

AGENDA ITEM 3

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 Tuesday, 27 September 2011 at 2.00 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 (via Video Conferencing)
Mr Garry Coutts, Board Chairman, NHS Highland
Mr Bill Alexander, Director of Social Work, Highland Council (BA)
Mrs Jan Baird, Transitions Director, NHS Highland (JB)
Mr Malcolm Iredale, Director of Finance, NHS Highland (MI)
Dr Margaret Somerville, Director of Public Health, NHS Highland (MS)
Mr Graeme Dickson, Director of Health and Social Care Integration, Scottish Government (by video-conference link) (GD)
Mr David Robertson, Head of Accounting & Budgeting, Highland Council (DR)
Mr Simon Steer, Head of Community Care Integration, NHS Highland (SS)
Mr Donald Shiach, Lead Officer (Human Resources) NHS Highland (DS)
Mrs Fiona Sinclair, Legal Manager, Highland Council (FS)
Mr J Anderson, Finance Manager, Housing & Social Work, Highland Council (JA)
Ms Alison Bell, Communications Consultant, Small Creek Communications (AB)
Ms Ros Derham, Royal College of Nursing (RD)
Mr Richard Whyte, Unite the Union (RW)
Mr Rikki Selkirk, GMB (RS)
Mr Ken Matthews, Unison (KM)
Mrs Rhona Moir, Principal Committee Administrator, Highland Council (RM)

Mr Alistair Dodds in the Chair

Item	Subject/Decision	Action
1.	Apologies for Absence	No Action Necessary
	An apology for absence was intimated on behalf of Mr Alan Geddes, Depute Chief Executive and Director of Finance, Highland Council, and Mr Hugh Fraser, Director of Education, Culture and Sport, Highland Council	
2.	Declarations of Interest	No Action Necessary
	Mr G Coutts declared a financial interest as the Convener of the Scottish Social Services Council and a non-financial interest as Rector of the University of the Highlands and Islands, but advised that his interests did not preclude his involvement.	

3. Minutes of Previous Meeting

RM

There had been circulated Minutes of Meeting of the Planning for Integration Programme Board held on 2 August 2011, the terms of which were **APPROVED**.

Arising from the Minutes, with reference to item 3 thereof, Mr G Coutts reported that, subsequent to his meeting with the Director of the Royal College of Nursing Scotland (RCN), the RCN had published their critique of the approach been taken in Highland, including their view that a more detailed options identification and appraisal process should have been followed prior to adopting the Lead Agency model.. Mr G Dickson confirmed that a copy of the RCN critique had been sent to the Cabinet Secretary and would be brought to her attention following clarification of some of the contents.

With reference to items 6 & 10, Mr A Dodds confirmed that work was being taken forward on developing Local Partnerships and would be reported back to the Board in the context of the Future Governance model.

With reference to item 9, it was confirmed that, whilst not specifically highlighted on the agenda for the meeting of the Staff Partnership Forum the following day, there would be an opportunity to discuss the proposed Evaluation and Monitoring Sub-Group at that meeting.

Also with reference to item 9, Mr A Dodds confirmed that he and the NHS Highland Chief Executive had written jointly to the Scottish Government to request specific funding to commission academic research and a reply was awaited.

The Programme Board **NOTED** the position.

4. Outcomes Triangle and Logic Modelling

JB

As agreed at the Board's previous meeting (item 6 of the previous Minutes refers), when it had been acknowledged that not all Board members were familiar with logic modelling as a management tool, the Transitions Director gave a presentation on Logic Modelling, and also the Outcomes Triangle, which offered a framework for an outcomes-focused approach to commissioning. Use of these tools was also considered beneficial for staff impacted by the integration process, to assist their understanding of the rationale behind the changes being introduced and the focus on outcomes. It was important, however, that the concepts used were clearly defined and that the language involved was used consistently and correctly.

The Board **NOTED** the presentation.

5. **Adult Services: Outcomes Framework**

JB

There had been circulated Report No. PFI/21/11 by the Transitions Director setting out the Outcomes Triangle and Outcomes Framework developed to take forward the Integration process for Adult Services.

The report clarified that the development of integrated adult services would build on the strategic direction set down nationally and locally. For the purposes of the Commission, to be signed off by both organisations, it was necessary to restate the outcomes to which the organisations would be held to account, these being already well established and embedded in national frameworks, the Single Outcome Agreement and the Joint Community Care Plan. The associated outputs, activities and processes would make up the delivery specification, again forming an element of the Commission.

