

## 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 Tuesday, 20 December 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 (MF)  
Mr Garry Coutts, Board Chairman, NHS Highland  
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 David Garden, Interim Director of Finance, NHS Highland (DG)  
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 Ros Derham, Royal College of Nursing (RD)  
Mr Richard Whyte, Unite the Union (RW) – until 3.10 pm  
Mr Rikki Selkirk, GMB (RS)  
Mr Ken Matthews, Unison (KM)  
Mr Alasdair Lawton, MacWilliams Consulting (AL) – until 2.50 pm  
Ms Fiona Sinclair, Legal Manager, Highland Council  
Mrs Lorraine Power, Board Services Assistant, NHS Highland (LP)

### **Mr Alistair Dodds in the Chair**

<b>Item</b>	<b>Subject/Decision</b>	<b>Action</b>
<b>1.</b>	<b>Apologies for Absence</b>  No apologies were received.	<b>No Action Necessary</b>
<b>2.</b>	<b>Declarations of Interest</b>  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.	<b>No Action Necessary</b>

### 3. Minutes of Previous Meeting

There had been circulated Minutes of Meeting of the Planning for Integration Programme Board held on 21 November 2011, the terms of which were **APPROVED**.

Arising from the Minutes, with reference to item 5 thereof, relating to Professional Leadership, it was confirmed that the draft Framework for Nursing had been circulated to members of the Project Board for information.

### 4. Communications Update

**JB**

The Transitions Director gave a verbal update on Communications. Public meetings had been held in Helmsdale on 13 November and Inverness on 1 December. A further public meeting scheduled for 7 December had been cancelled due to poor weather conditions, although 7 further meetings were planned for the new year.

The Health Secretary had announced the Scottish Government's plans in relation to integration of adult health and social care on 12 December and there had been discussions on Planning for Integration at the NHS Board on 6 December and the Highland Council on 15 December. Correspondence had been issued to staff in both organisations from the Chair and Chief Executive of NHS Highland and the Leader and Chief Executive of Highland Council. The Council had also issued a press release statement from the Leader and Chief Executive.

Other issues relating to communications included:

- The issue of 70,000 copies of the Highland Council newspaper in early December, which had featured Planning for Integration on the front cover;
- A one to one meeting had been offered to Scottish Provincial Press;
- A letter would be issued to Community Councils in the new year, inviting comments on Planning for Integration;
- A generic poster had been distributed to key facilities;
- Newsletters had been issued on 29 November, the second and third weeks in December and another was planned for early January.

The Transitions Director referred to a CoSLA meeting on 16 December when the Health Secretary, Nicola Sturgeon, had updated on the discussion at Parliament the day before. She had given a helpful statement highlighting the need for local authorities and the NHS to work together progressing on a joint basis with the involvement of the independent sector. She also supported joint accountability and recognised the good work being taken forward in Highland.

The Chair of NHS Highland advised that the Health Secretary had met with Health Board Chairs on 19 December and was supportive of the work ongoing in Highland. Some concern had been expressed regarding new bodies being accountable to Ministers and Council Leaders and there being no mention of NHS accountability. There was a need to ensure that the authority of NHS Boards was not undermined.

In response, the Chief Executive of Highland Council confirmed that, *in his view*, in issues related to governance both the local authority and health board would be accountable.

Ms Bessos referred to the discussions in parliament the previous week, which Ms Mead had attended. She confirmed that the 2002 legislation was being used until the legislation for Health and Social Care Partnerships was developed. While the policy and direction of travel had been clearly stated with the Scottish Government announcement, this had been issued as a minimum requirement and if Highland wished to progress further this would not be prevented.

The Board **NOTED** the verbal update.

## 5. Gateway Review

JB

Mr Alasdair Lawton of MacWilliams Consulting gave a verbal report on the Gateway review making a number of comments and highlighting actions:

- The incredible level of support from both organisations was noted during the review.
- A question was raised as to whether issues were raised quickly enough and at a high enough level and the need to ensure that communication channels were kept open.
- It was suggested that more structured project management would be required in future when the project split into the two distinct areas.
- There were possible gaps between senior management support and support on the ground and there was a question raised whether a Steering Committee should be set up.
- It was suggested that the accountable directors in each organisation should be appointed as soon as possible and that the Transitions Team should then provide some resource to those appointees.
- The new directors should communicate the vision as soon as possible so that there was less uncertainty and people would have a clearer picture of what it would be like.
- IT was a particular area where more information was required.
- There were a number of stakeholders e.g. GPs, teachers who were not as engaged as they should be and there was a need to ensure all stakeholders were engaged in the process.
- There was a need to establish outcomes frameworks for adult services and children's services.

