

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 1, Council Headquarters, Glenurquhart Road, Inverness on Monday, 21 November 2011, at 3.00 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 (via Video Conferencing)
Mrs Jan Baird, Transitions Director, NHS Highland (JB)
Dr Margaret Somerville, Director of Public Health, NHS Highland (MS)
Mr Simon Steer, Head of Community Care Integration, NHS Highland (SS)
Ms Heidi May, Board Nurse Director, NHS Highland (HM)
Mr Bill Alexander, Director of Social Work, Highland Council (BA)
Mr Derek Yule, Director of Finance, Highland Council (DY)
Mr Hugh Fraser, Director of Education, Culture and Sport, Highland Council (HF)
Ms Kathleen Bessos, Deputy Director of Integration and Service Development, Health DG, Scottish Government (by video-conference link) (KB)
Ms Alison MacNeill, Senior Public Relations Officer, Highland Council (AM)
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
	Preliminary Comments	JB
	<p>The representatives of the unions/representative bodies expressed their strong concern as to the short notice delivery of the meeting papers, giving insufficient time for proper advance scrutiny and any necessary consultation with their membership prior to attendance at the meeting. This concern was reiterated at intervals throughout the meeting in relation to various specific items of business.</p> <p>Ms E Mead apologised and highlighted the volume of work involved. She suggested that, in future, the meeting papers be issued in two phases, to ensure that papers ready earlier than others not be held up unduly. This was AGREED.</p>	

1. Apologies for Absence

**No Action
Necessary**

Apologies for absence were intimated on behalf of Mr Malcolm Iredale, Director of Finance, NHS Highland, and Mr Graeme Dickson, Director of Health and Social Care Integration, Scottish Government.

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

There had been circulated Minutes of Meeting of the Planning for Integration Programme Board held on 27 September 2011, the terms of which were **APPROVED**, subject to recording the attendance of Mr K Matthews.

Arising from the Minutes, with reference to item 3 thereof, it was confirmed that, while specific Scottish Government for commissioning academic research was not being made available in the current year, some £0.25m towards Lead Agency work had been released in November 2011 as previously agreed.

With reference to item 12, it was confirmed that the Highland Council had agreed at its October meeting that staff would transfer between the organisations on the basis of the Transfer of Undertakings and Protection of Employment (TUPE) Regulations, allowing them to transfer on their existing pay and conditions of service, and that similar proposals would be considered by the NHS Board at its December meeting.

With reference to item 14, it was confirmed that a project plan was being developed to allow a phased programme of Information Management and Technology work in the run-up to April 2012. This was not expected to involve major physical workplace changes for staff.

With reference to item 15, it was confirmed that Licences to Occupy were being put in place for relevant property assets on a one year interim basis, allowing more time for consideration of the longer-term position.

4. Risk Register

JB

There had been circulated Report No. PFI/33/11 by the Transitions Director giving an update on the Risk Register, highlighting the progress already achieved in reducing risk.

In speaking to the report, the Transitions Director drew attention to the proposal, following discussions at the September Programme Board meeting, to add a new Risk 9: "Management and Governance structures are not fit for purpose come implementation date of 1 April 2012". She invited the Board to apply a risk rating to this. She also highlighted the work being taken forward to establish robust management and governance structures

In response to a question, the Board was advised that the Cabinet Secretary was expected to make an announcement in the second week of December on the Scottish Government's view on future integration models in relation to adult services, and the position on risk rating in this regard should therefore become clearer at that time.

During discussion, it was also requested that it be made clear that the reference to "Royal Colleges" in the comments column in relation to Risk 3 did not include reference to the Royal College of Nursing.

After discussion, the Board **NOTED** the actions progressed to reduce risks and **AGREED**:

- i. the additional risk 9, as recognised at the Programme Board in September, and related mitigating actions, **noting** that rating of this additional risk would become clearer following the Cabinet Secretary's announcement in December 2011; and
- ii. that the layout of the Risk Register would be amended to permit more straightforward presentation.

5. Professional Leadership

BA

There had been circulated Report No. PFI/34/11 by the Director of Social Work outlining proposals and work to date on developing a Professional Leadership framework, in recognition of the need to have this embedded in the new governance and management structures ahead of any transfer of responsibilities. The report focussed on Social Work considerations, with the final report from the Director of Nursing to be presented to the appropriate NHS Governance and professional committees before inclusion in the Commissioning documentation and presentation to the Programme Board's December meeting. A draft would be circulated to the Board members in the interim for comment.