It was anticipated that the integrated services developed to deliver these outcomes, and detailed in the delivery specification, would be scoped and agreed by joint management structures already in place, namely Chief Officers and the Leadership and Performance Group.

Comments during discussion included:

- It would be necessary to develop measures for evidencing whether outcomes had been achieved.
- The Transitions Director should take account of related outcomes being developed by CoSLA and the Scottish Government.
- It was important that the short-term outcomes were explicitly patient-centred, particularly in terms of support for effective self-management, and strengthened to maximise the benefits from integrated working.
- It was important to build on the work already done as a result of earlier extensive consultation with stakeholders.

Following discussion, the Board **AGREED** that the Transitions Director finalise the Outcomes Framework for the Adult Services Commission, taking into account the comments made and, as appropriate, the information to be received on the work being carried out by CoSLA.

6. **Children's Services: Outcomes Framework**

JB

There had been circulated Report No. PFI/22/11 by the Transitions Director on the outcomes framework to be agreed for Children's Services.

The report clarified that the development of integrated children's services would build on the strategic direction set down nationally and locally. For the purposes of the Commission to be signed off by both organisations, it was necessary to restate the outcomes to which the

organisations would be held to account, as outlined in national frameworks and the Single Outcome Agreement, and detailed in the For Highland's Children Integrated Plan.

The report referenced the long-term high level, intermediate and short-term outcomes to be sought. As well as the For Highland's Children Integrated Plan, which would define the intermediate term outcomes providing the framework for integrated Children's Services during the implementation phase of Planning for Integration, it cited in particular the Getting it Right for Every Child practice model already established in Highland, together with the common values and principles underpinning this.

Comments during discussion included:

- It was important to have early clarity on future strategic governance structures.
- Whilst outcomes in relation to health improvement issues were already included in the Children's Plan, it would be helpful if these were explicitly highlighted as key indicators in the Framework documentation.
- There should be Health input to the provision of integrated community facilities in public buildings such as new schools.

Following discussion, the Board **AGREED** the Outcomes Framework for Children's Services.

7. Adult Services: Readiness for Integration

JB

There had been circulated Report No. PFI/23/11 by the Transitions Director on the functions and services to be transferred to the lead agency and the preparatory work to be agreed.

The report confirmed that Planning for Integration Lead Officers for Adult Services, along with colleagues, had scoped the functions in the Highland Council that were to be integrated as per the Lead Agency model. Some areas of work in advance of the implementation date of 1 April 2012 had been identified, as detailed in the appendix to the report, and these were being progressed. The report identified in particular two risk areas for integration arising from legislation: Mental Health Officer provision and the Adult Support and Protection role of Social Workers. These issues would be examined by the Scottish Government.

Comments during discussion included:

- Identification of relevant services as ready for transfer did not necessarily mean that all staff on the ground were currently ready to implement the transition.
- "Ready" indicated that no detriment militating against transfer had been identified.

- Service redesign, where required, would follow transfer.
- It would be useful for Programme Board members to have a status briefing note on each service involved, to improve understanding and the ability of staff representatives in particular to inform and advise their members.
- Contracted services with the independent sector would roll forward.
- It would be helpful to have information prior to issue of the Commissioning Document in December on any medium-term legislative proposals in relation to the risk areas.
- Discussion was in hand on transitional arrangements for Mental Health Officer provision, one option being delivery through a Service Level Agreement with the Council.

Following discussion, the Programme Board **AGREED** the services ready for transfer, and that a briefing note be prepared for Board members on the status of each service involved, and **NOTED** the work to be progressed and the assurance in terms of readiness.

8. Children's Services: Transfer of Functions and Services

JB

There had been circulated Report No. PFI/24/11 by the Transitions Director on the functions and services to be transferred to the lead agency and the preparatory work to be agreed, the services and their state of readiness for transfer being detailed in the appendix to the report. In addition, the report clarified that a progress report was available detailing the Children's Service work plan around the actions required to be taken within Planning for Integration. This progress report would be managed by the Children's Service Development Group reporting to the Transition Team and the Programme Board.

