The Government has now passed Stage 3 of its Bill on Integration: The Public Bodies (Joint Working) (Scotland) Bill, which means that Health and Social Care Integration will become law from April 2014. The next stage is for government to produce Guidance on how it will work in practice, and for Shetland Islands Council and NHS Shetland to agree on how this will work locally.

We thought it would be useful to staff to give you regular information about where we are locally, so this is the first of regular newsletters on what is happening and how it will affect you and our services.

What are the benefits for the People of Shetland?

Integration is designed to build on the joint working that we already have so that people get a single service to meet their needs, without worrying about whether it is provided by Council or NHS staff.

It aims to make best use of resources, so that we spend budgets as effectively as possible, thinking jointly about all the resources available to care for people in the community, with a focus on prevention and early intervention;

‘supporting people to be active and independent throughout adulthood and in older age, and living longer, healthier lives.’

What are the options?

The Bill identifies two main models for integration:-

1. Body Corporate
2. Delegation between partners: within this model there are 3 ‘sub-models’.
   A) Delegation of functions by the local authority to the Health Board;
   B) Delegation of functions by the Health Board to the local authority;
What’s the options? (Cont)

C) Delegation of functions by the local authority to the Health Board and delegation of functions by the Health Board to the local authority ie a mixed model of delegation between both partners.

Who Makes the Decision?

We have a local Health and Social Care Integration Project Board which is meeting to take local work forward. The Project Board is made up of NHS Board members, SIC councillors, and senior managers from both organisations. Staff are represented through a Joint Staff Forum with Trade Union and management reps from SIC and NHS. Contact details are provided below.

The Project Board has run a number of workshops for Councillors, NHS Board members and managers to explore what integration might look like in Shetland, looking particularly at the governance arrangements.

He work to establish an integrated governance model is one of three strands of work locally that will lead to health and social care integration as required by the Scottish Government.

1. An integrated governance model
2. Integrated management arrangements
3. Localities

Integrated Management Arrangements

Through our work on Joint Future and through the Community Health and Care Partnership, we have introduced a single management structure for community health and adult social care services. The details are set out in the CHP Agreement. These arrangements have evolved and most recently Simon Bokor-Ingram was appointed as Director of Community Health and Social Care on 1 February 2014.
Localities

Partnership working in localities between community nursing, GP practices and social care is well established with GPs and the community nursing service supporting local care centres and devolved social care services in the community. More recently we have developed generic health and care workers in some areas. The current work on localities is looking at what is already in place and works well with a view to introducing a locality management model supported by devolved budgets and locality planning.

A critical aspect of the localities project is the development of a clinical/professional governance model to support staff in integrated management arrangements.

Integrated Governance

The wider aspects of governance at committee level are less well developed locally than in some parts of Scotland. A number of partnerships have implemented joint governance including:

The “Highland Model” which is a delegated model whereby the local authority has delegated responsibility for all adult community care services to NHS Highland and NHS Highland have delegated responsibility for community health services for children to the local authority.

A “concurrent” model whereby the appropriate committee of the local authority and the CHP or CHCP Committee of the health board have been combined so that discussions on community health and social care services take place at the same time and in the same place. In the concurrent model, the local authority and health board each retain responsibility and authority for all decisions affecting their service areas.

The Health & Social Care Integration Project Board have organised seminars to facilitate discussion between members of SIC and NHS Shetland regarding the two models outlined above. Most recently a seminar was held with a wide range of stakeholders who were able to hear from other partnership areas in terms of their story so far and the current thinking in their areas.

East Renfrew have worked with a concurrent model for community health and social care services for some time including children’s services and they are looking at the Body Corporate
model as the next logical step for them.

Orkney also have a concurrent governance model, however, they are currently leaning towards a delegated model with adult and children’s social services in separate directorates.

On 21 March we had the opportunity to hear from Highland regarding their experiences and also from JIT, the Scottish Government’s Joint Improvement Team. This will help us to complete a detailed options appraisal for Shetland on the integrated governance arrangements.

**Next Steps**

The options appraisal will be discussed with a wide range of stakeholders, including staff, through team briefings and with staff representatives through the Joint Staff Forum. Further information is available in reports to CHP and Social Services Committee. These are available on the Council’s website.


CHCP Agreement 2013-16


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