

Report to Aberdeen City, Aberdeenshire and Moray Integration Joint Boards

NHS Grampian Services which are Hosted within Aberdeen City, Aberdeenshire and Moray Integration Joint Boards

Approval Dates (IJB Meetings)

Aberdeen City – Tuesday 11th June 2019

Aberdeenshire – Wednesday 19th June 2019

Moray – Thursday 27th June 2019

1 Recommendations

1. Endorse the approach set out for the monitoring and performance management of delegated services which are hosted by one of the three IJBs on behalf of the other two IJBs
2. Consider and make any further suggestions to the approach for the Governance arrangements of the Acute Hospital Based Services.
3. Consider and comment on the frequency which the North East Partnership should meet and instruct officers to prepare a draft role and remit for this meeting.

2 Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 set out that Health Boards and Councils must delegate certain services to the Integration Joint Boards. There are three types of delegated services.

2.1 Three types of delegated services.

Strategic Planning of Acute Hospital Based Services (set aside budget)	Delegated Community Services Which Are 'Hosted' By One IJB	Delegated Communitiy Services Which Are In each IJB
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2.1.1 Strategic Planning of Acute Hospital Based Services (set aside budget)

Firstly, there are six services, based within the acute sector, which are delegated to the three Grampian Integration Joint Boards for the purpose of Strategic Planning. These services are:

1. Accident and Emergency services provided within hospitals
2. Palliative care
3. Care of the elderly
4. Respiratory medicine
5. General medicine
6. Emergency Department

2.1.2 Rehabilitation Medicine

These six specialties were determined nationally and were chosen as the specialties with the highest levels of unscheduled care. The budget associated with these specialties is reported within the annual budget setting for the IJBs. This report makes recommendations on the approach to the planning of these services.

2.1.3 Delegated Community Services which are “hosted” by one IJB

The second group of delegated services are those which were fully delegated to the Integration Joint Boards for both planning and delivery. For a number of these delegated services we decided, locally at the inception of the legislation, that we would deliver the services on a “hosted” basis, where one of the IJBs would deliver all of the service on behalf of all three IJBs. These services were agreed to be “hosted” as it was felt that disaggregating them, at that point, (a fair share for each IJB) created a significant risk for the delivery of the service.

The services which are delegated (host IJB) are:

Aberdeen City	Aberdeenshire	Moray
<ul style="list-style-type: none"> • Sexual Health Services • Specialist Older Adults and Rehabilitation at Woodend 	<ul style="list-style-type: none"> • Marie Curie Nursing • Heart Failure Service • Continence Service • Diabetes Community Services • Chronic Oedema Service • HMP Grampian • Forensic and Custody Healthcare 	<ul style="list-style-type: none"> • Primary Care Contracts • GMED

Services currently described as “Acute Hospital Adult Mental Health” are in the process of being delegated to the Integration Joint Boards. This will be hosted by Aberdeen City IJB.

This report suggests a mechanism of providing assurance to all three IJBs for these services. There is also a year-end update on each of these services provided on a consistent template (Appendix 1).

2.1.4 Delegated Community Services which are in each IJB

Finally, there are delegated services from both the NHS and the Councils which are planned and run exclusively by the IJBs for their own population. This report does not make any further mention of these services.

2.1.5 Delegated responsibility to a Chief Officer but not the IJB

For completeness, it is also possible for the Chief Executive of either the Council or the NHS to delegate responsibility for a service or a piece of work to a Chief Officer as part of their line-management reporting hierarchy. Such a delegation is to the Chief Officer and does not form part of the governance arrangements of the Integration Joint Board.

One such example of this delegation is part of NHS Children's Services (health visiting & school nursing) are delegated, by the Chief Executive of NHS Grampian, to the Chief Officer in each of the three Health and Social Care Partnerships. The responsibility and accountability for these services is not, however, within the remit or delegated to the Integration Joint Board.