Comments during discussion included:

- Specific reference should be made to the Council's Gaelic Plan and potential associated funding in relation to early years provision in particular.
- Proposals on cradle to grave services would be reported to the next Programme Board.

Following discussion, the Programme Board **AGREED** the services ready for transfer and **NOTED** the work to be progressed and the assurance in terms of readiness.

9. Self-Directed Support

JB

There had been circulated Report No. PFI/25/11 by the Transitions Director on the future management of self-directed support (SDS). The report:

- updated members on progress in relation to the national strategy for Self Directed Support in Highland

- outlined the key implications for the Highland Partnership and for NHS Highland as Lead Agency
- built on the commitment to ensure a managed implementation of SDS safeguarding all service users and staff whilst promoting SDS in a sustainable and managed way
- made proposals to support the management and development of SDS within the Lead Agency from April 2012.

The report reminded the Board that Highland had been, and continued to be, one of three local authority test sites working with the Scottish Government on the development of SDS. Evaluation of all three test sites was due for publication shortly before this meeting.

The report outlined current Highland work streams, including the development of resource allocation using the Resource Allocation System (RAS). As the Highland test site work had focussed on young people, work had only just started on development of the process for older adults, and the report acknowledged that the Council had not yet progressed service re-design for older people to a stage where detailed implications had been built fully into service and budget planning.

The report also outlined issues arising from forthcoming legislation, which was likely to set SDS out as a preferred service delivery model, although not the 'default' form. It was unclear how far the Bill would go towards the incorporation of SDS for elements of care packages historically provided through or by health authorities, and the planning for the Lead Agency model in Highland was seen as a significant developmental area in this respect.

The report highlighted key implications for the Highland Partnership and for NHS Highland as Lead Agency, including:

- It was important for Highland to be able to evidence that the new integrated service model supported the ongoing development of SDS and did nothing to disadvantage or disenfranchise people who would otherwise have access to SDS.
- It would be necessary to deal on an equal basis with SDS as a single agency response.
- The lead agency model was likely to bring forward to April 2012 some implementation of new legislative requirements on the NHS, whereas nationally this might be a longer term process.
- It was important that all health and social care staff who would be working within the lead agency were knowledgeable and competent in dealing with SDS issues.
- It was envisaged that the SDS support team of 5 staff would transfer to NHS Highland in April 2012.
- The Lead Agency would inherit the challenge of managing the growth of SDS into the future, including budget pressures.

It was important that:

- all planning and decision making for planned integration and establishment of the lead agency model in Highland was sensitive to the issues and risks highlighted in the report
- planning for SDS and for integration were linked
- SDS risks were explicitly addressed within the financial planning process
- the Commissioning plan address the anticipated requirement to downsize and or decommission existing services over a 3 year programme to accommodate SDS growth
- a comprehensive awareness raising and training programme on the principles and practice of personalisation and SDS was put in place for NHS managers and staff
- a mechanism was put in place to confirm the support to be given by the SDS team to children and families accessing SDS, and to training and development functions with the integrated children's service.

The report proposed that a dedicated SDS secondment be added to the P4I Project Team, to help make preparations for the management and development of SDS within the Lead Agency from April 2012, this to be financed from the dedicated Scottish Government funding for continued SDS development in Highland.

In speaking to the report, the Director of Social Work expressed his support for the SDS approach, but acknowledged that it represented a challenge to traditional delivery models and that adjusting these could be complex in practice. Whilst Highland was taking a cautious approach to rolling out SDS, its increased take-up would have early implications for existing structures, including infrastructure, and for methods and spending patterns.

During discussion, the need to take full account in planning for integration of the potential growth and spread of SDS was recognised. It would be important for the Partnership to remain sighted on these issues as more information became available, including the full test sites evaluation data and greater clarity on costs.

The Director of Health and Social Care Integration, Scottish Government, pointed out that the legislation had not yet been introduced into the Scottish Parliament and thus the full details were still to emerge. He also indicated that, whilst the Scottish Government was supportive of the development of SDS, in the current economic climate the financial resources available for that support were inevitably limited.

It was suggested that efforts should be made to raise local awareness among staff and public about SDS and to clarify that, whilst its delivery would be linked to the integration process, its introduction

and growth was a separate issue.

After discussion, the Programme Board **AGREED** to support the appointment of a secondee to the project team, to help make preparations for the management and development of SDS within the Lead Agency from April 2012.

