



## INTEGRATION JOINT BOARD

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<b>Date of Meeting</b>	3 September 2019
<b>Report Title</b>	Chief Officer Update
<b>Report Number</b>	HSCP.19.038
<b>Lead Officer</b>	Sandra Ross, Chief Officer
<b>Report Author Details</b>	Sandra Ross, Chief Officer
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	Appendix 1 : Chief Officer Update

### 1. Purpose of the Report

The purpose of this report is to update the IJB on current integration progress, and to consider the future focus of the Chief Officer and Aberdeen City Health & Social Care Partnership in terms of accelerating the pace and scale of integration.

### 2. Recommendations

2.1. It is recommended that the Integration Joint Board:

- a) Note the progress and approve the increased pace and scale of change as set out in appendix 1.
- b) Instruct the Chief Officer to liaise with ACC and NHS Grampian regarding resourcing for the Programme of Transformation.



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### 3. Summary of Key Information

#### Background

- 3.1. The integration legislation (the Public Bodies (Joint working) (Scotland) Act 2014) provides a framework for the effective integration of health and social care services. It places a duty on Integration Authorities to create a Strategic Plan for the integrated functions and budgets they control.
- 3.2. During the shadow period of integration and in the first few years of operation, Aberdeen City Integration Joint Board (IJB) has set some solid foundations for progress and has taken the first steps on our journey. With a robust governance framework around the scheme of delegation ACHSCP has been able to progress with the task of integrating health and social care, with clear direction being set by the IJB.
- 3.3. 2018/19 brought significant changes to the management structure of ACHSCP with three of the four members of the executive team leaving, and only one, the role of Chief Officer, being replaced. This change allowed an opportunity to reflect and consider what was needed at the leadership level within ACHSCP to enable us to take the next steps on our journey.
- 3.4. At a national level, the policy of integration was reviewed by a number of different organisations. In June 2018 The King's Fund published a paper entitled "Leading across Health and Social Care in Scotland" which summarised the learning experiences of Chief Officers for HSCPs and highlighted the next steps planned. In September 2018, Audit Scotland published a report which highlighted the progress on integration to date across Scotland. In February 2019, the Ministerial Strategic Group (MSG) for Health and Community Care published its Review of Progress with Integration of Health and Social Care. These reports collectively told similar stories; i.e. there is a mixed picture across Scotland, different progress, different pace and different acceptance. They also gave a similar strong narrative on integration i.e. it is here, but it needs an increase in collaboration, pace and reform.



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- 3.5. Alongside these national reports was a backdrop of financial uncertainty, with public bodies under significant financial pressures which could impact on our ability to transform services whilst delivering the savings required.
- 3.6. The past year has therefore been a challenging environment, where there has been an opportunity to reflect and consider the feedback from the macro and micro-environment, whilst being mindful of the strong message from partners that more pace is needed.

### Progress on Integration to Date

- 3.7. The IJB's Risk Register proves a useful framework for reviewing progress against a number of the inherited integration initiatives.
- 3.8. **Risks 1, 2 and 4: insufficient market capability, financial failure and relationships.** A paper is being brought to IJB in September 2019 which outlines the preferred approach to strategic commissioning that we would wish to adopt. It reflects a partnership approach with ACC and aligns the intent of the legislation around co-production and commissioning for outcomes. The approach to commissioning is also familiar to NHS colleagues. If approved by the IJB, ACHSCP in conjunction with the Aberdeen City Council has designed an approach to be adopted during any commissioning activity. This approach will enable us to work better with the market and to shape supply of services in the way required.
- 3.9. **Risk 3: hosted services.** Hosted services, and those with which IJB has delegated strategic budget planning, have been a difficult nettle to grasp; however, with a collaborative approach, we have pursued a route to address this.
- 3.10. At an April 2019 seminar, convened to consider the future of the North East Partnership, there was unanimous agreement that there remains value in the three Integration Joint Boards coming together to consider issues for the whole North East of Scotland. The four Chief Executives (NHS Grampian, Aberdeen City Council, Aberdeenshire Council and Moray Council) agreed to develop a North East Group (Officers only) which they would lead. The aim of the group is to develop real top-level leadership to drive forward the change agenda, especially relating to the delegated hospital-based services.



