

**HIGHLAND COUNCIL/NHS HIGHLAND  
PLANNING FOR INTEGRATION PROGRAMME BOARD**

Minutes of the Meeting of the Highland Council/NHS Highland Planning for Integration Programme Board held in Committee Room 2, Council Headquarters, Glenurquhart Road, Inverness on Monday 17 January 2011 at 3.30 p.m.

**Present:-**

Ms Elaine Mead (Co-Chair), Chief Executive, NHS Highland (EM)  
Mr Alistair Dodds (Co-Chair), Chief Executive, Highland Council (AD)  
Dr Michael Foxley, Leader of the Administration, Highland Council  
Mr Garry Coutts, Board Chairman, NHS Highland  
Dr Ian Bashford, Medical Director, NHS Highland  
Mrs Jan Baird, Director of Community Care, NHS Highland (JB)  
Mr Hugh Fraser, Director of Education, Culture and Sport, Highland Council  
Mr Bill Alexander, Director of Social Work, Highland Council (BA)  
Mr Ken Matthews, Unison  
Ms Ros Derham, Royal College of Nursing  
Mrs Lorraine Dunn, Principal Administrator, Highland Council (LD)

**Ms E Mead in the Chair**

<b><u>Item</u></b>	<b><u>Subject/Decision</u></b>	<b><u>Action</u></b>
<b>1. Apologies for Absence</b>		<b>No Action Necessary</b>
	Apologies for absence were intimated on behalf of Mr A Geddes and Mr M Iredale.	
<b>2. Declarations of Interest</b>		<b>No Action Necessary</b>
	Mr G Coutts declared a non-financial interest as the Convener of the Scottish Social Services Council but advised that his interest did not preclude his involvement.	
<b>3. Introductions: Joint Chairs</b>		<b>No Action Necessary</b>
	The Chairman advised that the purpose of the Board was to oversee the planning towards integration and acknowledged that there was a large volume of work to be undertaken in a very short timeframe. Therefore, she stressed that it was essential that the Programme Board remained focussed on the high level tasks. She explained that much of the work would be undertaken by smaller sub groups which would report to the Board which would be responsible for managing the overall process.	
	The Programme Board <b>NOTED</b> the introduction by the Joint Chair, Elaine Mead, Chief Executive of NHS Highland.	

#### 4. Remit of Planning for Integration Programme Board

BA

It was proposed that the remit of the Programme Board be as follows:-

- Between January and May 2011, to consider and agree the implementation plan for the integration of health and social care services that would be recommended to the Highland Council/NHS Highland Leadership & Performance Group for presentation to the Highland Council and NHS Highland Board in May 2011;
- Between May 2011 and March 2012, to consider and oversee the implementation plan for the integration of health and social care services, reporting to the Highland Council/NHS Highland Leadership & Performance Group, and to the Highland Council and NHS Highland Board; and
- To consider, agree and establish the supporting infrastructure that was required to develop and then implement the plan for the integration of health and social care services.

Responding to concerns raised regarding the short timescale, the Chairman explained that, although this was tight, this was the timeframe that had been set by the Highland Council and NHS Highland, in that, it had been agreed that a detailed Implementation Programme Plan would be submitted to a future joint meeting for consideration in May 2011. However, despite the timeframe, she assured the Board that it was critical that the work would be undertaken correctly.

During discussion it was suggested that the third bullet point should be broken down into two separate bullet points, as it was questioned whether the supporting infrastructure to develop the plan would be the same as the infrastructure required to implement the plan. It was highlighted that there could be a need for these infrastructures to be different.

It was also highlighted that there would be a lot of public interest and staff concerns in regard to integration and further assurance was sought that these issues were being proactively addressed and an appropriate engagement process was being managed. It was further suggested that more detail should be provided in respect of the work that would be undertaken in relation to each of the bullet points.

The Programme Board felt that it was important that they received a real sense of the staff concerns and it was suggested that a further bullet point should be added indicating that the Board would receive and consider the arising issues from public and staff engagement.

Thereafter, the Programme Board **AGREED**:-

- i. the following remit for the Programme Board:-
  - Between January and May 2011, to consider and agree the implementation plan for the integration of health and social care services that will be recommended to the Joint Leadership & Performance Group for presentation to the Highland Council and NHS Highland Board in May 2011.