10. Risk Register

JB

There had been circulated Report No. PFI/26/11 by the Transitions Director giving an update on the Risk Register.

The report invited the Board to consider whether it wished to reduce the rating of two of the risks listed:

- 3: “Staff, including local and professional leaders, fail to accept the vision for change and consequently do not engage in the process.”
- 8: “Emergent model is not sufficiently future proofed against changes in the political or economic environment or technological advances in health care/ interventions.”

In relation to Risk 3, there was a general view that current feedback suggested that a medium rating seemed reasonable. It was recognised, however, that wider anxiety levels as to the personal implications of change might rise towards and around the time of implementation. It was suggested that a further medium rated risk be added to the register to recognise the likelihood of negativity becoming more apparent at that later date and to acknowledge the importance of ensuring clarity and full information for staff in an attempt to mitigate this.

In relation to Risk 8, it was accepted that a reduction to a medium rating seemed reasonable on the basis of the work done to date. It was suggested, however, that, whilst there appeared no reason not to anticipate Scottish Government support for Highland’s direction of travel, given that an announcement by the Cabinet Secretary on Integration was scheduled, it would be appropriate to await formal confirmation of the Scottish Government position before making the amendment.

After discussion, the Board **NOTED** the progress to reduce risks, as set out in the report, and **AGREED**:

- i. to downgrade Risk 3 to medium;
- ii. to introduce a new medium risk to reflect the potential for a rise in staff anxiety and possible greater resistance to change nearer to the time of transition and the need to mitigate this through effective communication; and
- iii. to maintain Risk 8 at High pending the Cabinet Secretary’s announcement on Integration.

11. Communications

JB
AB

There had been circulated Report No. PFI/27/11 by the Transitions Director providing a progress report on the Communications Strategy, together with a number of case studies. There was also tabled a Public Notice announcing the development of an Integrated Children's Service with The Highland Council as the Lead Agency and an Integrated Adult Service with NHS Highland as the Lead Agency, to be published in the press the following week, as statutorily required in order to progress the change of service. At the same time, an "all users" email would be sent out conveying this information. Any comments on the draft Notice could be passed to Ms A Bell before 30 September 2011.

During discussion, it was clarified that the intention was for the case studies to be available as illustrative material to all stakeholders and interested parties.

The Board **NOTED** the report and the tabled Notice.

Dr Michael Foxley left the meeting at this point (3.25 p.m.)

In introducing the next item, the Chair drew attention to the need to identify resource implications arising from this and the following items, prior to agreement, and the potential requirement for further discussion on specific issues. It was important that chief officers and the Programme Board were fully sighted and that decisions were taken at the appropriate level.

12. Human Resources

JB

There had been circulated Report No. PFI/28/11 by the Transitions Director on the Human Resources (HR) model to be agreed and the risks and actions involved. The report updated the Board on progress with the proposals previously agreed and with the HR activities that would be necessary both prior to April 2012 and thereafter, and described how potential risks were being dealt with.

The report highlighted the complexities inherent in bringing together staff from two organisations with distinct terms and conditions and different traditions of engagement with staff and trade unions. An HR sub-group of the Staff Partnership Forum had been established on the NHS partnership model, with all trade unions affected by Planning for Integration across NHS Highland and the Highland Council invited to participate. The sub-group had agreed to adopt a best practice and minimal change approach and to pursue solutions based around transfer of staff using the Transfer of Undertakings and Protection of Employment (TUPE) Regulations, which would allow staff to transfer on their existing pay and conditions of service. In addition, discussions with the Scottish Public Pensions Agency that would allow staff to remain in their existing pension scheme were well-

advanced and had identified no technical difficulties.

The report also explained that the HR work stream was currently focussed on the clear identification of staff who would transfer from their existing employer to the new Lead Agency on 1 April 2012. Thereafter the focus would shift to ensuring all factors were in place to achieve a smooth transfer and maximum clarity for staff on its completion. The report outlined a number of specific issues to be addressed in this regard.

In speaking to the report, the Lead Officer (Human Resources), NHS Highland, emphasised the intention to reduce staff concerns by offering reassurance in relation to the stability of their jobs, pension arrangements etc.

During discussion, reference was made to the importance of ensuring access to appropriate learning and development opportunities and professional support arrangements, and of making this availability explicit, and attention was drawn to the establishment of the Professional Leadership Working Group.