3 Current Position on delegated community services which are "hosted"

3.1 Performance Monitoring

To date, the three IJBs have had very little information on the performance of any of the services hosted by the other IJBs. It is essential that a mechanism for the transparent performance reporting of the services is developed. In order to give the IJB whose service is being delivered by another IJB a meaningful interaction and the host IJB a mechanism by which to share progress. There are a number of options to achieve this transparency and interaction:

1. Formal SLA
2. Commissioned Service
3. Shared annual plan

It is important for the IJBs to agree the relationship between themselves in terms of service planning, performance monitoring and performance management

3.2 Alternative options to "hosting"

It is possible for the IJBs to re-consider the merit of maintaining the services as "hosted" with the alternative of distributing the resource between the IJBs for them to run their own service within these areas.

It would be possible to undertake an option appraisal as part of developing the SLA or Commissioned Service approach.

3.3 Proportionality

The scale of the services varies considerably in terms of both money and risk. It is essential that we maintain a realistic and appropriate “proportionality” and do not treat each of the services in the same manner. To illustrate this the annual budget of each service is shown in Table 1¹.

Service	£ (M)
Woodend Assessment & Rehab Services (City)	19.9
GMED (Moray)	8.8
HMP Grampian (Shire)	2.7
Sexual Health (City)	2.0
Retinal Screening / Diabetes MCN (Shire)	0.9
Police Custody / Forensic Examiners (Shire)	0.8
Marie Curie Nursing (Shire)	0.7
Continence Service (Shire)	0.7
Primary Care Contracts (Moray)	0.6
Heart Failure Service (Shire)	0.3
Chronic Oedema Service (Shire)	0.2
TOTAL	37.5

Table 1. The annual budget for each of the hosted services (in descending order)

It is important that there is complete transparency between IJBs for these hosted services. On this basis there is a proposal to develop a simple reporting template which would be shared with the IJBs at regular intervals, to be agreed.

The IJBs need to agree how they will hold each host to account if there is significant variance from what has been agreed / commissioned and predicted. The suggestion is that the template report will have a section detailing the reasons for changes in performance alongside the mitigating action being applied to rectify the situation. This should reflect the agreements set out and signed off by the IJBs, ideally through the commissioning / SLA approach.

The suggested schedule of reporting is for the IJBs to receive a six-monthly update, detailing performance between April-September and this would be available for the December IJB meetings and then a further report detailing the October-March performance at the June IJB.

¹ *Adult Acute Mental Health is not included in Table 1, at present, as it has not been formally delegated but will be key in future arrangements.

3.4 Report on performance for the 2018/19 year

Appendix 1 contains a template which will form the basis for reports from each of the hosted services and gives an indication of the sort of report that would be possible for sharing between the three IJBs.

4 Strategic Planning for Acute Hospital Services

The NE Partnership Group met on Monday 15th April 2019 to discuss:

1. the future of the NE Partnership group
2. the mechanism for the planning and accountability of hosted services
3. the strategic planning for delegated hospital-based services.

A note of the meeting is shown at Appendix 2.

The key outcome, relating to the planning of acute services, from the NE Partnership meeting, was to form a System-wide Senior Leadership Group, comprising:

- the four Chief Executives (3 x Council & 1 x NHS;
- the 3 H&SCP COs;
- 1 x Acute Sector CO;
- the 3 H&SCP CFOs; and
- NHS – Deputy CEO & Director of Finance)

This group will support the process of redesign of the six acute services. The Terms of Reference are currently being drafted by officers.

The formal decision-making arrangements remain with the IJBs. It is hoped that the System-wide Senior Leadership Group can provide expertise, leadership and capacity to deliver the redesign and changes at a faster pace and in a collaborative mechanism which will deliver the greatest possible impact to the whole system. The System-wide Senior Leadership Group will work in a collaborative approach respecting that the implementation of any changes may vary in different parts of the system, but will all be moving in a consistent direction.

The current planning approach is being tested in Mental Health Services and Care of the Elderly. The three IJBs considered a paper describing this mechanism in 2018 and agreed, in principle, for the process to proceed; there were concerns from the IJBs with the suggested authority of the NE Partnership Group within the flow-chart describing the planning pathway (Appendix 4). This will be reviewed alongside the review of the first two planning cycles being undertaken. A paper will be brought to each of the IJBs reporting on progress of the planning approach and seeking agreement on a revised decision-making pathway.

