

**NHS Board meeting
27 March 2019**

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SUBJECT: Audit Scotland Health and Social Care Integration Update on Progress/Ministerial Strategic Group Review of Progress with Integration of Health and Social Care

1. PURPOSE

This paper is coming to the Board:

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|--------------|--------------------------|-----------------|--------------------------|---------|-------------------------------------|
| For approval | <input type="checkbox"/> | For endorsement | <input type="checkbox"/> | To note | <input checked="" type="checkbox"/> |
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This paper provides an update on the Audit Scotland and Ministerial Strategic Group reviews of integration of health and social care and the local process that will be undertaken.

2. ROUTE TO LANARKSHIRE NHS BOARD

This paper has been

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| Prepared | <input type="checkbox"/> | Reviewed | <input checked="" type="checkbox"/> | Endorsed | <input type="checkbox"/> |
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and agreed by members of the Corporate Management Team.

3. SUMMARY OF KEY ISSUES

3.1 Background

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 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.

At its meeting on 20 June 2018, the Ministerial Strategic Group 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.

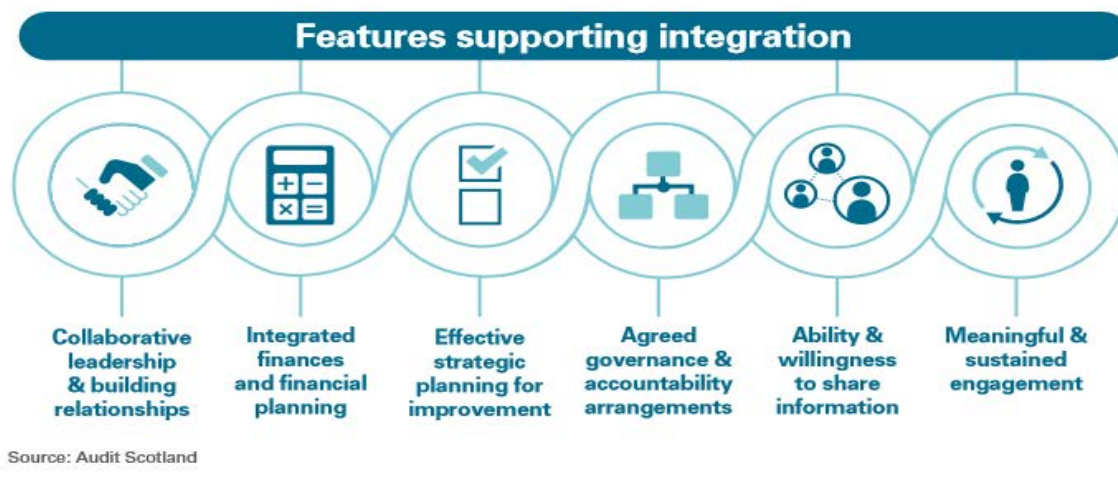
Membership of the review leadership group was as follows:

- Paul Gray (co-chair) (Director General for Health and Social Care and Chief Executive of NHSScotland)
- Sally Loudon (co-chair) (Chief Executive of COSLA)
- Paul Hawkins (Chief Executive of NHS Fife, representing NHS Chief Executives)
- Andrew Kerr (Chief Executive of Edinburgh City Council, representing SOLACE)
- David Williams (Chief Officer of Glasgow City IJB and Chair of the Chief Officers’ network, representing IJB Chief Officers)

- Annie Gunner Logan (Chief Executive of CCPS, representing the third sector)
- Donald MacAskill (Chief Executive of Scottish Care, representing the independent sector)

The group recognised the work undertaken by Audit Scotland in its second report on the progress of integration, published on 15 November 2018, provided important evidence for changes required to deliver integration positively.

The group noted that exhibit 7 from the Audit Scotland report, reproduced below, provided a framework within which to make progress and ensure a consistent approach across both exercises.



3.2 Audit Scotland

On 3rd December 2015, Audit Scotland produced its first report on health and social care integration, noting significant risks that required to be addressed if a major reform of health and social care was to fundamentally change how services are delivered and improve the outcomes of those who use them.

Risks included difficulties with agreeing budgets, complex governance arrangements and workforce planning. The report highlighted a range of actions for the Scottish Government, Integration Authorities, Councils and NHS Boards.

On 15th November 2018, an update on progress was published, which identified some improvements in the delivery of health and social care services, but also noted that Integration Authorities, Councils and NHS Boards required to show more commitment to collaborative working to achieve the real long term benefits of an integrated system.

The report highlighted a range of actions required and can be accessed at:

<http://audit-scotland.gov.uk/report/health-and-social-care-integration-update-on-progress>

3.3 MSG National Integration Review

Building on Audit Scotland's process, the Ministerial Strategic Group for Health and Community Care undertook a review of progress, led by a small review leadership group.

This process was grounded on Audit Scotland's observation that integration can work within the current legislative framework, but that Integration Authorities are functioning in an extremely challenging environment. The aim of the review was therefore not to revisit the statutory basis for integration but instead to tackle the challenges being faced.