- Between May 2011 and March 2012, to consider and oversee the implementation plan for the integration of health and social care services, reporting to the Joint Leadership & Performance Group, and to the Highland Council and NHS Highland Board.
  - To consider, agree and establish the supporting infrastructure that is required to develop the plan for the integration of health and social care services.
  - To consider, agree and establish the supporting infrastructure that is required to implement the plan for the integration of health and social care services.
  - To receive and consider the arising issues from public and staff engagement.
- ii. that more details be provided regarding the work to be undertaken in relation to each of the aforementioned bullet points.

## **5. Planning for Integration Framework: Updated Paper**

**BA**

There was circulated Report No PTI01/11 by the Director of Social Work which set out updated proposals for the management of the development of the implementation plan, which was to be presented in May 2011.

The report explained that it was necessary to recruit a small team of officers, to be led by a Transition Manager, to provide dedicated support for the development of the implementation plan, and to work alongside the Council and NHS Highland officers who had responsibilities in these various areas of activity. The various elements of this team had been set out in Appendix 1 to the report.

The report also highlighted that it would be necessary to create professional reference groups involving key staff from different areas of children's and adult services. Initially, the remit of these groups would be to raise awareness of the proposals but they should be developed over the next year to provide a vehicle for implementation.

During discussion, the Chairman advised that dialogue was ongoing within NHS Highland on whether the Director of Public Health and Health Policy should be appointed to the Board rather than or in addition to the Medical Director. NHS Highland would report back on their decision.

It was also suggested that consideration should be given to maintaining cross party involvement and the Council would give this further thought and report back.

Regarding representation from the Scottish Government, the Chief Executive of Highland Council advised that this was being considered at director level and two names had been suggested. It was hoped that the Scottish Government would confirm their representative within the next 24 hours.

The need for public involvement was highlighted and, although concern was expressed regarding the difficulty in identifying relevant public body representation, the Board acknowledged that the need to establish a mechanism to engage with users, carers and the wider public was required. The Board was advised that the Council and NHS Highland had provided successful stakeholder events in the past and consideration could be given to using this

approach to engage user representation. It was suggested that further consideration be given to establish the most appropriate method of user representation and ensuring local level engagement.

It was further requested that there be four trade union representatives (one each for Unison, Unite, GMB and RCN) on the Programme Board. However, it was explained that it was intended to set up a staff partnership engagement forum, at which all unions would be invited to attend, and then to invite two union representatives from this group to be appointed to the Programme Board. The Trade Union representatives recognised that if there were too many members on the Programme Board it could become unmanageable but stressed the importance of ensuring appropriate engagement at appropriate levels across appropriate disciplines. The Board acknowledged the importance of engagement but it was suggested that increasing trade union representation to four should be considered once the rest of the partnership working structures were in place. The Chief Executive also assured trade union representatives that they would be kept up to date and receive real time information from the Programme Board in respect of progress.

In addition, caution was expressed in relation to the membership of the Programme Board being extended too much and potentially losing its strategic purpose. It was explained that there was a need to put in place appropriate infrastructure which allowed engagement, to ensure that there were appropriate forums, e.g. staff, clinicians, which could influence the process accordingly. The Programme Board needed to be assured that these relevant stakeholders were involved and engaged rather than expanding the membership of the Programme Board which was a high level executive group tasked with monitoring the progress of planning for integration.

It was further highlighted that, depending on how the structure developed at the next level, consideration might also have to be given in respect of appropriate teacher union representation through the formalised body of the Local Negotiating Committee for Teachers.

It was requested that further information be mapped out in respect of all the trade unions that might potentially be involved and to give consideration to developing a mechanism for involvement from the British Medical Association.

With regard to the Transformation Manager, the Director of Social Work advised that discussions were ongoing in this regard. He explained that a shortlist of four potential candidates had been identified and following discussions with each of the individuals this had since been reduced to two. Of these two, he explained that one candidate, who was very enthusiastic and had experience of integrating services, had limited availability until 31 March 2011. The second candidate, a senior manager within Health and Social Care in both England and Scotland, was unavailable until 31 March 2011. Contact had also been made with the Scottish Government in this regard but unfortunately they were unable to recommend a suitable candidate at this time. Additional candidates that were not on the original list were also being sought with a view to identifying the most appropriate person for the position.

