NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

Health and Social Care Integration: Update

2. **Author(s) of Paper**

Bob Parry, Associate Director  
Stuart Cable, Programme Director  
Cheryl Harvey, Education Projects Manager  
Monica Merson, Leadership Consultant  
Sharon Miller, Leadership Consultant  
Audrey Taylor, Education Projects Manager

3. **Purpose of Paper**

The purpose of this paper is twofold, firstly, to raise the NES Board’s awareness of the complexity of discussions, negotiations and challenges that are currently evident in health and social care partnership working. Whilst evident for NES they are acutely more so for the wider NHS as the realisation of the implications of the Public Bodies (Joint Working) (Scotland) Act unfolds. The aim of the Act is to integrate health and social care in Scotland to ensure that health and social care provision is joined up and seamless. Currently, to accompany the Act a number of regulations and orders (secondary legislation) are being consulted on. This includes functions, outcomes, membership, consultation and performance. Key features of the Act and NES response is detailed.

Secondly, an overview of NES activity to support health and social care integration is also provided which details the complexity of the current landscape and challenges to NES partnership working is identified. It does not include reference to other substantial workstreams that deliver across health and social care e.g Promoting Excellence (Dementia Strategy): Equal Partners in Care (EPIC) (Carers and Young Carers Strategy), Technology Enabled Learning, Early Years.

4. **Key Issues**

Health and Social Care continues to be an area of high priority for NES given Scottish Government’s commitment to the integration agenda. The principles of integration underpinned by legislation do not guarantee successful integration of services. Cultural change and quality leadership are also vitally important; however the statutory footing that the Act will bring is essential in cementing and reinforcing the progress that has already been made.

NES in partnership with a wide range of organisations and agencies from statutory, independent and third sectors are actively engaging in many aspects to support the integration agenda. The complex landscape is both politically and educationally challenging. This paper provides an overview and update of NES contribution to date.
5. **Educational Implications**

Integrated care delivery is unlikely to happen at the necessary pace and scale unless those implementing it are provided with opportunities and support to put new (integrated) ways of working into practice and, where necessary, to develop additional knowledge and skills. Building leadership, trust, collaboration and a common vision amongst key stakeholders are key. It is essential that frontline workers, first line managers, as well as strategic managers, have the necessary values, skills and knowledge to deliver.

We already know from experience that where people from different sectors or organisations have participated in joint learning activities, they are more likely to work better together. Understanding and respecting each other’s expertise and shared goals and values produces better outcomes for individuals and communities. NES and the SSSC are already engaged in substantial work to support national policy direction through developing the health and social care workforce at both national and local levels and we expect that to grow over the next year.

Given the changing landscape of care delivery and the potential impact this may well have on the delivery of clinical services due regard must be given to the impact this may have on the education of all health care professionals and workers. This is a period of substantial organisational change which may well impact upon clinical learning environments and for those that supervise / mentor students. Within the NES feedback on the consultation of the Public Bodies (Joint Working) (Scotland) Act 2014 we are identifying the lack of clarity at this time regarding the responsibilities and accountabilities for clinical education in the evolving new organisations, such as ‘Health and Social Care Partnerships’, who will have a very important role in health care education.

As the delegated functions for each ‘Health and Social Care Partnership’ evolves a potential balance between addressing the needs of local workforce development, education and training with national support may present challenges given the potential of having 32 differing models. This is further compounded by the range of ‘improvement services' that are evident at this time and the need to maximise NES unique contribution.

6. **Financial Implications**

NES is currently funding staff costs and a work programme for 2014 – 2015. In addition, the Scottish Government is funding for 2014 -2015, a 1 wte AfC Band 8b post (Leadership Consultant) and 1 wte AfC Band 5 Project Coordinator post until March 2015.

A further Project Initiation Document is with Scottish Government to seek funding to support NES work and partnership work with the Scottish Social Services Council (SSSC).

7. **Which of the 9 Strategic Outcome(s) does this align to?**

1. We will deliver consistent evidence based excellence in education for improved care.
3. We will continue to build co-ordinated joint working and engagement with our partners.
4. We will provide education in quality improvement for enhanced patient safety and people’s experience of services.
8. We will develop flexible, connected and responsive educational infrastructure which covers people, technology and educational content.