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The North East Partnership, of Chairs and Vice Chairs, will focus on hosted services. A paper was brought to IJB in June which agreed this process. Both the CEO group and the Chairs & Vice Chairs group will meet quarterly. The meetings will be evenly staggered between groups, giving some six weeks between them, allowing progressive work / iterative work to be timely between the forums. The dates are currently being arranged.

- 3.11. **Risks 4, 5 and 6: relationships with partners, service standards and outcomes being achieved and reputational damage.** The Strategic Plan of the IJB is the document where we set out our direction of travel. The refreshed Strategic Plan was approved by the IJB in March 2019. The Leadership Team's 2019/20 objectives have all been set based on achieving the aims, commitments and priorities within the Strategic Plan and there are plans to roll this approach out all the way down to frontline staff establishing a golden thread that links all operational activity to the achievement of our strategic aims and enables staff to identify their contribution to this.
- 3.12. **Risk 7 & 8: transformation at pace and scale and locality working.** The culture that existed within the senior management team reflected the period of uncertainty those individuals had been through, i.e. the loss of a number of executive team members in quick succession, although it should be noted that during this period the team were ably supported by the Chief Finance Officer (CFO). A paper was brought to IJB in March which outlined the new leadership team structure which is flat and anchors back into the two employer organisations. The leadership structure was designed to support the deliberate shift to prevention described in Appendix 1.
- 3.13. A paper was approved by IJB on the move from four localities to three and this is progressing with the leadership team currently undertaking preparatory work and discussion on structures to reflect the new localities. Consultation with the current locality leadership groups to understand how we can make progress is also under way.
- 3.14. The inherited transformation programme has recently been prioritised in line with the refreshed strategic plan and was approved by IJB in March. A list of the programmes along with their links to the strategic plan, medium term financial framework and strategic risk register is set out in the table below.



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Transformation Programme of Work	Links to Strategic Aims & Enablers	Links to Strategic Risk Register*	Links to Medium Term Financial Framework	Comments
<b>Primary Care Improvement Plan</b>	Resilience Personalisation Communities	1, 2, 5, 7, 9	Transformation	Agreed by IJB in July 2018 Specific Funding Source.
<b>Action 15 Plan</b>	Prevention Resilience Personalisation Communities	2, 3, 5, 7, 9	Medicines Management Transformation	Agreed by IJB in July 2018 Specific Funding Source.
<b>Alcohol and Drugs Partnership Plan</b>	Prevention Resilience Personalisation Communities	2, 4, 5, 7, 9	Transformation Medicines Management	Agreed by IJB in December 2018 Part of Community Planning Aberdeen's Local Outcome Improvement Plan. Specific funding source.
<b>Locality Development Transformation Programme</b>	Prevention Resilience Personalisation Communities Connections	1, 2, 4, 7, 8, 9	Transformation Medicines Management Efficiency Savings Service Redesign	Will capture change actions identified in locality plans. Will also include significant cross-cutting projects such as Unscheduled Care and Social Transport.
<b>Digital Transformation Programme</b>	Prevention Resilience Personalisation Communities Connections Digital Transformation Modern & Adaptable Infrastructure	1, 2, 7, 9	Efficiency Savings Transformation Medicines Management Service Redesign	Will support the delivery of the Digital Strategy.
<b>Organisational Development Transformation Programme</b>	Prevention Resilience Personalisation Empowered Staff	6, 7, 8, 9	Service Redesign Transformation	Will support the delivery of the Workforce Plan.