The report highlighted specific issues/roles/responsibilities requiring to be addressed in the light of statutory obligations and/or national Codes of Practice, with specific reference to the role of the registered social worker in statutory interventions and the statutory requirement for every local authority to appoint a Chief Social Work Officer. The report expanded on the key obligations arising out of this latter requirement, including issues of competencies, responsibilities, accountability and reporting, staff supervision, training and development, quality and standards.

The report also outlined the elements of the Practice Governance

Framework:

- risk, discretion and decision making
- self and self regulation
- developing knowledge and skills
- guidance, consultation and supervision
- information sharing and joint working

In speaking to the report, the Director explained that the Chief Social Work Officer would continue to be employed by the Highland Council but would have NHS responsibilities in the field of social care. Further appointments would be made in due course to ensure delivery on the ground. It was also confirmed that the leaderships of the two organisations were already working closely together.

In response to questions, it was confirmed that, whilst social workers dealing with adult services would in future be employed by NHS Highland, the intention was that they would continue to follow the appropriate continuous learning framework and personal development programmes. Appropriate processes, drawing on best practice in both organisations, would be agreed and put in place to ensure staff development and professionalism were not disadvantaged.

It was also confirmed that the Chief Social Work Officer had no remit for service delivery by organisations outwith the local authority or the new integrated structure, and that clarity would be given as to the post's relationship to the relevant Council/NHS Board strategic committees.

After discussion, the Board **NOTED** the progress in the work to set out a Leadership Framework to the professional satisfaction of the accountable officers, i.e. NHS Highland Board's Nurse Director and the Highland Council's Director of Social Work; and **AGREED** the inclusion of the completed documents in the Commission.

6. Reserved Matters

BA

There had been circulated Report No. PFI/35/11 by the Director of Social Work on proposals to deliver the Mental Health Officer function to the integrated adult service and also updating the Programme Board on progress to address the role of Council officers as specified in the Adult Support and Protection (Scotland) Act 2007.

The report primarily provided a briefing paper on the proposals to strengthen and realign the management and delivery of Mental Health Officer (MHO) Services in the Highland Council, with particular emphasis on ensuring that the deployment and prioritisation of MHOs met the significant and increasing demands and requirements of The Mental Health (Care & Treatment) Scotland) Act 2003, The Adults with Incapacity (Scotland) Act 2000 and the Criminal Procedure (Scotland) Act 1995.

The report set out a number of specific proposals. Mental Health Social Workers (MHSWs) in Community Mental Health Teams who were not MHOs would transfer to NHS Highland and work within an Integrated Team structure. MHOs in Criminal Justice Services (CJS) and Out of Hours (OOH) would remain with the Council. The Principal Mental Health Officer (PMHO) would report to the Chief Social Work Officer and be responsible for the overall MHO service delivery. He/she would supervise the Senior Practitioners, who would in turn supervise the MHOs. Senior Practitioners would provide professional support to the non-MHO MHSWs who had transferred to the NHS.

In speaking to the report, it was indicated that the Scottish Government's Chief Social Work Adviser was content with these proposals, which should also be welcomed by staff as an improvement on the current arrangements. Further discussions would be held with the representative bodies with a view to bringing the matter before the Council and NHS Board in December 2011.

In relation to the role of Council officers as specified in the Adult Support and Protection (Scotland) Act 2007, advice had been sought from Scottish Government and work was progressing to develop changes to the Regulations under the Act, to enable the role of Council Officer to be taken up by staff other than Social Work employed staff. Advice suggested this to be a fairly straightforward process which should be completed within the required timescales of the programme. The Legal lead and the Head of Community Care Integration were progressing this work with the Scottish Government and would report progress through the Chief Officers. The changes to the Regulations would also be captured in the Commission.

In speaking to the report, the Head of Community Care Integration, NHS Highland, explained that, whilst the legislative amendments required might take some time, guidance could be issued to the Highland Partnership in the meantime. Change would not, however, be introduced if concerns remained and it was therefore hoped that legislative amendment would not be delayed significantly. Legal advice and guidance would be sought and a further report on progress brought to the December Board.