The Board felt that it was important that the right person was appointed, even if they had limited availability initially, and stressed the importance of appointing a Transition Manager as soon as possible. An internal candidate, as an interim measure, was also being investigated.

With regard to the role of the Transition Manager as outlined in the report, it was requested that in the second last bullet point the word "*consultation*" be replaced with "*partnership*" and this was accepted.

The Director of Social Work also advised that weekly meetings of the Programme Team, as had been previously suggested, might be too cumbersome and bureaucratic. Therefore, he explained that there needed to be ongoing close links between managers, the Transition Manager and the wider team and dynamic relationships needed to be developed in this regard.

With regard to the various elements of the Programme Team as set out in the Planning for Integration Framework appended to the report, he advised that the Transition Manager should be assisted by specialist staff, seconded from the Council or NHS Highland, in the following key areas:-

- finance (full time)
- human resources (full time)
- general support/PA (full time)
- communications role (part time)
- property (part time)
- lead officers from children's and adult services.

Continuing, the Director of Social Work advised that he had held discussions with two specialist communication organisations, one based in Edinburgh and one based in Inverness. He explained that Ossian Communications had good strategic experience and links with the Scottish Government but as they were based in Edinburgh he was concerned that this might create a level of inflexibility. Small Creek Communications was a local company based in Inverness and, although they did not have the same level of strategic knowledge, they had strong local experience and a willingness to adopt a hands-on approach had been indicated.

The Board felt that communications was very high profile and there would be a need to ensure that the specialist would be able to assist with the specific local issues. It was further stressed that communications was also related to partnership involvement with staff and establishing a communications network to ensure that staff, and also local communities, were kept informed.

Responding to the suggestion of using a mix of both a national and local communications specialist, the Director of Social Work advised that he felt it would be best if there was only one specialist involved and recommended that this be a local organisation that would be accessible and aware of local issues.

It was proposed that the Director of Social Work and the Director of Community Care develop a specification with a view to the communications specialist developing this into a communications plan which would include engaging with the Scottish Government.

Regarding human resources (HR), it was also highlighted that both the Council and NHS Highland had very different HR issues and it was essential that the HR specialist had expertise in relation to both organisations.

In terms of the Planning for Integration Framework (Appendix 1), it was recommended that Legal Advice be added to the diagram and concern was expressed that the Staff Side Consultative Forum had been restricted to HR. It was felt that this was more than an HR issue and that staff engagement related throughout the whole of the diagram. The Board accepted this and recommended that the diagram be amended accordingly.

The Chairman also indicated that she felt that all references to “pathway” should be replaced with the more appropriate term of “planning” for integration.

Following discussion, the Programme Board:-

- i. **NOTED** that NHS Highland would report back on their decision as to whether the Director of Public Health and Health Policy should be appointed to the Programme Board rather than, or in addition to, the Medical Director;
- ii. **NOTED** that the Council would report back on their proposals regarding cross party representation on the Programme Board;
- iii. **NOTED** that confirmation of the Scottish Government representative would be received imminently;
- iv. **AGREED** that there was a need to establish a mechanism to engage with users, carers and the wider public and that this be given further consideration to establish the most appropriate method;
- v. **NOTED** the request for four trade union representatives on the Programme Board and **AGREED** that this be further evaluated once the partnership working structures were in place to ascertain if this was still deemed necessary;
- vi. **AGREED** to progress appointing a Transition Manager as a matter of urgency and **NOTED** that the appointment of an internal candidate as an interim measure was being investigated;
- vii. **APPROVED** the role of the Transition Manager as outlined in the report, subject to the word “*consultation*” being replaced with “*partnership*” in the second last bullet point;
- viii. **AGREED** that the Director of Social Work and the Director of Community Care develop a communication specification with a view to the communications specialist developing this into a communications plan which would include engaging with the Scottish Government; and
- ix. **NOTED** the elements of the team as set out in the Planning for Integration Framework and **AGREED** that Legal Advice be added and that diagram be amended to reflect Staff Side Consultative Forum throughout the whole of the diagram.

