local communities.

This is entirely consistent with a renewed emphasis on integration at the local level as recommended in the Christie Report and in Scottish Borders would be entirely consistent with the work we have jointly undertaken in Cheviot locality and the planning for our five localities:

(a) Tweeddale
(b) Eildon
(c) Cheviot
(d) Berwickshire
(e) Teviot & Liddesdale

This kind of planning, should be led by and actively involve professionals, including social workers, GPs, acute clinicians,, nurses, allied health professionals, pharmacists and others.

The Bill requires a co- production approach to planning activities and this must also include carers and users of health and social care services. Local professionals are well-placed to contribute to, and lead, locality planning arrangements that to a large extent shape the development of the strategic commissioning plan by the integration joint board, Health Board and local authority (depending on which model is used).

In order to achieve maximum benefit for patients and service users, locality planning also needs to ensure the direct involvement of local elected members, representatives of the third and independent sectors, and carers‘ and patients‘ representatives

Scrutiny

Healthcare Improvement Scotland and the Care Inspectorate are to have a joint scrutiny role of integration authorities. The scrutiny bodies will retain their current functions in relation to health services and social services respectively.

In the body corporate model, joint inspections will scrutinise the integration joint board and the services provided under their direction.

The scrutiny bodies will be required to scrutinise strategic plans for quality and standards, and to ensure the plan will effectively achieve the objectives of the integration plan and the nationally agreed outcomes.

National Outcomes

Scottish Ministers may prescribe national outcomes - “the national health and wellbeing outcomes”
Before making such regulations Scottish Ministers will consult widely with all key stakeholders

Shared Services

A review by the Scottish Government identified that expansion of the remit of the Common Services Agency offered the potential to improve efficiency and productivity across the public sector by making available to other public bodies the Common Services Agency‘s expertise in the delivery of competitive based shared services.

In particular, the following services currently delivered by the Common Services Agency to NHS Scotland have been identified as having the potential to be shared with the wider public sector:

(a) Legal services – The Central Legal Office (CLO) have expertise in delivering legal services in a public sector environment covering litigation, employment, commercial contracts and property;

(b) Counter fraud services – The Counter Fraud Services currently protects NHS Scotland from fraud, using a centrally-based, professionally accredited team of specialists, dedicated to counter fraud work;

(c) Procurement – National Procurement (NP) has a well-established capability that services the whole of NHS Scotland with approximately £1.1 billion of NHS expenditure managed under NSS contracts; and

(d) IT services –National Information Systems Group (NISG) is currently the single point of support to NHS IT systems and is already engaged in cross-sector initiatives.

(e) Information – The Information Services Division (ISD) provides health information, health intelligence, statistical services and advice that support the NHS in progressing quality improvement in health and social care, and facilitates robust planning and decision-making.

Use of the Common Services Agency across the partnership will not be mandatory.

Financial Implications

The financial memorandum associated with the Bill identifies transitional costs arising from provisions of the Bill.

Summary costs of £16.315m have been identified across Scotland – although this rises to 16.7 million later in the Financial Memorandum – as arising. On the basis of usual allocation formulae this is likely to amount to an estimate of between to £358,930 to £367,400 for the Scottish Borders Partnership over 5 years. The item is expected to cover transition team costs, Organisational Development, support to develop strategic commissioning plans, support to third sector, financial governance arrangements and ISD support costs.

Recurrent Cost Implications to Health Boards and Local Authorities from Part 1

Under the body corporate model this amounts to £5.6 million nationally or 123,300 in a Scottish Borders context at the estimated costs for 2015/16. This is expected to include chief officer costs, financial recording and reporting, backfill for clinicians to be involved in locality planning, costing and data analysis

Recommendation

Borders NHS Board is asked to:-

(a) **note** the provisions of the Public Bodies (Joint Working) (Scotland) Bill as introduced to Parliament and

(b) **require** the Programme Director to bring forward an integration programme for consideration.

Policy/Strategy Implications	The Public Bodies (Joint Working) (Scotland) Bill was introduced into the Scottish Parliament on 28th May. It is anticipated that it will be debated in autumn 2013, receive Royal assent in 2014 for implementation on 1st April 2015.
Consultation	N/A
Consultation with Professional Committees	N/A
Risk Assessment	As detailed within the paper
Compliance with Board Policy requirements on Equality and Diversity	Compliant
Resource/Staffing Implications	As detailed within the paper.

Approved by

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