After discussion, the Board **AGREED**:

- i. the proposal to develop a Mental Health Officer service within the Council that would be deployed locally in the adult services teams; and
- ii. having noted progress in addressing issues within the Adult Support and Protection (Scotland) Act 2007, to request final confirmation that the work in relation to the Act had been concluded satisfactorily.

7. The Commission

JB

There had been circulated Report No. PFI/36/11 by the Transitions Director setting out the initial draft of the Highland Commission, which drew on the publication of similar documents across partnerships in other parts of the country and included narrative and content previously agreed at the Programme Board. The draft Commission document comprised 4 main chapters on the Strategic Outcomes Framework; the Partnership Agreement; the Service Delivery Specifications; and the Performance Management Framework. Work continued to develop the document and populate all outstanding content with a view to further consideration by the Chief Executives and then agreement at the Programme Board in December. This would enable the Council and the NHS Highland Board to consider the Commission with a view to sign-off.

The Trades Unions representatives reiterated their concerns that inadequate time was being given for scrutiny, together with doubts as to whether the 1 April target date for transition was realistic, given the workload involved and the need for proper engagement with the workforce. Reassurance was given that agreement on content was not being sought at this meeting and that the document remained a work in progress; concerns, however, remained.

Comments/suggestions made during discussion included:

- The document should include a preamble explaining the culture and principles underpinning the Integration project, together with its aims and objectives.
- Consideration should be given to providing less detail, in particular at Chapter 6, Delivery Specification, with the full supporting detail set out separately, perhaps as a schedule, but readily accessible and clearly signposted.
- Consideration should be given to including the content of the proposed Chapters 7 (“Monitoring of Partnership Agreement”) and 8 (“Termination on breach of this agreement”) within Chapter 3 (“The Partnership Agreement”).
- Reference to the Health Protection Plan should be included in the document.
- A best practice statement should be included.
- There should be explicit reference to engagement with service users and professional staff.
- A formal Equality Impact Assessment would be required.
- It was important to try to avoid duplication between the Services but also seek to accommodate the different cultures.
- It was important to provide clarity for staff as soon as possible on issues such as transfer.
- It was vital that future care not be compromised.
- It was important to identify appropriate and measurable outcomes.

- Reference should be made to the national policy direction only following the Cabinet Secretary's announcement in December.

In response to a question, Ms K Bessos indicated that the Cabinet Secretary's December announcement was expected to articulate 6-7 high level outcomes and 6-7 intermediate ones which the Scottish Government would consider fundamental to successful delivery.

Potential constraints acknowledged during discussion included:

- the representative bodies' complaints as to timescale
- the capacity of specialist groups such as the legal team to complete in time.

After discussion, the Board **NOTED** the first draft of the commissioning documentation and **AGREED**:

- i. the content developed to date;
- ii. the format of the report;
- iii. that officers develop the final draft for agreement at the December meeting of the Programme Board, taking into account the comments made during discussion; and
- iv. that further clearly identified drafts would be copied to members of the Programme Board, in particular the related paper being submitted to the Chief Executives' meeting scheduled for 9 December 2011.

8. Cradle to Grave Specialist Services

JB

There had been circulated Report No. PFI/37/11 by the Transitions Director on Specialist services which currently delivered across adult and children's services.

During discussion, the representative bodies again commented that they were not in a position to present a view on behalf of their members. There was some confusion as to impacts on different groups of staff, particular given as some had already received letters relating to TUPE transfers. It was explained that not all staff were categorised as delivering "cradle to grave" services.

After discussion, the Board **APPROVED** the continuation of Social Work Out-of-Hours services, services for people who were blind/visually impaired and services for people who were deaf/hearing impaired in a "cradle to grave" service mode; and **AGREED**:

- i. the delivery of the Social Work Out-of-Hours service hosted by The Highland Council within Children's Services, providing Social Work Out-of-Hours services to children and families and, through agreements with NHS Highland, to adults;
- ii. the delivery of Deaf Services under the management of NHS Highland as Lead Agency, providing these services to adults and, through agreements with The Highland Council, to children;

- iii. that the employment aspects of the contract covering services for the Visually Impaired, currently delivered by Blindcraft, would sit with The Highland Council's Planning and Development Department; and
- iv. that the delivery of aids / adaptations / equipment / advice / support to people who were visually impaired (currently delivered by Sight Action) would come under the management of NHS Highland as Lead Agency, providing these services to adults and, through agreements with The Highland Council, to children.