8. **Impact on the Quality Ambitions**

Education, training and workforce development to support the integration of health and social care are essential in terms of supporting all the Quality Strategy ambitions of person centred, safe and effective care as well as Everyone Matters: 2020 Workforce Vision.
### 9. Key Risks and Proposals to Mitigate the Risks

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<thead>
<tr>
<th>Risk</th>
<th>Plans to mitigate</th>
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<tr>
<td>Lack of strategic support for health and social care partnership working may result in integration between health and social care not being achieved in practice, which is likely to have a detrimental impact on outcomes for people receiving health and social care services. The competing needs of local and national workforce development, education and training.</td>
<td>Full involvement of delivery partners in the development of the provision of resources to support integration to ensure that they meet identified need. Engagement with the wider health and social care workforce at a variety of different levels throughout the development and delivery phases. Resources to raise level of awareness of implications of integration at Board level and across wider workforce.</td>
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<td>Lack of strategic support for health and social care partnership working may give rise to reputational damage and lack of confidence from both the health and social care workforce in the partnership's ability to develop and deliver workable solutions and resources to support the implementation and embedding of health and social care integration.</td>
<td>Joint strategic leadership demonstrated by all parties, including Scottish Government. Opportunities to promote joint partnership working at all times. Engagement with health and social care workforce at a variety of levels. Engagement with different relevant parts of Scottish Government to secure an integrated approach, including to funding, at that level.</td>
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<td>Dysfunctional partnership working resulting in lack of cohesion, potential duplication of effort and unhelpful perceptions in the two sectors. Challenges to partnership working and NES perceived role in workforce development in health and social care.</td>
<td>Agreed joint plans which clearly detail areas of responsibilities. Equality of partnership. Communication strategy. Valuing each other unique contribution. Collective governance arrangements.</td>
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<td>Changes to organisational structures, establishment of new organisations such as Health and Social Care Partnerships potentially impact on the clinical education of the health care workforce.</td>
<td>Identify potential impact on clinical education with key professional leads from Higher Education and Scottish Colleges at established educational forums. Raise awareness with both regulatory and professional bodies of the organisational changes occurring. Seek clarity on responsibility and accountability for education and training within new organisations. Support Higher Education and Colleges in Scotland to engage with local NHS Health Board partnerships regarding the organisational changes and support and address any perceived issues. Developing Cluster based engagement model to gather intelligence on emerging Partnerships. Act upon intelligence from the practice education infrastructure, TPD and DME networks to address issues arising.</td>
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10. **Equality and Diversity**

NES Health and Social Care Equality and Diversity Impact Assessment has been published. However it is acknowledged that given the diversity of the workforce across health and social services brings particular challenges in ensuring equitable access to education and our workforce development plan takes account of this.

11. **Communications Plan**

Currently, a number* of Communications Plans have been produced in partnership with the Head of Communications

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*NES Internal Communication Strategy  
*NES / SSSC Partnership Communication Strategy  
*SG Communication Plan

12. **Recommendation(s) for Decision**

The NES Board is invited to:

- Note the content of this paper;  
- Discuss and seek clarification of any issues raised;  
- Advise on NES approach in taking forward this work programme  
- Consider the implications of Health and Social Care Integration for the future strategic direction of NES

NES  
*August 2014  
RP
HEALTH AND SOCIAL CARE INTEGRATION: UPDATE

This paper will update NES Board on a number of issues related to the integration of Health and Social Care including:-

- Public Bodies (Joint Working) Scotland Act 2014
- NES Response to Health and Social Care Integration (update)

1. Public Bodies (Joint Working) Scotland Act 2014

Consultation on the draft Scottish Statutory Instruments that accompany the Public Bodies (Joint Working) Scotland Act ran until August 2014. Appendix 1 Scottish Government Implementation Time Line 2014-2026. The draft regulation relates to:

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<th>Set 1</th>
<th>Set 2</th>
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<tr>
<td>• Information to be included in the integration scheme</td>
<td>• Membership, powers and proceedings of integration joint boards</td>
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<td>• Functions that must be delegated by Local Authorities</td>
<td>• Establishment, membership and proceedings of the joint monitoring</td>
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<td>• Functions that must be delegated by Health Boards</td>
<td>committee (lead agency)</td>
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<td>• National health and wellbeing outcomes</td>
<td>• Groups who must be consulted with when drafting or revising</td>
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<td>• Interpretation of the terms health professional and social care</td>
<td>integration schemes, draft strategic plans,</td>
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<td>professional</td>
<td>locality plans</td>
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<td>• Functions conferred on a Local Authority</td>
<td>• Membership of strategic planning groups</td>
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<td>• Form and content of performance reports</td>
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The guidance that accompanies the regulation will be crucial in terms of how they are interpreted and applied in order to deliver successful integration of health and social care services. The NES response to the draft regulations has been submitted and specific issues identified include:-