5 North East Partnership

There is a suggestion to get the members of the three IJBs together on a regular basis (frequency to be agreed) to share good practice and to continue to build productive relationships so that issues that happen between the IJBs on hosted or acute hospital services are then undertaken amongst a cohort of people who know each other and have a pre-existing relationship.

Views from Integration Joint Board members on the role of any forum will be key to the next stages of development.

Consideration of the planning cycle (Appendix 4) needs to ensure that the IJBs are involved and engaged at critical points, especially at the inception and prior to conclusion. Scheduling of sessions of the NE Partnership will be critical to success.

Adam Coldwells, Sandra Ross, Pam Gowan, Fiona Francey

May 2019

Appendix 1 – reports from all of the services

HEALTH & SOCIAL CARE PARTNERSHIP - HOSTED SERVICES OVERVIEW TEMPLATE

NAME OF SERVICE:
HOST HSCP:
SERVICE OVERVIEW: <i>Please provide a brief overview of the service.</i>
PERFORMANCE: <i>What were the key aims and targets for the service in the year? What was performance against these?</i>
ACTIVITY: <i>Please provide activity numbers for the 2018/19 financial year (e.g. number of consultations, referrals etc).</i>
FINANCE: <i>Please provide the financial position of the service for the 2018/19 financial year (actual versus budget for money and staff numbers).</i>
SERVICE ISSUES: <i>Please provide a brief description of the key service issues facing the service (including any workforce issues).</i>
FINANCIAL ISSUES: <i>Please provide a brief description of the key financial issues facing the service.</i>
LONGER TERM PLANS: <i>Please provide a brief “look forward” on where the service is aiming to be in five years time</i>

Completed by:

Appendix 2 – Notes from the NE Partnership Meeting

North East Partnership Steering Group (NEPSG) Meeting Monday 15 th April 2019, 10.00am – 3.00pm, Curl Aberdeen		
ATTENDEES: Adam Coldwells (ACo), Alan Gray (AG), Alex Stephen (AS), Amanda Croft (AC), Angela Scott (AS), Gail Woodcock (GW), Graeme Smith (GS), Jonathan Passmore (JP), Luan Grugeon (LG), Lynda Lynch (LL), Pamela Gowans (PG), Rhona Atkinson (RA) Sandra Ross (SR), Shona Morrison (SM), Susan Webb (SW), Tara Murray (TM), Tracey Abdy (TA)		
APOLOGIES: Alan Sharp (AS), Cllr. A. Stirling (AS) Jim Savege (JS), Roddy Burns (RB), Sarah Duncan (SD)		
	AGENDA ITEM	NOTES OF DISCUSSION
1	Welcome and Apologies	LL welcomed everyone to the meeting. Apologies were noted and introductions were made.
2	Background to the development of the NEPSG	GS highlighted the paper sent to the group prior to the meeting. This was discussed and noted by the group.
3	Developing the approach to hosted service	Presentations were given by: Adam Coldwells and Alan Sharp: Governance of Hosted Services Alan Gray and Sandra Ross: Redesign of Delegated in relation to Planning and Redesign Workshop 1. The group was then split into 3 groups and asked to discuss and answer the following questions <ol style="list-style-type: none"> 1. What does a good governance process look/feel like? 2. How will we know we have a good governance process in place? 3. What are the challenges?