## 6. Transformational Change in Context of Planning for Integration

JB

There was circulated Report No PTI02/11 by the Director of Community Care which outlined proposals to bring transformational change workstreams into the Programme Board work plan.

The Director of Community Care presented the report to the Board during which she explained that the Highland Council/NHS Highland Leadership and Performance Group had agreed a two year transformational change programme incorporating 15 workstreams designed to deliver the vision articulated in the Joint Community Care Plan. The separate but inter-related workstreams had progressed with varying results and was now required to be amended within the context of the agreed Planning for Integration.

The report proposed that the workstreams be amalgamated into two major themes as follows:-

### 1. Refined processes:-

Workstream 2	Assessment and care pathway
Workstream 6	Care at home
Workstream 7	Community capacity
Workstream 8	Reviewing process
Workstream15	Re-ablement

### 2. Commissioning:-

Workstream 4	Models of care
Workstream12	Integrated resource framework

The report also proposed that a number of workstreams should be redirected to other areas of work where they were already progressing or fitted more appropriately.

The report explained that as the Planning for Integration developed within a project structure, considerable workstreams would evolve, particularly in respect of Finance, HR and organisational development and support. Therefore, the Commissioning theme would need to be expanded significantly and some examples of this work would be Forecasting demand and capacity; Commissioning in the NHS and the wider Partnership; the integration of Occupational Therapy; development of the districts in terms of function and structure; development of the legal agreements and the Change Plan. Most of this would evolve from the IRF work progressed over the last year and now merging into the wider Commissioning theme. These pieces of work would form a significant and important commissioning workstream. The report also highlighted the need to establish an evaluation framework from the outset.

The Director of Community Care advised that the changes had been presented to the Joint Community Care Management Team on 13 January 2011, who had been supportive, and those given leadership roles had been charged with developing objectives to progress the work to be captured in the Project Board planning.

The Programme Board welcomed the report and recommended that the report be submitted to the next meeting of the HC/NHS Leadership and Performance Group on 15 February 2011.

The Programme Board **AGREED** that:-

- i. the workstreams be pulled together or redirected as indicated in the report;
- ii. Strategic Leadership be identified in the form of the Director of Community Care; and
- iii. The Transformational Change Support Team as currently constructed be redirected to provide support to the Commissioning and Process work streams with accountability and leadership as follows:-
  - o The Programme Manager (Modernisation and Quality Assurance) in Social Work be responsible for taking forward the process change and evaluation in conjunction with Public Health in the NHS. This work be reported to the JCCMT to ensure it was grounded in operational management and could be tested as required. The evaluation work would require close contact with professionals across the organisations who delivered the services and this could best be co-ordinated through the JCCMT; and
  - o The Commissioning work be led by the Head of Community Care Integration reporting directly to the Planning for Integration Project Board. The JCCMT would act as a reference group to which significant stages could be taken for debate and agreement prior to sign-off by the Project Board.

The Board also **AGREED** that a copy of the report be submitted to the next meeting of the HC/NHS Leadership Group on 15 February 2011.

## 7. Change Fund

JB

The Director of Community Care gave a verbal update at the meeting on the Change Fund during which she advised that the Scottish Government had established a Change Fund for Reshaping Care for Older People.

In order to access the Change Fund, each community planning partnership was required to produce a short Change Plan and work had commenced to engage both managers and the independent sector. It had been made clear that the funding must be able to demonstrate a return on investment of 3:1, it was not about new services or developing new initiatives, it was about shifting the balance of care. Therefore, the Joint Community Care Manager teams had been charged with developing proposals that would shift the balance of care to deliver services whilst releasing investment.

It was proposed that a copy of the draft Change Plan would be submitted to the next meeting of the HC/NHS Leadership and Performance Board on 15 February 2011.

It was highlighted that failure to identify savings would result in future cost pressures and so managers would have to adopt a whole system approach that demonstrated a significant return on investment and would allow services to be continued into future years. Therefore, a strict approach would be taken to ensure that funding would be identified as a saving within the health and social care system. There would also be a sense check from the third sector to ensure balance and confidence that the plan could be delivered.