- Impact upon medical training. In particular, more detail is required regarding the definitions of ‘unplanned inpatients’ and the potential impact of integration on medical training. The NHS Boards and NES have roles which are defined by the GMC who regulate all medical training. Potential implications of established SLAs with Health Boards in relation to medical training and will need to be considered in the context of the new integrated Joint Boards.
- Included Health and Social Care Professional appear to be those currently regulated and does not include others such as Health and Care Chaplaincy
- Health Visiting as a ‘must be’ delegated function is problematic particularly if Children’s services are excluded from Integration Schemes
- Maternity care / Midwifery services - should they be a delegated function since they include care of adults at home?
- Need to strengthen links to other legislation including Community Engagement and associated standards
- The 9 health and well being outcomes whilst ‘high level’ could be argued not to be ‘outcomes’ but values, aspirations and would be very hard to measure.

Scottish Government (14th August 2014) have identified in total 139 responses were submitted (including 16 from Health boards, 17 from local councils and 29 from 3rd sector groups). Initial findings indicate that the highest number of comments were about the National Health and Wellbeing Outcomes and the functions that must or may be delegated by the Health Boards. Hospital services (particularly emergency care
pathways) are emerging as one of the pivotal issues and a concern to ensure that we don’t simply end up with revised CHPs. Response to the consultation will be published in September. Work is also underway to develop a set of indicators to sit under the national outcomes. A number of these will be experience based. To date this has raised questions about the type of performance management landscape we want to see and recognition that this cannot simply be a merger of the current Local Authority and Health Board approaches and measures. Initial intelligence suggests that there may be some desire to create closer alignment between Integration and Self Directed Support (SDS) although it is not clear what this might mean and to what extent they could be brought closer together. It is understood that a note about SDS will be included in the Integration Guidelines

Intelligence from our networking have identified that the cultural shift should focus much more on a rights/asset based perspective. In moving forward health and social care that is person-centred, based on assets rather than deficits; brings together equal partnership among the statutory, third and independent sectors alongside people who use and support services; and helps deliver the scale of transformational change outlined should be present.

1.1 Shadow Health and Social Care Partnerships

Shadow partnerships have been established and a substantial number of Chief Officers are now appointed. Those being appointed to Chief Officer’s positions are currently equally from health or local authority backgrounds. The Scottish Government have been providing support to those appointed Chief Officers and it is anticipated a ‘network’ will be established.

Whilst the ‘Body Corporate’ model\(^1\) of implementation has been predominantly chosen over a ‘Lead Agency’ model\(^2\) ‘rumblings’ are evident in the system around the shifting of substantial budgets between acute services and the new ‘partnerships’. The complex discussions and negotiations that are required to implement the legislation are currently exercising NHS Board and Local Authority Chief Executives. Hard brokering and positioning of services within a political backcloth are evident.

In February 2014, the Scottish Government invited partnerships to submit their transition/organisation development plans with an indication of which aspects of the plan would benefit from some central financial support. NES contributed to the analysis of the submissions. Approximately, £7m was distributed to the partnerships to support short term activity in April 2014. This is mainly related to the establishment of Integration Joint Boards, leadership development, change management, locality planning and strategic commissioning.

In July 2014, the Integrated Care Fund to the value £100m was made available to support integrated funding arrangements for health and social care for 2014-2015 for the delivery of improved outcomes; shift towards prevention; early intervention and care and support for people with complex and multiple conditions, particularly in those areas where multi morbidity is common in adults under 65, as well as older people. It is anticipated that improving these outcomes will further strengthen the aim of tackling inequalities.


