
INTEGRATION OF HEALTH & SOCIAL CARE – ESTABLISHING A STRATEGIC PLANNING GROUP

Report by Depute Chief Executive People

SCOTTISH BORDERS COUNCIL

19 February 2015

1 PURPOSE AND SUMMARY

- 1.1 This report proposes arrangements for establishing a permanent Strategic Planning Group to support the arrangements for the Integration of Health and Social Care in the Borders.
- 1.2 The report sets out:
- (a) The duty, under the Joint Working (Public Bodies) (Scotland) Act 2014 to establish a Strategic Planning Group to support the local arrangements for the integration of Health and Social Care.
 - (b) Proposals for the composition of the Strategic Planning Group
 - (c) The process and timescales for establishing the Strategic Planning Group
 - (d) Draft Terms of Reference for the Strategic Planning Group, including a role description for the Group

2 STATUS OF REPORT

- 2.1 This proposal was presented to the Shadow Integration Board on 9 February 2015 and their views are incorporated into this report.

3 RECOMMENDATIONS

- 3.1 **I recommend that Council agrees the proposals for establishing the Strategic Planning Group in support of the local Integration of Health and Social Care arrangements.**

4 BACKGROUND

4.1 As part of the requirements laid down in the Public Bodies (Joint Working) (Scotland) Act 2014ⁱ, the Integration Joint Board must produce a Strategic Commissioning Plan (also described in the legislation as a Strategic Plan) that sets out how they will plan and deliver services for the Borders over the medium term (three years) and, through this, how they will meet the 9 National Health and Wellbeing Outcomes (see figure 1 below) and achieve the core aims of integration:

- (a) To improve the quality and consistency of services for patients, carers, service users and their families;
- (b) To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and
- (c) To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

Figure 1 – The Nine National Health & Wellbeing Outcomes

- 1. People are able to look after and improve their own health and wellbeing and live in good health for longer.**
- 2. People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.**
- 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.**
- 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.**
- 5. Health and social care services contribute to reducing health inequalities.**
- 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.**
- 7. People using health and social care services are safe from harm.**
- 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.**
- 9. Resources are used effectively and efficiently in the provision of health and social care services.**

4.2 All stakeholders must be fully engaged in the preparation, publication and review of the Strategic Commissioning Plan as part of an on-going, cyclical process. To ensure this, the Act requires each Integration Authority to establish a Strategic Planning Groupⁱⁱ.

- 4.3 The role of the Strategic Planning Group (SPG) is to support the Integration Joint Board in the cyclical development of the Plan and the continuing review of the progress in its delivery against the agreed national and local outcomes. In terms of governance, the SPG is a reference and advisory group reporting to the Integration Joint Board. It has no executive function.
- 4.4 The Strategic Planning Group will be concerned with a series of questions throughout the commissioning process, such as the following, based on work by Audit Scotland:
- (a) How many people will need services and what type will they need?
 - (b) What is the current provision, is it the right level, quality and cost?
 - (c) How can these services improve people's lives?
 - (d) Which Services will best achieve this?
 - (e) How do we develop these services at an affordable cost?
 - (f) How do we procure and deliver these services to best effect?
 - (g) How do we monitor and review these services?
- 4.5 The process, itself, does not start or end with the publication of the strategic commissioning plan. Engagement with stakeholders and the involvement of the Strategic Planning Group are all part of a continual, iterative cycle.
- 4.6 The role of the Strategic Planning Group is in developing and finalising the strategic commissioning plan and in continuing to review progress, measured against the statutory outcomes for health and wellbeing, and associated indicators. The Strategic Commissioning Plan should be revised as necessary (and at least every three years), with the involvement of the Strategic Planning Group.
- 4.7 The views of localities must be taken into account with the Integration Authority required to identify the most appropriate person to represent each locality on the Strategic Planning Group. Local flexibility is allowed, so that an individual can represent more than one locality.

5 PRESCRIBED GROUPS

- 5.1 The Statutory Guidance on Strategic Planning, published in December 2014, provides local flexibility on the size and composition of the Strategic Planning Group. However, the Integration Authority is required to involve a range of relevant stakeholders. These groups must include representatives of groups prescribed by the Scottish Ministers in regulations as having an interest. These are:
- (a) Users of health care
 - (b) Carers of users of health care
 - (c) Commercial providers of health care
 - (d) Non-commercial providers of health care
 - (e) Health professionals
 - (f) Social care professionals
 - (g) Users of social care
 - (h) Carers of users of social care
 - (i) Commercial providers of social care
 - (j) Non-commercial providers of social care
 - (k) Non-commercial providers of social housing

- (l) Third sector bodies carrying out activities related to health or social care

5.2 The Integration Authority can include other persons it considers appropriate, and must include members nominated by the Local Authority or the Health Board, or both. In effect, this provides for the partners who prepared the Integration Scheme, and are party to the integrated arrangements, to be involved in the development of the strategic commissioning plan.

