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SUBJECT: North Lanarkshire Integration Review and Self-Assessment

1. PURPOSE

This paper is coming to the Board:

For approval	<input checked="" type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input type="checkbox"/>
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This paper sets out the North Lanarkshire Integration Review report and the self-evaluation submission to the Scottish Government for approval.

2. ROUTE TO THE NHS LANARKSHIRE BOARD

This paper has been:

Prepared	<input type="checkbox"/>	Reviewed	<input checked="" type="checkbox"/>	Endorsed	<input type="checkbox"/>
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By the following Committee:

This paper has been reviewed and agreed by members of the Integration Review Programme Board, which includes the Board Chair, Chief Executive and a Non-Executive Director.

3. SUMMARY OF KEY ISSUES

3.1 Background

The Public Bodies (Joint Working) (Scotland) Act 2014 set out the legislation governing health and social care in Scotland with the intention of improving outcomes for the population. The legislation set out options for Local Authorities and Health Boards and in North Lanarkshire, as in most of Scotland, the decision to opt for a “body corporate” model was taken. This required the formation of the Integrated Joint Board (IJB) with delegated functions from both the Health Board and Local Authority that were set out in an Integration Scheme, which was formally enacted on 1st April 2016.

In September 2018 North Lanarkshire Council set out a new vision for the future direction of the council in ‘We Aspire’. The document set out a plan to revise the Integration Scheme and transfer the discretionary delegated functions for children, families and justice social work services to the newly reshaped Education and Families service within the council.

Section 44 of the Public Bodies (Joint Working) (Scotland) Act 2014, notes that “*the local authority and the Health Board must carry out a review of the integration scheme before the expiry of the relevant period for the purpose of identifying whether any changes to the scheme are necessary or desirable*”. The legislation clarifies the “*relevant period*” as “*the period of five years beginning with the day on which the scheme was approved*”.

Given the changes proposed in the ‘We Aspire’ report, it was agreed to instigate a review of integration, building on the learning to date and agreeing the best direction of travel moving forwards.

3.2 Review Process

The review consisted of three main elements: themed workstreams; self-assessment exercise and structural review.

3.2.1 Themed Workstreams

Seven key workstreams were identified, led by the Directors/leads within North Lanarkshire Council and NHS Lanarkshire:

- Finance
- IT/Digitalisation
- Strategic Planning
- Governance (Support, Care and Clinical Governance and wider governance)
- HR and Workforce Planning
- Performance
- Operations

The workstreams were tasked to document existing systems and regulations; benefits, risks and challenges associated with current practice; research alternative delivery models in place across Scotland; and identify potential solutions to challenges found. Each workstream created a report that formed the key sections of the overall review.

3.2.2 Self-Assessment Exercise

On 15th November 2018, Audit Scotland published an update report on progress of integration, 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>

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/>

Following this, a national self-evaluation tool was created, bringing together the actions from both reports, with all partnerships required to report back to the Scottish Government by 15th May 2019.

The self-evaluation report (see appendix 3 of the Integration Review report) was submitted to the Scottish Government on 15th May 2019, subject to the approval of partners.

3.2.3 Structural Review

A key element of the review terms of reference was to review the Locality structures and consider whether groups of Localities could create more efficient management arrangements.

Through the operational workstream of the review, a significant engagement exercise was undertaken across all Locality and service areas, in conjunction with trade unions.

3.3 Review Outputs

The review has offered a welcome opportunity to stop and reflect on the progress made to date and the challenges that need to be addressed to allow the integration agenda to fully progress.

The review and actions contained within will bring greater clarity on the roles of the IJB and Health and Social Care Partnership and their respective relationships with the Health Board and Local Authority, which is vital in enabling a whole-system approach to develop cohesively.

The structural proposals detailed aim to create a flexible model that maintains Locality-based planning and delivery where possible, whilst acknowledging the efficiency and resilience offered by grouped Locality or area-wide delivery for some services.

Through this new structure, the focus remains on integrating frontline service delivery from the bottom up, supporting seamless delivery of services, enabling people to live independently with the support and care they require at the right time and in the right setting.

The report has highlighted a range of comprehensive actions, which now require to be developed into a detailed action plan. In line with the national Integration Review process, progress against the identified actions will be reviewed in May 2020.

Key themes of collaboration and leadership run through the report and the commitment of both partners to the agenda was reaffirmed throughout the process, focused on the delivery of integrated health and social care services to improve the outcomes of the local population. Ultimately, only through this commitment will we be able to redesign and improve local services with the focus on prevention, quality and sustainability required to meet future demands.

4. STRATEGIC CONTEXT

This paper links to the following:

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 real 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:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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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 outwith 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:

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:

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

- Approve the Section 44 review of the Integration Scheme (North Lanarkshire Integration Review, May 2019);
- Approve the self-assessment submission to the Scottish Government (appendix 3 of the Integration Review paper);
- Request that the Integration Scheme be reviewed in line with the outputs of this report and that any necessary changes be brought back to a future meeting for approval;
- Request that a detailed action plan be completed and submitted to the next cycle of the Population Health and Community and Primary Care Committee for oversight.

13. FURTHER INFORMATION

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

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