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<b>Efficient Resources Transformation Programme</b>	Prevention Resilience Sustainable Finance	1, 2, 7, 9	Efficiency Savings Transformation Service Redesign	Utilising Lean Six Sigma methodology, working deep within teams delivering services to reduce variation and increase efficiency.
<b>Resilient, Included and Supported Outcome Improvement Plan</b>	Prevention Resilience Communities Connections	4, 7, 8	Medicine Management Transformation	Part of Community Planning Aberdeen's Local Outcome Improvement Plan. No specific funding source.

- 3.15. **Risk 9: recruit workforce to meet current and future needs.** The IJB approved our workforce plan in March 2019 which dovetails into and supports the NHSG and ACC plans.
- 3.16. **Risk 10: Brexit.** We are linked in with NHSG and ACC to Brexit contingency planning to ensure we are developing plans and contingency to support Scottish Government and key partners' expectations.
- 3.17. In addition to the various workstreams described in the preceding paragraphs, a Strategic Implementation Dashboard (SID) has been developed which captures all the existing commitments, targets and measures and these have been allocated to each of the five Strategic Aims within the Strategic Plan. giving a delivery dashboard for each. In this way, we will measure the progress of integration and transformation.
- 3.18. Performance against the aims is reported to both the Audit and Performance Systems and Clinical and Care Governance Committees throughout the year, with the IJB receiving reports on the National and MSG Indicators. It should be noted that while we measure the current indicators the Scottish Government is undertaking work around a framework for integrated services which may bring further metrics on which we are measured; as such the dashboard will be a work in progress.



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### Future Focus of Integration

3.19. This report highlights that while we have made progress to date, there is a clear message from national bodies that the pace and scale of reform needs to increase across all integration partnerships.

The attached appendix 1 provides the areas of focus for increasing the scale and pace of change required by local and national partners. There are five key programmes which link to our strategic aims:

1. Programme 1 An Approach to Demand Management implemented through a strategic commissioning approach.
2. Programme 2 A deliberate shift to prevention
3. Programme 3 A Data and Digital Programme
4. Programme 4 Conditions for Change
5. Programme 5 Accessible and responsive infrastructure

These programmes are our focus for delivery of the strategic plan. They bring pace and scale to our transformation programme. Together with our approach to strategic commissioning, presented at Board today, as an enabler we will increase our scale and pace of reform.

### 4. Implications for IJB

- 4.1. Equalities - It is anticipated that the implementation of this plan will have a neutral to positive impact on the protected characteristics as protected by the Equality Act 2010.
- 4.2. Fairer Scotland Duty – There are no direct implications to the Fairer Scotland Act arising from this report.
- 4.3. Financial – There are no direct financial implications arising from this report.
- 4.4. Workforce – There are no direct workforce implications arising from this report.



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4.5. Legal - There are no direct legal implications arising from this report.

4.6. Other - There are no other anticipated implications as a result of this report.

### 5. Links to ACHSCP Strategic Plan

5.1. **Prevention** Working with our partners to achieve positive health outcomes for people and address the preventable causes of ill-health in our population.

5.2. **Resilience** Supporting people and organisations so they can cope with, and where possible overcome, the health and wellbeing challenges they might face.

5.3. **Personalisation** Ensuring that the right care is provided in the right place and at the right time when people are in need.

5.4. **Connections** Develop meaningful community connections and relationships with people to promote better inclusion, health and wellbeing and to reduce social isolation.

5.5. **Communities** Working with our communities, recognising the valuable role that people have in supporting themselves to stay well and supporting each other when care is needed.

### 6. Management of Risk

#### 6.1. Identified risks(s)

None arising directly from this report

#### 6.2. Link to risks on strategic or operational risk register:

All of the risks identified in the strategic risk register.



#### 6.3. How might the content of this report impact or mitigate these risks:

The report gives the IJB an update on what has been moved forward over the last year and notifies the IJB of priority areas for the Chief Officer over the year ahead.





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Approvals	
	Sandra Ross (Chief Officer)
	Alex Stephen (Chief Finance Officer)