5.3 Including the required representation within the Strategic Planning Group has the potential to create a large and unwieldy Group. There is clearly the need to strike a balance between an effective and manageable group and effective representation of prescribed communities of interest as well as localities. Feedback from other Integration Partnerships across Scotland suggests that the Sizes of Strategic Planning Groups vary from between 15 and 70.

6 PROPOSED COMPOSITION OF THE STRATEGIC PLANNING GROUP

6.1 The proposal set out in paragraph 6.2 below is based on the following principles:

- (a) Group members represent their communities of interest/professional groups.
- (b) Group members will ensure that localities are represented. (Locality responsibilities will be assigned to Group members).
- (c) That there will be a General Practitioner representative on the Group as one of the prescribed Health Professionals.
- (d) That the arrangements are seen as a starting point and are kept under review to ensure that they are as effective as possible.

It is proposed that the representation from the NHS and Council, over and above the prescribed list (see 5.2 above), is as set out in Table 1 below.

Table 1. NHS Borders and Scottish Borders Representatives

Role	No.	Description
Chair	1	Up to October 2015, it is proposed that the Chair be the Executive of the Strategic Planning Work Stream in the Integration Programme (currently Dr. Eric Baijal). After October 2015, this role will be taken by the Chief Officer.
NHS Reps	2	Lead officers in the drafting and commissioning process.
SBC Reps	2	Lead officers in the drafting and commissioning process
Staff Rep	2	Two representatives from the Joint Staff Forum

Other officials may be required to attend any meetings as and when required.

6.2 The proposal is for an 18 member model based on the seven representatives in Table 1, and single representatives from the prescribed groups – with the exception of Commercial and Non-Commercial providers of both Health Care (a single rep for the two groups) and similarly a single rep for both Commercial and Non-Commercial providers of Social Care.

Health professionals have two representatives, one of which is a GP rep see Figure 2 below.

Figure 2 – Proposed Model for the Strategic Planning Group



7 PROCESS & TIMESCALES FOR ESTABLISHING THE STRATEGIC PLANNING GROUP

7.1 If both the Council and NHS Board agree the model, representatives will be recruited to ensure that the Group is in place by end of March. A first induction meeting will be arranged at the end of March/beginning of April and the Group will need to be in place in time to review the first draft of the Strategic Commissioning Plan and the development of the second draft (scheduled from 6 April – 5 June).

8 TERMS OF REFERENCE

8.1 A draft Terms of Reference is set out in Appendix 2 and sets out both the role of the group and the role of representatives. The draft Terms of Reference are currently out to consultation with members of the Strategic Planning Project Board and will be updated in the light of their comments.

8.2 It is anticipated that, after initiation, the Strategic Planning Group will meet formally no more than once a quarter. A detailed schedule of meetings will be drafted in line with the cycle of developing, monitoring and renewing the Strategic Commissioning Plan. It is also anticipated that, at least annually, there would be a wider event involving the wider stakeholders that the Strategic Planning Group represents.

9 IMPLICATIONS

9.1 Financial

There are no specific costs attached to any of the recommendations contained in this report. Group members will be eligible for reasonable expenses and provision for this will be made within the Integration Joint Board budget.

9.2 Risk and Mitigations

There is a risk that, if the proposal is not approved, the Partnership will not be able to comply with the legislation or, if delayed, will not be able to meet the agreed timescales in terms of having a Strategic Commissioning Plan in place by end of October this year.

9.3 Equalities

An Equalities Impact Assessments has been carried out on this proposal as attached. It is anticipated that there will be no adverse equality implications.

9.4 Acting Sustainably

There are no adverse effects arising from the proposal.

9.5 Carbon Management

There are no adverse effects arising from the proposal.

9.6 Rural Proofing

There are no adverse effects arising from the proposal.

9.7 Changes to Scheme of Administration or Scheme of Delegation

There are no changes to be made to the Scheme of Administration of Scheme of Delegation.

10 CONSULTATION

10.1 The Chief Financial Officer, the Monitoring Officer, the Chief Legal Officer, the Service Director Strategy and Policy, Service Director Capital Projects, the Chief Officer Audit and Risk, the Chief Officer HR, the Joint Director of Public Health and the Clerk to the Council have been consulted and their comments have been incorporated into the final report.

10.2 The Shadow Integration Board has also been consulted over these proposals and the recommendation reflects their preferred option.

Approved by

Jeanette McDiarmid
Depute Chief Executive People

Signature

Author(s)

Name	Designation and Contact Number
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Background Papers:**Previous Minute Reference:**

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ⁱ Section 29 of the Act lays the duty on the Integration Authority

ⁱⁱ Section 32 of the Act