		<ol style="list-style-type: none"> 4. How may these challenges be addressed? 5. What are the opportunities? Planning & redesign? Ensure sustainability? 6. What are the key enablers to achieve these?
	Workshop 1. Findings	<p>Opportunities</p> <ul style="list-style-type: none"> • Clear vision of what is one system – tension with locality approach? Get boundaries out of the way. • Being proportionate in relation to risk • Expertise is placed where it's needed • Efficiency • Leverage the power of the 3 IJBs – influence and one voice • Clear strategic direction • The time is right – we have a good environment • IJBs taking on strategic commissioning role to progress • Have the right people to authorise <p>Challenges</p> <ul style="list-style-type: none"> • How do we ensure transparency? • Need to be clear about scope and parameters • How do we really become truly commissioned? • Systematic way to approach/progress – given everything else that's happening • Need to stop doing things and move resource – workforce challenges • Focussing on money can typically result in organisations pulling back • Changes and loss of institutional memory

		<ul style="list-style-type: none"> • Clear about responsibility and accountability – who? • Achieving agreement and consensus • Lack of clarity regarding children's services • There are statutory bodies but no robust, transparent process for key roles <p>How will we know we have a good governance process in place?</p> <ul style="list-style-type: none"> • Robust, timely and clear information and reporting (assurance, efficient and communicated well) • Clear authority levels – accountability for performance, decision-making, planning, redesign and transformation. This must be 2 way. • Knowledgeable and assured IJB members • Recognising decision making and role of group i.e. no questions, scheme of decision-making, public facing e.g. (City region deal). If so, what are the parameters of this? • Confidence of involvement in strategic planning and maturity of the process • Behaviours • Risk sharing arrangements in place. Need to agree which are shared, focus on risk rather than budgets, a shared need means shared risk. • Professional assurance and governance
4	Role and Remit of the North East Partnership Steering Group	<p>The group was asked to consider the role of the group and governance required with the aim of creating Terms of Reference (ToR) for the group.</p> <p>Workshop 2. To devise a ToR, the group went back into their 3 groups and asked to discuss:</p> <ol style="list-style-type: none"> 1. What is the problem we're trying to solve? 2. What else do we need to consider? 3. What is the systems leadership role for the group? 4. Can the group make decisions? 5. Can the group develop consensus/recommendations to take back to the IJB?

		6. What happens if the IJ doesn't agree? 7. Can the group develop an oversight for delegated services?
	Workshop 2. Findings	<p>Purpose of Terms of Reference</p> <ul style="list-style-type: none"> • Manage transformation and redesign • Escalation point for IJBs – whole system basis but this group is part of the system • Exemplar – strengthen position for negotiation and resolving barriers for change • Shared strategic intent • Improve governance and oversight of hosted and delegated services but not at the expense of IJBs. Needs an efficient service and eliminate duplication. • Performance reporting assurance – single performance dashboard • Develop and maintain shared strategic intent for region • Public sector leadership – delivering the Christie report • Opportunity to agree our redesign process • Gateway points linked to strategic plans • Use of NRAC <p>Scope</p> <ul style="list-style-type: none"> • Increase the focus on strategic planning of acute services. Need to prioritise areas, not just financially but in importance • Hosted services stay in acute? Redesign hosted services – mainly tasked to 2 Chief Officers and BAU <p>Who</p> <ul style="list-style-type: none"> • 3 x Chief Executives and 4 x Chief Officers

		<ul style="list-style-type: none"> • Given/directed with specific formal authority – not required but may give greater weight • Having a unity of voice – doesn't require the whole group to be together to have that voice • Start on a particular issue, may involving bringing IJBs together • Systems leadership – need a proactive effort to achieve this <p>Success Indicators</p> <ul style="list-style-type: none"> • Single performance dashboard to be agreed by (Chief Officers and Chief Execs) • Services and/or functions
5	Ministerial Steering Group Review of Integration – Self Assessment	Group discussed the required approach and how the self-assessment results will be considered at a future meeting.
6	Next Steps Date of Next Meeting - TBA	<p>The group discussed potential 1st meeting agenda items:</p> <p>Priorities</p> <ul style="list-style-type: none"> • Agree what approach to redesign the group will take – how will group strengthen IT, what common language will they use. Communication with the public. • Identification of criteria for decision-making • Review of each hosted service – view on direction • Identify when finished/completed business • How to ensure systems leadership • Review points – testing we are doing what we need to <p>Assurance</p> <ul style="list-style-type: none"> • Issues need to be identified and how they will be addressed • Need to take process and proposal to IJBs (paper to IJB and DNHSEB)

High Level Process for Development of Strategic Plans in Grampian