The Board also **NOTED** that copies of a report on these issues being submitted to the next meeting of the Chief Executives on 9 December would be circulated to Programme Board members.

9. Update on National position.

**No Action
Necessary**

Ms K Bessos made reference to the anticipated Cabinet Secretary announcement in December and advised that a formal consultation process would be held in early 2012, leading to an eventual legislative underpinning for the new arrangements. It was unlikely that this could be in place before 2013.

The Board **NOTED** the verbal update.

10. Strategic Governance and Management Arrangements for the Lead Agencies

BA/JB

There had been circulated Joint Report No. PFI/38/11 by the Transitions Director and the Director of Social Work on the development of strategic governance and management arrangements for the two Lead Agencies being established in Highland from April 2012, these comprising an integrated service for children within the Highland Council, and an integrated service for adults within NHS Highland. The report advised that the Council and NHS Highland were continuing to develop and refine the governance and management structures required to deliver the integrated services through the Lead Agency model, pointing out that this was a complex piece of work, making, however, good progress in order to ensure that both organisations could discharge their responsibilities

In relation to the Highland Council, the report set out proposals for the creation of a single strategic committee to deal with all matters relating to services to children, replacing the current Education, Culture and Sport Committee, Housing and Social Work Committee and Joint Committee on Children and Young People. This Committee would include 3 NHS Board members. There would also be specialist sub-committees relating to criminal justice services; commissioning of adult services from NHS Highland; and Highlife Highland, the latter in relation to culture and sport services.

The report also set out a proposed revised governance framework for

NHS Highland, based on two strategic governance committees: one for the Highland Council area, replacing the current three Community Health partnerships, and also one for the Argyll and Bute Council area.

The report further set out proposals for Local Partnerships with Councillor involvement; a Joint Commissioning Group; the NHS Highland Management Structure; and specific proposals relating to the organisation of Education and Children's Services and also Adult Services.

In response to a question from Ms K Bessos, further clarification was given on the role and status of the proposed Joint Commissioning Group, which would largely mirror the role and membership of the current Highland Council/NHS Highland Leadership and Performance Group. It would not be a decision making body in itself, but would make recommendations to the Council and NHS Highland Board and would provide an ongoing forum for dialogue between the two organisations.

There was some discussion about the status of the 3 NHS Board members on the Highland Council's strategic Committee, and some variation in views as to whether these should be non-executive or Executive members. It was pointed out that all councillor members of this and other committees were non-Officers and that Council Social Work Officers did not have Committee voting rights. The view was expressed that it would be helpful to have separate and wider discussion on these issues.

The representative bodies again expressed concern as to the timescales for change, particularly to allow full reassurance on issues such as legalities, and formally requested that this timescale be revisited. In response, the Chief Executive, NHS Highland, expressed her reluctance to revisit the project target deadline at this stage, while recognising that it could slip, perhaps on a month to month basis. Assurances were given, however, that, if the reforms were not ready in time, no structure would be imposed that would put service delivery at risk, and the position would continue to be closely monitored. It was, however, important to continue to aim for April 2012 in order to avoid uncertainty.

After discussion, the Board **NOTED**:

- i. the significant progress in developing revised Governance structures for adult and Children's services;
- ii. the progress in developing aligned management structures for adult and children's services; and
- iii. ongoing progress to ensure that these arrangements could be progressed to implementation.

The Board also **AGREED**:

- i. that there be further discussion at the next Programme Board meeting prior to a decision on inclusion of these structures in

- the Commission; and
- ii. that there be separate further discussion on the issue of representative governance and the role of the NHS Board members to be invited to sit on the proposed new Council Committee.

11. Communications

JB

There had been circulated Report No. PFI/39/11 on behalf of the Transitions Director comprising an update on Communications activity, including setting out a number of case studies, as previously requested.

Ms A Bell, who had been providing communications support to the project, explained that she was stepping down from this role and introduced Mrs Alison MacNeill, Senior Public Relations Officer, the Highland Council, who would be providing future support.

During discussion, the importance of reviewing the effectiveness of the communication process in reaching staff was highlighted, to seek to remove misunderstandings and allay fears.

After discussion, the Board **NOTED** the progress made.

12. Future Meeting Dates

RM

The Programme Board **NOTED** the future meeting dates scheduled as follows:-

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 5.35 p.m.