Whilst the positive progress in discussions on pension issues was welcomed, a clear written statement on their position was required from the Scottish Public Pensions Agency.

The value of the work done and the marked progress achieved to date was welcomed. However, whilst there was in principle support for the TUPE approach, and recognition of the legal protection inherent in this approach in the short term at least, the Chair emphasised the need for chief officers and the Programme Board to be fully informed, so far as possible, of the potential legal and financial implications and risks further down the line, to ensure and evidence informed decision making. He requested that reports on this, and on the NHS staff governance model, be brought to the Programme Board.

The Programme Board **NOTED** the report; **APPROVED** the recommendations in its paragraphs 6 and 7 in relation to Pensions and to pursuing solutions based on the TUPE Regulations; and **AGREED** that reports be brought to the Programme Board on the potential longer-term risks and implications of the TUPE approach, and also on the NHS staff governance model.

13. Finance

JB

There had been circulated Report No. PFI/29/11 by the Transitions Director on the Finance model to be agreed and the risks and actions involved, taking into account work within the Finance teams of both organisations to evaluate the finance envelope of the transferring services, and on the likely governance model to be adopted, together with its anticipated transformation as the transition developed.

In relation to the governance model, the report reminded the Programme Board that the Partnership had selected a Direct Payment method of funding, which would maintain governance through having the delegating partner focus on both the outcomes actually achieved and the negotiation of the sum to be paid for their delivery. Meetings had been held with Scottish Government, who were seeking the agreement of Her Majesty's Revenues and Customs in relation to VAT issues and of Audit Scotland in relation to the accounting model. Work to establish and agree a database of outcomes, and to develop the required robust costing links for these, was currently being developed with the support of finance officers in both partner organisations.

In relation to the finance envelope, the report updated the Board on discussions between officers in both organisations and their rationale for selecting as the base period the financial years 2010/11 and 2011/12. The report provided annotated indicative figures for the services provided in these periods. The figures produced indicated a likely budget figure for Children's services transferring, based on the 2011/12 budget, of the order of £7.8M.

The report also set out a number of detailed comments on the Social Work Services Revenue position, specific references including:

- Criminal Justice Service expenditure
- Adult Support and Protection
- Mental Health Officers
- certain named care homes
- business support services
- resource transfer income
- loan charges for capital items
- Central Support Service costs
- Self Directed Support

The report concluded that, whilst several outstanding decisions were required on these various issues, a tentative or indicative range of budgeted costs, excluding Loan Charges but including Central and Support Service Costs (at 2010/11 levels), indicated that the likely budget transferring would be in the range £90M to £94M.

The report further advised that discussions had also been taking place to consider system issues, including ledger system and coding and payroll, and to build base budgets. The latter process would start on receipt of staffing details and would incorporate any savings targets required in either/both partner organisations.

Comments made during discussion included:

- Staffing capacity available to deliver within the necessary timescale was limited.
- A framework would be required for joint discussions on budget setting and management for 2012/13.
- It was important that the chief officers of both organisations

give further consideration to the detail of the report, in particular the risks identified and the figures provided, with a further report brought to the Programme Board.

Attention was drawn to the need to find an e-ledger system solution that would allow a smooth and robust transition. This was an issue with national implications and would require Scottish Government cooperation.

After discussion, the Board:

- i. **NOTED** the progress made regarding the governance model to be followed;
- ii. **NOTED** the work undertaken to evaluate the finance envelope of the services transferring and **AGREED** the base period used;
- iii. **NOTED** that risks emerging regarding in particular Self Directed Support, IT and Central and Corporate Services were being identified and **AGREED** that further reports on these be brought to the Programme Board for consideration;
- iv. **AGREED** the work schedule in the areas of payroll and financial ledger, the issues arising and the actions being taken to resolve them; and
- v. **NOTED** the work being developed with regard to the building of base budgets for financial year 2012/13 and the importance of an agreed framework for joint discussions, and **AGREED** the direction of travel.

14. Information Management and Technology

JB

There had been circulated Report No. PFI/30/11 by the Transitions Director setting out the issues and risks relating to Information Management and Technology and suggesting a way forward.