- There was also a need to establish benchmarking data and consider undertaking a customer satisfaction survey.

During discussion a number of points were raised:

- Ms R Derham referred to the point regarding stakeholders and expressed her disappointment that trade unions had not been included initially. The Transitions Director explained that acknowledging the short notice an interview slot was offered, but could not be filled and the Chief Executive, Highland Council confirmed that this would not be the only Gateway Review and the trade unions would have a further opportunity to be involved.
- The Chief Executive, NHS Highland sought clarity around the need for new directors to describe the vision and whether this was in relation to the vision for integrated services or how they would be run. Mr Lawton confirmed that this was in relation to how services would be run, taking into account the different ethos and culture across the organisations.
- The Chair, NHS Highland referred to the point regarding benchmarking and was confident that there were existing measures available for the services. He also was confident that work was ongoing in relation to outcomes frameworks.
- The Leader of the Council also referred to the point on benchmarking and confirmed that there were critical snapshots available which could be used for comparison and suggested that there should be a report on this subject submitted to the next meeting.
- There was some discussion around communication and engagement with stakeholders and the need to be aware of the risk of not hearing people. On this point the Leader of the Council confirmed that there appeared to be a good level of awareness at community / pre-school level whereas there was little awareness at consultant level. He suggested that there should be briefings issued for frontline staff.
- The Chief Executive, NHS Highland confirmed that meetings were ongoing with consultants and primary care practices and many healthcare staff were now making the connections on how integrated services could benefit patients. She confirmed that she would be issuing another letter to all transferring staff very soon.
- It was recognised that as the project got more involved in the detail of services that this would provide more assurance for staff and the public.
- There was some discussion around the timeframe. It was agreed that the timescale was ambitious, however it was accepted that it was of benefit to have a fixed date and that it was achievable within this timescale.
- The Chief Executive, *the Highland Council*, suggested that it would be useful to have a pictorial view of all the projects so that the Board could see all work that was in progress.
- There was some discussion around IT systems and data sharing. The Transitions Director confirmed that this did still remain a risk and confirmed that a more detailed report would be submitted to the January meeting of the Programme Board.

- With regard to information sharing there was a need to review current information sharing protocols to ensure that they were sufficient.
- Ms R Derham highlighted issues around Public Health Nurses and it was suggested that a report would be useful to detail the issues and what was being done. The Board Nurse Director confirmed that this was being progressed and it was noted that there would need to be a discussion at the GP Sub-Committee.

After discussion, the Board **NOTED** the report given and **AGREED**:

- i. that the full report should be circulated to Board members.
- ii. that the main issues raised and actions being taken be reported to the next meeting of the Programme Board, to include:
  - a report on benchmarking data;
  - a pictorial view of all the projects and work in progress;
  - a more detailed report on IT systems and data sharing;
- iii. acknowledged the risk of not hearing people;
- iv. that further briefings should be issued to frontline staff.

**AL**  
**JB**

Mr Dodds thanked Mr Lawton for the detailed update on the Gateway Review. Mr Lawton left the meeting at 2.50 pm.

## **6. Project Initiation Document**

**JB**

There had been circulated Report No. PFI/40/11 by the Transitions Director comprising the final draft of the Project Initiation Document for the development of integrated services for children and adults in a Lead Agency model.

After discussion, the Board **APPROVED** the final draft for publication and implementation subject to updating of information previously agreed at the Programme Board.

## **7. The Commission**

**JB**

There had been circulated Report No. PFI/41/11 by the Transitions Director on the updated draft of the Highland Commission. In speaking to the report, the Transitions Director advised that the document had been reformatted to reflect the overarching Partnership Agreement, which contained within it the elements previously agreed. There would be a need for a more operationally focussed document to guide new management teams and it was suggested that this "handbook for managers" should include the Outcomes Framework, the Service Delivery Specifications and the Performance Management Framework. It was recognised that there were still a number of gaps in the Commission document and it was confirmed that these were all being progressed. It was hoped to have a final version of the document for either the January or February Programme Board meeting. Discussions would need to take place with the Chief Executives of Highland Council and NHS Highland as well as the Central Legal Office (CLO) and Highland Council solicitors.