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\(^1\) Functions are delegated to an integration joint board, accountable to both the local authority and the health board. The partners agree the amount of resources to be committed by each partner to support delivery of the delegated functions

\(^2\) One partner delegates a particular function and a share of resources for delivery of that function to the other. The partner to whom the function has been delegated becomes the lead agency for delivering that function.
2. NES Response to Health and Social Care Integration (update)

NES activity to support health and social care integration can be loosely grouped in to the following overlapping areas.

2.1 Awareness and Communication Activity (with internal and external groups)

Activity has included

- Delivery of a series of awareness raising events across all NES offices to equip staff with an understanding of the fundamentals and implications of integration and explored how this may inform future activities.
- Awareness presentation and discussion with key NES networks including; NHS Learning and Development Leads, NHS and Local Authority Organisational Development Leads; Unscheduled Care staff, Public Health Leads. This awareness presentation has been well received with several Boards using or adapting it to suit their local needs and it has generated interest out with the health sector. The SG Integration Team have incorporated it into a resource to be made available nationally and any future iterations will be developed in partnership with SG and SSSC. This has enabled the sharing and gathering of information to inform workforce development.
- Regular meetings with Scottish Heads of Academic Nursing and Allied Health Professions (SHANAHP) - Awareness raising and considering issues around curriculum development including clinical placement in light of reshaping service delivery. Invited to present at a number of Universities at staff development events including RGU, ENU, QMU, GCU.
- Working with other stakeholders to develop key messages related to health and social care integration. The NES Head of Communications and HSCI EPM are members of the national HSCI Communication Group. There is a need for consistent and clear messaging given differing language, cultures that all key parties are engaged at appropriate levels and times.

2.2 Professional preparation

NES Board is invited to provide further advice on professional preparation and engagement. Activity has included

- Our contacts across higher education community describe a range of activities in place to respond to the changing landscape driven by integration. We have identified new qualifications under development modelled around the changing landscape, explored the challenges of developing practice learning, that reflects the policy and practice shift and may require targeted NES engagements with regulators, practice educators and employers (a paper is currently under preparation detailing issues and innovations).
- The NES Health and Social Care Integration Cross Directorate Group to position integration as a key driver of future workforce need. The group enables sharing of information and where appropriate coordination of activity across directorates and programmes of work including Healthcare Associated Infection, Health and Social Care Support Workers, Self Directed Support, Knowledge Services Support (Technology Enabled Learning), RRHEAL and Quality Improvement. Recent discussion at the group indicated that, at this stage, members valued the group as a source of information and update about HSCI. As integration progresses it is anticipated that the function of the group will change.
- Participation and facilitation in national events including ‘Integration for Better Outcomes’ in partnership with JIT in June 2014. The event is being repeated in conjunction with RRHEAL in August and will link, by video conference, eleven venues across Scotland to a hosted joint seminar to share content and material from the ‘Integrating for Better Outcomes’ event.

2.3 NES Workforce Development and Education including direct support

Activity has included
- Direct support for the wider workforce has been offered through development of an annotated PowerPoint presentation for circulation to Boards and partnership leads and creating web resources on both the NES website and the Knowledge Network.
- Discussion with SSSC regarding the development of an online 'induction programme'.
- Joint Strategic Commissioning (JSC) – In preparing partnerships to be more aware and prepared to apply the principles and requirements associated with the Public Bodies (Joint Working) Scotland Act 2014 a Joint Strategic Commissioning e-learning resource is currently being developed, in partnership with SSSC and sponsored by the Joint Improvement Team (JIT) at the Scottish Government. The resource will build on the face to face learning programme developed and delivered by the JIT to senior strategic staff across the partnerships. The e-learning resource will be applicable and accessible to a range of staff across Health, Social Care and the Third and Independent sectors. In addition and in support of statutory guidance, NES are supporting the development of an Advice Note in relation to JSC and workforce development and education.
- The Scottish Government Workforce Development for Integration Steering Group (WDSG) has established a Workforce Development for Integration Project Group (known as the Project Group) which NES and SSSC co-facilitate and coordinate. The Project Group has a remit to take forward activity related to five interconnected workforce outcomes and, in doing so, to model ways of working and approaches that are at the heart of public sector reform and are described in Workforce Development for Integration: Themes, Strategic Model and Plan. The outcomes are that the workforce is supported to:

  - Understand, promote and achieve better outcomes for people Leads: Jacqui Lundy and Chris Bruce
  - Engage in meaningful coproduction with people and communities Leads: Gerry Power and Mark McGeachie
  - Affirm professional values and identity, and take responsibility for career long development Leads: Ros Moore and Alan Baird
  - Demonstrate authentic and collaborative leadership behaviours Leads: Sharon Millar and Jess Alexander
  - Actively engage in locality planning and service development Lead: Alison Taylor and Anne Hendry

Some activity will relate to a specific outcome but, given the overlap between the outcomes, the majority of the work will encompass them all. Current activity includes:

  - **Workforce involvement** - using existing networks to encourage workforce and professional groups to actively participate in the development and design of workforce activities across all workforce outcomes.
  - **Articulate purpose and function**
  - the project group – an "elevator pitch" is being developed to describe the purpose and work of the Project Group. Once complete this work will articulate a series of key messages for the workforce including the importance of their involvement in achieving the outcomes for integration and a recognition that how we do things to support the workforce is as important as what we do. This work is connected to and informing the work of the National HSCI Communications group
  - **Appreciative Inquiry (Storytelling)** - the workforce outcomes are high level statements therefore the next phase of work with the partnerships is an invitation to be involved in an appreciative inquiry process. This will build on earlier work (eg Action Learning and JIT conversations) to identify and describe what the outcomes look like in practice, where things are working well and share these examples.
- **Areas of Influence** - the members of the Project Group each hold a different sphere of influence across national partners and professional groups therefore aim to influence change across different groups e.g. through identifying and sharing existing activity related to the workforce outcomes and to promoting way of working.
- **Evaluation** – we are currently scoping the evaluation framework for the work of the Project Group. As could be expected it is important that the evaluation also reflects the values and principles of integration therefore care is being taken to ensure that this happens. Initial conversations have taken place to consider the connection between this work and the evaluation of workforce activity related to SDS

Over the next 2-3 months we will be involved in conversations to consider the future role and function of the WDSG (and other related SG Integration support groups) as integration progresses. The approach taken by the project group is not without criticism given its ‘appreciative inquiry’ model and ‘bottom up’ engagement by virtue of its design it requires engagement therefore it can be perceived to be seen as ‘lack of output’. However, the evidence tells us that actively engaging with the people who are delivering services is more likely to lead to sustained change. One of the strong messages from the workforce is that people are not seeking a raft of new products or initiatives but are looking for the space and conditions to work in ways that are consistent with the spirit of integration. The Project Group aims to work with partnerships to create the conditions where people can try something different, use the evidence (including stories and experience) to inspire action; influence and shape change locally and nationally and share skills, knowledge and tools

**Leadership**

- A Proposal from National Leadership Unit to develop ‘An introduction to Integration Joint Boards – A Guide to Support Board Members and others to develop their role’ is currently in development at the request of Scottish Government. The content includes Introduction and overview of principles of integration; Leadership approaches for Integration and Board Development inc individual contributory behaviour, team diagnostics, benchmarking etc.

- An event to discuss the leadership frameworks and competencies that relate to Health and Social care integration hosted by NES / SSSC was held on 20th August 2014. Following this discussion we will explore how we can link existing leadership frameworks to support clarity of understanding around leadership competencies and behaviours. We will continue to discuss this area of work with key stakeholder including Scottish Government

- NES/RCGP/SSSC are working in partnership to develop a leadership programme to support integration. The focus of the programme will be to develop collaborative leadership capacity and capability to support primary care and social care professionals to work effectively at locality level and within the integrated partnerships. The programmes will include paired learning for primary and social care professionals

- Organisational Development leads continue to actively engage with the community to support areas of common themes related to integration and to explore ways of working collectively.

- A range of activity under the Public Services Collaborative Learning umbrella are also supporting integrated working and include Scottish Coaching Collaborative; Community Planning Partnership Boards; Leadership Exchanges, National Leadership development programmes
Locality Based Leadership Development a number of approaches are currently being tested including a new distributed leadership development models for integrated health and care.