The report outlined the composition of the Planning for Integration Transitions Team and its role in coordinating the ICT element on behalf of and between NHS Highland and the Highland Council, and also that of the Transitions Team ICT Sub-Group. It highlighted that a draft Issues Register had been prepared in respect of ICT matters. This would be subject to continual updating and an early draft was appended to the circulated report. The report also advised that early work had confirmed that the ICT issues being identified were not merely technical but wide ranging, and included information governance, patient/client identification and data provision and reporting. The report offered a reassurance, however, that no insurmountable issues had been identified to date.

During discussion, the practical importance for effective service delivery of resolving the issues identified was emphasised. Whilst on a day to day basis adapting to new systems could affect working practices and have a negative impact on staff and patients/clients, of fundamental concern were issues surrounding patient confidentiality,

data protection and the role of the Caldicott Guardian, and the essential need for these to be resolved before signing off the partnership agreement. It was suggested that staff views on these various issues should be canvassed. Reference was also made to the need to clarify any implications arising from the Council's outsourced ICT contract with Fujitsu.

After discussion, the Board **NOTED**:

- i. the arrangements in terms of the constitution of the ICT Sub-Group and the representation on the Transition Team with regard to ICT issues;
- ii. the Draft Issue Register, as appended to the report, which documented the currently identified issues, options and suggested solutions at this stage; and
- iii. that the document was an early iteration that would form the basis for further discussion and development.

The Board **AGREED** that the identified issues should be the subject of separate discussion by the chief executives and chief officers.

15. Property

JB

There had been circulated Report No. PFI/31/11 by the Legal Manager, Projects, The Highland Council, setting out options for addressing property issues arising from the proposed integration of Health and Social Care Services.

The report expanded on a number of different options that could be applied to different classes of properties and their legal implications, in particular:

- (a) properties currently occupied by Highland Council for the provision of Adult Services:
 - transfer of ownership by the Highland Council to NHS Highland
 - retention of ownership by Highland Council and grant to NHS Highland of a Lease
 - retention of ownership by Highland Council and grant to NHS Highland of a Licence to Occupy
 - assignation or sublease to NHS Highland where Highland Council leased the property from a third party
- (b) properties owned by the Highland Council currently occupied partially for the provision of Adult Services and partially for the provision of other Council Services:
 - grant to NHS Highland of a Lease or Licence to Occupy the principal accommodation, along with rights to use shared areas where the accommodation occupied was distinct
 - Highland Council and NHS Highland to enter into a short-term Shared Occupancy Agreement

- (c) properties currently occupied by NHS Highland for the provision of Children's Services (applicable one property only):
 - equivalent options as for (a) above - transfer, lease or licence to occupy

- (d) properties owned by NHS Highland used for the provision of Children's Services and shared with other NHS services:
 - equivalent options as for (b) above

The report explained that a mixed approach might be required, depending on factors such as property use and financial arrangements agreed. It would be necessary to agree the definitive lists of properties affected as soon as possible, as the arrangements for the provision of property required to be included in the agreement concluded between the parties, prior to implementation on 1 April 2012, and a considerable workload would be involved. However, given that the parties could terminate the agreement following any of the annual reviews, and that the initial commission was for three to five years, the report recommended that, during that initial period, licences to occupy be granted rather than leases or outright transfer of ownership, with the latter agreed only at the end of the three or five year period.

During discussion, there was general recognition that the recommendation made was pragmatic and presented the lowest mutual risk in the short-term, together with an opportunity to gain a better understanding of the implications of any longer-term arrangements. It might also offer some staff reassurance that no radical changes in work locations were planned. Ad hoc officer meetings on points of short term detail could be held as needed, while further chief officer consideration of the implications for the medium and longer term would also be required.

After discussion, the Board **AGREED** in principle that this work be taken forward on the basis of identification of relevant premises and grant of licences to occupy, as required.

16. Commissioning Documentation

JB

There had been circulated Report No. PFI/32/11 by the Transitions Director inviting the Leadership Group to agree a format for the Commissioning documentation.

The report pointed out that, to progress the Lead Agency model in Highland for the delivery of children's and adult services, the Highland Partnership was required to agree a Commission for both services, envisaged to have a lifespan of 3-5 years, with a formal annual review. This documentation would comprise a Strategic Outcomes Framework, a Partnership Agreement, a Delivery Specification and a Performance Management Framework and would draw on good practice from elsewhere across the United Kingdom and emerging

guidance from the Scottish Government. The report summarised the format and content outline of each document, and a schematic outlining the Commission and how it would function was appended.