Ms Sinclair confirmed that Scottish Government had been very supportive. There were still some issues regarding financial structure and delegation, VAT and pensions, but all this was work in progress. Ms Bessos advised that there was a small working group at Scottish Government working on integrated budgets and that she would share any relevant information as the work evolved.

Union representatives indicated that they had been unable to get comments from their legal representatives on the draft document as it was still incomplete. The Transitions Director advised that it would be useful if unions could comment on the content, while recognising that the document was still work in progress.

Mr Richard Whyte left the meeting at 3.10 pm.

During discussion a number of issues were raised:

- the Board Nurse Director referred to page 106 of the papers and highlighted that a diagram should be included which illustrated the Professional Leadership Structure;
- It was recommended that high level specifications be included as a schedule to the document;
- Ms Bessos suggested that the national outcomes, which were currently draft work in progress, might be useful to include in schedule 17 on aims and outcomes.

After discussion, the Board **NOTED** the progress in developing the Partnership Agreement and **AGREED** the revised format based on legal advice and the revised timescales.

## 8. Equality Impact Assessment

JB

There had been circulated Report No. PFI/42/11 on behalf of the Transitions Director comprising a draft Equality Impact Assessment form. Ms Derham, RCN advised that some concern had been raised at the Staffside meeting in view of the different format and wording. Mr Selkirk, GMB also confirmed that the format was unfamiliar. The Transitions Director advised that the report followed the NHS paperwork for Planning for Fairness. Following discussion it was recommended that staff involved in EQIA in NHS Highland and Highland Council should be invited to attend the next P4I Partnership Forum meeting to explain the paperwork and the process to members of the Forum.

The Board Nurse Director highlighted comments on page 72 regarding perceptions around learning disability nurses and professional views of family carers / volunteers, which she did not agree with. The Transitions Director confirmed that she would check the source for the first point and confirmed that she had regular evidence from families and the voluntary sector regarding the second point.

Mention was made of the level of detail within the document, and it was suggested that a high-level summary would be useful.

After discussion, the Board **AGREED** that:

- i. there should be a further discussion on the Equality Impact Assessment document at the P4I Partnership Forum on 9 January 2012, to include relevant staff from NHS Highland and Highland Council;
- ii. the document should then be re-submitted to the February meeting of the Programme Board.
- iii. it would be useful to produce a high-level summary of the document.

## 9. Update on National Position

**No Action  
Necessary**

Ms Kathleen Bessos of Scottish Government gave a verbal update on developments at National level of relevance to Planning for Integration, including the announcement by the Health Secretary on the integration of adult health and social care and highlighting the challenging timescales for consultation in view of forthcoming local government elections. While it was likely that legislation would not be considered before 2013/14 this should not hold up progress in Highland. Ms Bessos advised that there was good cross-party support for the proposals as well as support from the Convention of Scottish Local Authorities (COSLA) and the Society of Local Authority Chief Executives (SOLACE).

There was some discussion around the council elections and the purdah period in relation to the consultation process and whether it would be beneficial if the consultation was before or after the elections. The consensus was that if the consultation could be issued by the end of January / beginning of February that this would be preferable to following the election in May.

After discussion, the Board **NOTED** the verbal update.

## 10. Risk Register

There had been circulated Report No. PFI/43/11 by the Transitions Director comprising an updated Risk Register which highlighted updates from November and December, although the format had still to be updated. During discussion it was suggested that the following be added to the Risk Register:

- Information Governance and IM&T – to ensure there are specific mechanisms to address issues of access and note the risk that better services for all might not be achieved.
- Communication and Engagement – ensure engagement of wider staff groups.
- It was agreed to reduce risk 8 in light of the recent announcement by the Health Secretary.

**JB**

The Chief Executives of both organisations again intimated their commitment to engage with all staff groups.

The Chair of NHS Highland referred to risk 9 on the register relating to management and governance structures and highlighted a number of actions which would rely on the management structures, including adequate support for committee members, governance role and issues around the council election. The Chief Executive of Highland Council suggested that both the Gateway Review report by Alasdair Lawton of MacWilliams Consulting and the NHS Highland Internal Audit report should be considered alongside the risk register and the register updated accordingly.