3. **Positioning NES** (Political scenario, brokering, working with partners Inc third independent LA and health boards)
   Activity has included
   - Membership of key Scottish Government groups supporting integration e.g. Workforce Development Strategic Group, Joint Strategic Commissioning, Joint Improvement Team Operational Network: Older Peoples Development Group, Communication Leads group
   - Participation in the multimorbidity national reference group - developing a work plan to accompany Scotland’s action plan for multimorbidity, as referenced in recent guidance for local partnerships on the Integrated Care Fund.
   - Regular meetings with Scottish Government officials from several divisions including Reshaping Care and Integration; Workforce; JIT; Third sector Interface
   - Strengthening relationships and ways of working with Third sector organisations eg engagement through their networks
   - NES have aligned with JIT in grouping the 32 partnerships into four clusters (mainly based on geography – north west, north east, west and south east) and each organisation has identified a named strategic engagement person for each cluster. This is seen as a pragmatic way for the national bodies to offer support and gather intelligence on development by encouraging benchmarking, highlighting common issues and promoting sharing of resources and thinking across Partnerships.
   - Work to support recommendations of the Future of Residential Care for Older People in Scotland
     The Residential Care Task Force is looking at the recommendations in Future of Residential Care for Older People and is trying to develop an implementation plan. Most challenging area is around funding and much hinges on improving investment in residential care. It is also clear that the Task force cannot look at residential care without considering care at home. Part of the work will be around re-conceptualising care homes to have less long term care but more shorter term, end of life/high need care. This has implications for workforce and need to link with pre-registration training, particularly in nursing in order to meet future need for nursing within a social care environment.
   - Health and Social Care Alliance - Academy
     The health and social care academy is continuing to develop and now has a workplan in place for year 1. It has recently hosted it's first event in partnership with the Universality of West of scotland and is in conversation with the Institute of Health Care about future events. It is continuing to explore what its main role and function is and recognises that academy may not be the right term to use. At this point it aims to add value by brining in people that health and social care might not normally hear from ie looking at things from outside our normal sphere of influence. Part of this may include the development of catalyst papers. At this stage we are still considering what NES can contribute to the Academy. One possibility we will explore is sharing our experience in supporting learning communities

4. **Work Going Forward**
   - We are currently in the process of articulating a more formal Education Strategy for workforce support which acknowledges the different constituencies and levels of expertise with developments relevant to the whole workforce, middle managers, strategic leads and Board members
• Engaging wider Professions through consultation with NES Directors to ensure that the needs of individual professional groups are being addressed in order to support integration.

• Revisiting NES resources to ensure that they reflect integration e.g., Flying Start Effective Practitioner

• Looking at practice learning models across professions to identify how/if they support integration ‘thinking’

The NES Board is invited to:

- Note the content of this paper;
- Discuss and seek clarification of any issues presented
- Advise on NES approach in taking forward this work programme
- Consider the implications of Health and Social Care Integration for the future strategic direction of NES
Health and Social Care Integration
IMPLEMENTATION TIMELINE 2014 - 2016

- Act Receives Royal Assent: 1 April
- Consultation Goes Live: Set 1 – 12 May, Set 2 – 27 May
- Consultation Closes: Set 1 - 1 August, Set 2 – 18 August
- Orders and Regulations Laid in Parliament
- Responses to Consultation published
- Integration Schemes must be submitted to Scottish Ministers for approval: 1 April 2015
- Orders and Regulations come into force
- All integration arrangements as set out in the Act and in the Orders and Regulations, must be in place: 1 April 2016
- Community Health Partnerships will no longer exist: 1 April 2016
- Guidance completed and published

Email: irc@scotland.gsi.gov.uk
Visit: www.scotland.gsi.gov.uk/hsci
**MODEL 2:** This model of integration allows for either the Health Board or the Local Authority to take the lead in planning and delivering adult integrated health and social care service provision in their area.

1. All activities should focus on delivering and embedding the integration planning principles.

2. Integration Scheme, which is intended to achieve the National Health and Wellbeing Outcomes, is prepared by the Health Board and Local Authority.

2. Integration Scheme, which is intended to achieve the National Health and Wellbeing Outcomes, is prepared by two or more Local Authorities and Health Board.

3. Health Board and Local Authority jointly consult.

4. Integration Scheme submitted for approval by Scottish Ministers by 1 April 2015.

5. An Integration Scheme published by the Health Board and Local Authority.

6a. Strategic Planning Group established,

6b. Integration Joint Monitoring Committee established

7. The division of areas into localities.

8. Strategic plans prepared.

9. Strategic plan (and statement of how it was prepared) published.

10. Responsibility of integrated services and associated resources delegated to the Integration Authority.


**INTEGRATION START DATE:** Integration start date is to be defined in the strategic plan and must be on or before 1 April 2016.

