

Health and Social Care

Integration 2015 Programme Update



Issue 1 – February 2014

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Health and Social Care Services in the Scottish Borders

Scottish Borders Council and NHS Borders are developing joint service arrangements to improve the way adult health and social care services are planned and delivered.



Tracey Logan
Chief Executive – Scottish Borders Council



Calum Campbell
Chief Executive – NHS Borders

The new arrangements will mean that, over the coming years, health workers, GPs, social workers, social care staff and others will work as one team. This joint approach will put the service user at the heart of what we do, ensuring that services are designed around meeting their requirements rather than being restricted by the organisational boundaries of different services and organisations.

A more user-focussed and co-ordinated approach will mean that information can be shared more effectively and allow us to improve the design and delivery of services to help avoid people having to make their way through what can appear to be a bewildering maze of separate specialist services.

The development of the new integrated Health & Social Care arrangements will build on the progress already made in the Borders in terms of the development of joint

Health and Social Care services such as Health Improvement, Learning Disabilities and Mental Health amongst others.

Together we are committed to moving integration forward and to ensuring that those who use the services, as well as those who deliver them, are fully engaged in the development of the new service arrangements.

This is an exciting opportunity to improve the way we provide our services and, while it won't fix all of the challenges we face overnight, it will help reduce some of the barriers between organisations and help us deliver better services for those who rely upon them.

This is the first integration newsletter. We hope you find it useful in explaining what we are doing, why we're doing it and how it affects you as the staff involved in this process. Further newsletters will be produced as we progress these arrangements.



Why are Health and Social Care Services Integrating?

The National Picture

The Scottish Government is introducing legislation which means that adult Health and Social Care services must be fully integrated – or combined – by April 2015. The legislation aims to improve outcomes for people by providing consistency in the quality of services, ensuring that people are not unnecessarily delayed in hospital and maintaining independence by creating services that allow people to stay safely at home for longer.

In summary, the legislation requires the 14 Health Boards and 32 Councils to:

- Create an Integration Plan for each local authority area
- Establish a Joint Integration Board and appoint a Chief Officer to manage the integrated services
- Develop a 3-year Strategic Plan covering the commissioning of adult care and health services in their area – this involves:
 - agreeing outcomes
 - assessing present and future needs
 - deciding on how best to meet those needs and outcomes
 - commissioning and delivering the necessary services
- Consult with those who are involved as users or providers of services in the development of both the Integration and Strategic Plans

The legislation requires that the Strategic Plan identifies at least 2 “localities” for the area and outline how the integrated services will be delivered in each.



The Local Picture

At a local level, the rapidly aging population means that more people will need Health and Social Care support in the future and it is recognised that it is time to think differently about how we provide these services in the years ahead.

- The Borders has a population of 113,870 with 10,200 (9%) over the age of 75. Over the next 10 years the number of 75+ year-olds is likely to increase to around 16,300 (13%) – a 60% increase in the 75+ population
- The number of people living with dementia is also set to increase dramatically over the next 20 years – it is estimated that there are presently 2157 people suffering from dementia but this is likely to increase to 3774 by 2034
- It is estimated that, in the Borders, a third of those over 60 experience difficulties in hearing and there are over 500 people over the age of 65 who are categorised as visually impaired



Integration in the Scottish Borders

In early 2013, NHS Borders and Scottish Borders Council set up an Integration Programme to respond to these challenges and the Scottish Government’s legislation. A joint Pathfinder Board was established and a Programme Director, Elaine Torrance, was appointed to lead on the initial development of the new arrangements.

One of the first milestones for the Programme will be to establish a Shadow Integration Board by April this year and appoint the Chief Officer who will manage the new integrated services.

Key Outcomes of the Integration Programme

- People are safe and their dignity and human rights respected
- People are as well as they can be and independent living promoted
- People have positive experiences – are able to live where they want and have positive things to do
- Promoting healthy living and health improvement
- Carers feel valued and supported to continue their caring role

Pathfinder/ Shadow Board

Intergration Programme Board

Remit: Lead and direct the Programme, agree reports to the Pathfinder Board, monitor the delivery of agreed outcomes and performance, ensure programme meets key deadlines and priorities and ensure that risks and dependencies are identified and managed effectively.

Joint
Staff Forum

Public/Patient
Consultation

Intergration Programme Board

Outline remit:

- Advise on HR/ staffing matters relating to integration and commissioning
- Produce a workforce plan for the integrating services
- Integrate policies and procedures
- Produce a joint training plan

Financial Arrangements

Outline remit:

- Establish governance arrangements for integrated financial resources
- Develop budget setting and financial reporting arrangements for the partnership
- Monitor agreed efficiencies from integration

Legal/ Governance

Outline remit:

- Establish robust governance arrangements including:
 - Scheme of Admin (inc delegated authority)
 - Partnership agreement
 - Accountabilities
- Ensure appropriate consultation and approval of new arrangements

Information performance and technology

Outline remit:

- To provide solutions to ensure ICT systems can be accessed by staff
- To ensure data sharing and data protection policies are robust
- To provide baselines and ongoing monitoring for agreed outcomes and targets

Commissioning and locality planning

Outline remit:

- Produce joint strategic commissioning plan including service redesign proposal and locality planning
- Ensure appropriate consultation
- Meet agreed outcomes for clients and carers

What are the timescales for Integration?

The national and local timescales for integration are set out in the calendar below:

April 2014

- Bill – Public Bodies to be enacted
- Shadow Integration Board Established
- Chief Officer Appointed

Apr 2014-Mar 2015

- Integration arrangements are developed including
 - An **Integration Plan** to set up the new organisation
 - A **Strategic Plan** is developed and agreed for the commissioning and delivery of Adult Health & Care Services

April 2015

- The new joint organisation and Integration Board become operational
- Strategic Commissioning Plan is approved by the Integration Board and becomes operational.

Which services are being integrated at this stage?

The Health Board and Council have agreed that, to begin with, integration will cover adult health and social care services.

They include a range of services that are already jointly managed as well as others which - through joint working - will help us achieve better outcomes for patients, service users and carers. These services include Learning Disability, Mental Health, Joint Health Improvement, Older People's Services, Physical Disabilities Services and Allied Health Professional Services.

Further services may be included as the new arrangements are progressed and more guidance is provided by the Scottish Government.

What will integration mean for the staff currently working in these services?

There will be no changes to existing terms and conditions or any transfer from one employer to another. The focus is on working better together and while there may be co-locations and changes to the make-up and management of teams, including potential changes of duties and roles, there is no intention or requirement to transfer staff into a new joint organisation.

The involvement of all those who provide adult Health and Social Care services is essential when it comes to designing new joint working arrangements. Over the coming year, we will look to arrange events and issue regular staff bulletins to enable this. The Joint Staff Forum will play a key role in the Programme.

How will we involve the public?

In preparing for integration it is vital that service users and community representatives are involved in the development of the new service arrangements. There is a range of existing consultation groups and arrangements for engaging with them are being progressed.

Their role will be to:

- Develop a two-way dialogue for views based on personal experience and local networks
- Ensure that account is taken of community, patient and public involvement
- Provide a forum to advise on communications materials
- Assist in the establishment of local outcomes and how the performance of integrated services can be tracked against them
- Be the voice of local communities, looking at all of the issues that affect people in terms of the delivery of Health and Social Care services – now and in the future.

Contact us

If you would like any further information, have any questions or would like to raise any points or issues, please email us at: integration@scotborders.gov.uk