The review remained true to the Scottish Government's original four key objectives around integration:

- Health and Social Care Services should be firmly integrated around the needs of individuals, their carers and other family members;
- Health and Social Care Services should be characterised by strong and consistent clinical and care professional leadership;
- The providers of services should be held to account jointly and effectively for improved delivery; and
- Services should be underpinned by flexible, sustainable financial mechanisms that give priority to the needs of the people.

The report, published on 4th February 2019, used the framework set out in the Audit Scotland report to convey a range of proposals and can be accessed at:

<https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/>

3.4 Self-Assessment Framework

A national self-assessment tool is being developed for use in Partnerships to determine local progress against the key themes identified in the two reports and agree collective action plans to ensure a joint commitment to making integration flourish.

While work has commenced in reviewing both reports within North and South Lanarkshire Partnerships, the national self-assessment tool is awaited, and once finalised, a formal process will be agreed. The NHS Lanarkshire Board will be engaged in the process and asked to sign off the associated action plans, in conjunction with the respective Councils and IJBs.

4. STRATEGIC CONTEXT

This paper links to the following:

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| Corporate objectives | <input type="checkbox"/> | AOP | <input checked="" type="checkbox"/> | Government policy | <input checked="" type="checkbox"/> |
| Government directive | <input checked="" type="checkbox"/> | Statutory requirement | <input type="checkbox"/> | AHF/local policy | <input type="checkbox"/> |
| Urgent operational issue | <input type="checkbox"/> | Other | <input type="checkbox"/> | | |

The integration of health and social care aims to support people to maintain their own health and wellbeing in the community or their own home, with hospital services only used for accidents and emergencies and elements of specialist care. This direction of travel forms a core component of NHS Lanarkshire's Healthcare Strategy and the Strategic Commissioning Plans of both Lanarkshire Partnerships, and will be essential if the 6 integrated performance measures are to be attained.

This also dovetails with a number of Scottish Government commissioned reviews including the Christie Commission; Healthcare Quality Strategy for Scotland (2016); Health and Social Care Delivery Plan; and the Carers (Scotland) Act, providing a direction for future public sector reforms that ensure safe, effective, person-centred and sustainable services.

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

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|------|-------------------------------------|-----------|-------------------------------------|----------------|-------------------------------------|
| Safe | <input checked="" type="checkbox"/> | Effective | <input checked="" type="checkbox"/> | Person Centred | <input checked="" type="checkbox"/> |
|------|-------------------------------------|-----------|-------------------------------------|----------------|-------------------------------------|

Six Quality Outcomes:

| | |
|---|-------------------------------------|
| Everyone has the best start in life and is able to live longer healthier lives; (Effective) | <input checked="" type="checkbox"/> |
| People are able to live well at home or in the community; (Person Centred) | <input checked="" type="checkbox"/> |
| Everyone has a positive experience of healthcare; (Person Centred) | <input checked="" type="checkbox"/> |
| Staff feel supported and engaged; (Effective) | <input checked="" type="checkbox"/> |
| Healthcare is safe for every person, every time; (Safe) | <input checked="" type="checkbox"/> |
| Best use is made of available resources. (Effective) | <input checked="" type="checkbox"/> |

6. MEASURES FOR IMPROVEMENT

The 'Big 6' performance measures for Health and Social Care Partnerships commencing create system wide-measures to bring about improvements in unscheduled care, delayed discharges, end of life care and increasing the balance of care provided out-with a hospital environment.

Health and Social Care integration is also underpinned by the nine health and wellbeing outcomes and 26 national outcome indicators.

7. FINANCIAL IMPLICATIONS

No financial implications noted at this stage of the process.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Risks identified from the self-assessment process once undertaken will be identified and included within the organisational risk registers.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

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|-----------------------|-------------------------------------|------------------------|-------------------------------------|-------------------------------|-------------------------------------|
| Vision and leadership | <input checked="" type="checkbox"/> | Effective partnerships | <input checked="" type="checkbox"/> | Governance and accountability | <input checked="" type="checkbox"/> |
| Use of resources | <input checked="" type="checkbox"/> | Performance management | <input checked="" type="checkbox"/> | Equality | <input checked="" type="checkbox"/> |
| Sustainability | <input checked="" type="checkbox"/> | | | | |

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Not applicable at this stage in the process.

Yes
No

11. CONSULTATION AND ENGAGEMENT

The self-assessment exercises will be reported through the partnerships' respective Strategic Planning Groups.

12. ACTIONS FOR THE NHS BOARD

The NHS Board is asked to:

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|----------|-------------------------------------|----------------------------|--------------------------|--------------------------|-------------------------------------|
| Approval | <input type="checkbox"/> | Endorsement | <input type="checkbox"/> | Identify further actions | <input type="checkbox"/> |
| Note | <input checked="" type="checkbox"/> | Accept the risk identified | <input type="checkbox"/> | Ask for a further report | <input checked="" type="checkbox"/> |

- Note the two recent national reports on the progress of integration;
- Note that the self-assessment process will be taken forward in both Partnerships once the national self-assessment tool is agreed and disseminated;
- Await further reports on progress in due course.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact

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