Please see Annex A for cases where a scheme is not approved.

Community Health Partnerships will be disestablished on 1 April 2015.
Explanatory Annex A - Model 2

1. Activities should focus on delivering and embedding the integration planning principles which are -
   
   (a) that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users,
   
   (b) that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible -

   (i) Is integrated from the point of view of recipients,
   
   (ii) Takes account of the particular needs of different recipients,
   
   (iii) Takes account of the particular needs of recipients in different parts of the area in which the service is being provided,
   
   (iv) Is planned and led locally in a way which is engaged with the community and local professionals,
   
   (v) Best anticipates needs and prevents them arising, and
   
   (vi) Makes the best use of the available facilities, people and other resources

2. The Health Board and the Local Authority must jointly prepare an Integration Scheme for the area of the Local Authority.

   OR

   Within the area of a Health Board, two or more local authorities and the Health Board must jointly prepare an Integration Scheme for the areas of those Local Authorities.

   The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by Scottish Ministers in Regulations under section 5(1) of the Act, namely:

   Please note: These National Health and Wellbeing Outcomes are draft

   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, 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 service users.

   5. Health and social care services contribute to reducing health inequalities.

   6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.

   7. People who use health and social care services are safe from harm.

   8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.

   9. Resources are used effectively in the provision of health and social care services, without waste.

3. The Health Board and Local Authority must jointly consult.

4. A Health Board and Local Authority must jointly submit an Integration Scheme to the Scottish Ministers for approval by 1 April 2015.

   If the integration scheme is not approved by Scottish Ministers, the Health Board and Local Authority must make changes and will then have the option to resubmit; the Scottish Ministers are required to provide reasons why the scheme was not approved. If the scheme is not approved for a second time, the Health Board and Local Authority cannot resubmit, and responsibility for its completion passes to the Scottish Ministers.

5. As soon as practicable after an Integration Scheme is approved, the Health Board and Local Authority must publish it.
6a. An Integration Authority must establish a group (its “Strategic Planning Group”)

6b. The Health Board and Local Authority must jointly establish a committee.

7. The strategic plan must include provision to divide the area of the Local Authority into two or more localities.

8. The Integration Authority (the Health Board and/or Local Authority to which the functions are delegated) for the area of a Local Authority must prepare strategic plans. In preparing a strategic plan, the Integration Authority must have regard to the integration delivery principles (see section 25 of the Act), and the national health and wellbeing outcomes.

9. As soon as practicable after the finalisation of the plan, an Integration Authority must publish its strategic plan and a statement of the action which it took in pursuance of preparing it.

10. Once the Integration Authority and the strategic planning group are satisfied that the strategic plan and the locality arrangements are fit for purpose, the Integration Authority must notify the Health Board and Local Authority of the date on which the responsibility of integrated services and the associated resources should be delegated to the integration authority.

INTEGRATION START DATE: The integration start date must be on or before 1 April 2016. This is the date that the Scottish Ministers intend to prescribe as the date by which all functions must be delegated to the Health Board and Local Authority. All the integration arrangements as set out in the Act, Orders and Regulations, must be in place and responsibility for the functions delegated according to the Integration Scheme. The Act provides for flexibility for the integration start date to be determined locally but in any case by 1 April 2016. Scottish Ministers and partners will expect good progress to be made during 2015.

11. Each Integration Authority must prepare a performance report for the reporting year.

Explanatory Annex B – Supplementary Info

1. Model Integration Scheme: Other work underway to support implementation is the development of a ‘model’ Integration Scheme by the Legal Working Group, whose members consist of solicitors from Scottish Government, local government and from NHS National Services Scotland on behalf of Health Boards. The ‘model’ Integration Scheme was shared initially with the Governance and Accountability Group on 2 June. Thereafter, views will be sought more widely. The aim is for this ‘model’ Integration Scheme to provide the basis for the development of your Integration Scheme.

2. Disestablishment of CHPs: The Act provides for the repealing of legislation that establishes Community Health Partnerships. Scottish Ministers intend to remove CHPs from statute from 1 April 2015 as partners move into their integrated arrangements. Scottish Ministers recognise the pace of transition will vary across the country, therefore Scottish Government officials will be providing guidance on any interim arrangements in due course.