Following discussion, the Programme Board **NOTED** the update.

**8. Visit from North East Lincolnshire: 1/2 February 2011**

**BA**

There was circulated a copy of the proposed programme for the visit from North East Lincolnshire on 1 and 2 February 2011 as follows:-

Tuesday 1 February 2011

1.30 p.m. Informal lunch, NHS Board and Highland Council Members with Programme Board

2 – 4 p.m. Presentation from North East Lincolnshire followed by a discussion

Wednesday 2 February 2011

Morning: Separate meetings with the Joint Community Care Management Team and Children's Chief Officers and Lead Officers

Afternoon: Separate broader meetings with Community Care Managers and Children's Services Managers

During discussion, it was requested that Trade Union representatives be invited to attend the presentation on 1 February 2011 along with NHS Board and Highland Council Members and also the broader meetings with officers on 2 February 2011.

It was highlighted that there was likely to be a large turnout of Highland Council Members and it was suggested that consideration be given to relocating to a larger venue. It was also suggested that, if possible, it would be beneficial to record the presentations for future reference.

The Board **NOTED** the programme for the visit from North East Lincolnshire on 1 and 2 February 2011 and **AGREED**:-

- i. that invitations be extended to Trade Union representatives to attend the presentation on 1 February 2011 and the broader meetings with officers on 2 February 2011; and
- ii. to investigate the feasibility of recording the presentations for future reference purposes.

**9. Scottish Government Seminar: 2 February 2011**

**BA/EM**

There was circulated information on the Scottish Government Seminar on Reshaping Care for Older People being held on 2 February 2011.

The Chief Executive of NHS Highland and the Director of Social Work had been invited to make a presentation at the Scottish Government seminar and it was proposed that a copy of the draft presentation be circulated to senior leaders for approval.

The Programme Board **NOTED** the information on the Scottish Government Seminar and **AGREED** that a copy of the draft presentation to be made at the seminar by the Chief Executive of NHS Highland and the Director of Social Work be circulated to senior leaders for approval.

**10. Consultation with Christie Commission: Discussion Event: February - March 2011** **BA**

The Director of Social Work gave a verbal update during which he advised that the Christie Commission was inviting submissions of evidence by the end of January 2011 and that they also wanted to hold a number of discussion events with groups throughout February and March 2011 and that there would be an opportunity to hold one in Highland.

Following discussion, the update was **NOTED** and it was **AGREED** that the Programme Board hold a Discussion Event in Highland with the Christie Commission.

**11. Dates of Future Meetings** **LD**

It was **AGREED** that future meetings of the Programme Board be held as follows and that a further date be sought for April 2011:-

- Thursday 17 February 2011 at 3.00 pm; and
- Thursday 24 March 2011 at 9.00 am

The Board also **NOTED** that meetings of the Highland Council/NHS Highland Leadership and Performance Board had been scheduled to be held as follows:-

- Tuesday 15 February 2011 at 3.00 pm
- Tuesday 12 April 2011 at 3.00 pm
- Tuesday 28 June 2011 at 2.00 pm
- Tuesday 16 August 2011 at 3.30 pm
- Tuesday 18 October 2011 at 3.30 pm
- Tuesday 13 December 2011 at 3.30 pm

**12. Any Other Business** **BA/EM**

Responding to a question on additional funding outwith the Change Fund, it was explained that a formal proposal needed to be submitted to the Scottish Government and the Chief Executive of NHS Highland advised that she would progress this.

It was further highlighted that there was still significant anxiety within staff groups. Meetings with staff were ongoing and there was a need to try to get staff to keep their minds open to the options being considered. Concerns regarding the evidence base had been raised and there was a need to articulate examples and the compelling evidence for all groups, particularly in respect of Children's Services, to develop a seamless patient care system. However, the Board felt that there was a need to know of any serious concerns in order that they could be resolved. In response, it was explained that a log was being compiled of issues in order that the Transition Manager, once appointed, could address.

The Programme Board **NOTED** the position.

The meeting was concluded at 5.30 pm.