It was anticipated that the formal agreements on integration would be signed off at the Programme Board's meeting in December 2011, to allow both the Council and Health Board to consider these within their respective governance structures ahead of the planned implementation date of 1 April 2012.

In speaking to the report, the Head of Community Care Integration, NHS Highland, expanded on the role of each document.

During discussion, it was clarified that the integration model did not fit easily with existing inspection regimes designed for stand alone services and that it would be necessary to maintain a dialogue with the Scottish Government to address this. Early indications were that there was a desire to find solutions and not hinder positive developments.

It was emphasised that these documents would be strategic rather than specific in detail; however, there should be a clear outcomes framework with specific reference to the importance of reducing inequalities. It was also confirmed that a five year plan would be the appropriate timescale, with provision for annual review as required. The Director of Health and Social Care Integration, Scottish Government, undertook to seek to clarify with the Joint Improvement Team the scope for using the same documentation in relation to Change Fund strategic commissioning.

After discussion, the Board **AGREED**:

- i. the proposed format for the developing Commission; and
- ii. that a first draft of these documents be presented to the Programme Board in November 2011.

17. National Update

JB

Mr G Dickson, Director of Health and Social Care Integration, Scottish Government, provided an update on a number of national issues:

Since the establishment of the new Scottish Government in May 2011, the Cabinet Secretary had instigated a series of meetings with a wide range of stakeholders, including practitioners and democratic institutions, to canvass views on the process of integration of health and social care. Feedback suggested general support for:

- the identification of around 5 or 6 national outcomes that could be coordinated with other frameworks and indicators
- the creation of a transparent set of key indicators
- the establishment of governance mechanisms for holding

delivery authorities accountable.

Whilst there was general recognition that publication of a Strategic Commissioning Document would be key for each partnership, differing views had emerged on preferred integration models and about how much flexibility should be available to establish local arrangements.

The Cabinet Secretary would chair a meeting of the Ministerial Strategy Group on Health and Social Care the following week. It was likely that she would report to the Parliament in late October, following discussions at Cabinet level, and that a period of consultation would follow thereafter. Whilst a clearer picture would emerge only then as to the government's view on future models, it seemed likely that options for discussion would include the Lead Agency model, an improved Community Health and Care Partnership model, with overall budget governance, and the single public agency model (favoured by the Islands authorities). It seemed reasonable to anticipate at this stage that the approach being taken in Highland, which was already further advanced along the integration route than other areas, was likely to fall within the parameters eventually set.

Comments made during discussion included:

- Allowing for a range of different integration models could also require flexibility in the future role and administration of Community Health Partnerships.
- The development of shared budgeting might require amendment to current local government legislation on financial governance.

After discussion, the Programme Board **NOTED** the position and that further clarity on the Government's views could be expected in late October.

18 Staff Partnership Forum

JB/RW/RS

There had been circulated the draft minutes of the Staff Partnership Forum held on 30 August 2011, which were due to be agreed the following day.

Attention was drawn to the discussions held on the Staff Engagement Plan. There was a strong view among the representative bodies that facilitation of staff participation in the various groups and forums, with appropriate backfill, would be required, otherwise the Partnership risked being weakened.

It was also suggested that, given the range of groups and forums being put in place alongside the Staff Partnership Forum, there would be merit in reviewing their membership/attendance to ensure the most effective deployment of interests and expertise.

The Programme Board **NOTED** the position.

19. Any Other Business

The Programme Board **NOTED** the various briefing notes circulated for information (item 5 of the previous Minutes refers).

20. Future Meeting Dates

The Programme Board **NOTED** that future meeting dates had been scheduled as follows:-

Monday 7 November 2011 at 3.00 pm in Committee Room 2, Council Headquarters, Inverness

Tuesday 20 December 2011 at 2.00 pm in Committee Room 2, Council Headquarters, Inverness

Tuesday 17 January 2012 at 10.30 am in Committee Room 2, Council Headquarters, Inverness

Tuesday 13 March 2012 at 10.30 am in Committee Room 2, Council Headquarters, Inverness

Tuesday 24 April 2012 at 10.30 am in Committee Room 2, Council Headquarters, Inverness.

The meeting was concluded at 4.45 p.m.