**JB**

The Leader of the Council referred to previous comments relating to more information for staff and highlighted the Ward Forums, the need for engagement with schools and the need for some plain English statements to explain to people what was happening. Further work was also required on the detail of the proposed Local Partnerships. The Chief Executive of NHS Highland confirmed that she was keen to have a working model and would ask Gill McVicar, General Manager of Mid Highland CHP to liaise with Dr Foxley in this respect.

**EM**

After discussion, the Board **NOTED** the update and **AGREED** that:

- i. further work should be undertaken to update the Risk Register, taking into account the Gateway Review report and the NHS Highland Internal Audit Report;
- ii. further work to be undertaken in relation to Local Partnerships.

#### **11. Staff Partnership Forum**

**BA/JB**

There had been circulated the minute of the Staff Partnership Forum held on 9 November 2011. The Transitions Director updated on various strands of work in progress.

Mr Matthews, Unison, advised there were some issues relating to the TUPE Engagement Plan in that transfer timescales were unclear for some staff groups. He also referred to the recent decision to approve the management structures which was taken outwith the Partnership model. This item had been due to be discussed at the HR Sub-Group of the Highland Partnership Forum but had not been considered due to lack of time. Ms Mead apologised that it had not been possible to discuss this at the HPF sooner and confirmed that it had already been agreed that this would be taken back to that group for discussion.

After discussion, the Board **NOTED** the position.

#### **12. Future Meeting Dates**

**RM**

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

**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.

It was noted that there would be 8 weeks between the January and March meetings and it was **AGREED** that a further meeting should be arranged for mid-February. The main focus of the additional meeting would be the Partnership Agreement.

**13. Staff Governance and Partnership Working**

**JB**

There had been circulated Report No. PFI/44/11 by the Transitions Director relating to proposals for the development of partnership working compatible with the Staff Governance Standard. In speaking to the report the Transitions Director outlined the proposals, actions and timescales:

- a) The Highland Council will commit through the Planning for Integration Partnership Agreement with NHS Highland to working with its recognised trade unions (including the trade unions representing staff who transfer to the Highland Council on 1 April 2012) to develop a model of partnership working which is compatible with the Staff Governance Standard and can be practically implemented within the Highland Council ;
- b) NHS Highland will commit to reviewing its current partnership arrangements in the light of the transfer of adult care staff ;
- c) Both the above will take account of any revisions to the Staff Governance Standard and consequent revisions to PIN policies which impact on partnership working;
- d) The Highland Council and NHS Highland will commit to resourcing these processes with aim of having an agreed partnership structure in place by April 2013;
- e) NHS Highland will provide such support and assistance as the Highland Council requests to assist in the development of partnership working;
- f) Progress against the above will be monitored during 2012-2013 by the Planning for Integration Staff Partnership Forum which will report to the Strategic Commissioning Group.

Ms R Derham, RCN highlighted that it had been agreed to insert an extract from the introduction of the NHS Scotland Staff Governance Standard.

This related to the 3<sup>rd</sup> and 4<sup>th</sup> paragraphs in the introduction to the Standard:

“The Standard also applies to staff employed in those services covered by the Joint Future agenda. NHS Boards will be expected to work with Local Authority employers to ensure that employment practice frameworks are in place for NHS staff working within the Local Authority, or in joint services, and that these meet staff governance requirements.

In respect of Public Private Partnerships, NHS Boards have access to detailed guidance and standard documentation that enables them to ensure that the short-listed bidders are equipped to fulfil the service and contractual requirements set out in the standard project agreement. This includes the Staff Governance Standard set out in the NHS Reform (Scotland) Act 2004.”

After discussion, the Board **AGREED** that interim arrangements be put in place to cover the development phase April 2012 to March, 2013 and that these proposals and interim arrangements be included in the Partnership agreement.

Mr Dodds extended his thanks to those involved in the work relating to Staff Governance and Partnership Working. He also thanked Kathleen Bessos for joining the meeting by video conference and recognised the efforts of all staff involved in work relating to Planning for Integration over the last 12 months. He closed the meeting with best wishes to everyone for the festive season.

The meeting was concluded at 4.00 pm.