

**THE HIGHLAND COUNCIL**

**15 December 2011**


**PLANNING FOR INTEGRATION OF  
SERVICES FOR ADULTS AND CHILDREN**

**Report by Chief Executive**

**Summary**

The report provides an update on the planning for integration of services for adults and children, and seeks agreement for the work to date on the developing Commission, and for the proposed governance and management arrangements.

**1. Background**

- 1.1 The planning for Integration agenda has been progressing with the aim of implementing a Lead Agency model from April 2012. Previous reports to meetings of the Council and Health Board, public events and members' briefings have focussed on the developing services for children and adults. Integral to the safe transfer of functions and services is an agreed Commission which requires agreement by the Council and Health Board.
- 1.2 This report describes the developing Commission and in particular proposals for the governance and management structures for the new integrated services. The report also highlights the initiation of the Gateway review.

**2. The Commission**

- 2.1 The Commission sets the strategic context highlighting the local and National priorities as detailed in the Single Outcome Agreement. Starting with the statement of intent that launched Planning for Integration in December 2010, the Commission describes the Lead Agency model that has been agreed between NHS Highland and Highland Council.
- 2.2 The format of the Commission was considered at the Planning for Integration Programme Board in September, as comprising 4 main chapters –
  1. The Partnership Agreement  
This is the legal element of the Commission and is being developed by external specialist legal advisors on behalf of Highland Council. On production of a draft agreement, Highland Health Board will seek their own legal advice for assurance as to

the meeting of their objectives and compliance with current legislation.

2. The Strategic Outcomes Framework

This chapter outlines the outcomes to be achieved by both integrated services drawing on those outcomes previously identified in the Community Care Plan and For Highland's Children. This reaffirms the Highland GIRFEC model for Children's Services and builds on reablement, anticipatory care, shifting the balance etc. in adult services.

3. The Performance management framework

This is a significant piece of work which will inform the scrutiny and governance frameworks for both services. Currently being worked up by officers, this will build on existing frameworks with a renewed emphasis on demonstrating improved outcomes, increased focus on prevention and early intervention and the need to evidence improvements from a user and carer perspective.

4. The Service Delivery Specifications

This chapter sets out a description of the integrated service being commissioned and includes a description of the service and how it should be delivered, expectations in terms of workforce and the settings in which the service should be delivered, the range of work involved in delivering the services, how the service will be monitored in terms of performance and any contingencies that need to be in place for cross cover situations. The format is the same for the children's and adults' services so that the monitoring can be consistent and there is a read across. The need to ensure that smooth transitions between children's and adult's services are included in both the delivery specifications demonstrating the need for responsibility across the services.

2.3 Drawing on the publication of similar documents across partnerships in other parts of the UK, the Commission is being populated with narrative and content that will be considered further at the Programme Board. This will then enable the Council and NHS Highland Board to consider the Commission with a view to sign-off in February/March. The most recent full draft is available via the Members Bulletin.

### **3. Proposed Governance Structures**

3.1 Governance Structures – Highland Council

The Highland Council will have responsibility for the management and delivery of services for children, as agreed in the joint report of June 2011. The Highland Council also has responsibility for the delivery of Education, Culture and Sport Services, with culture and sport services commissioned from the arms-length organisation, Highlife Highland.

- 3.2 As part of the lead agency arrangements, the Council also retains its responsibilities for care services to adults, albeit these are commissioned to be delivered by NHS Highland.
- 3.3 It is proposed that these various responsibilities are brought within the remit of a single council committee. This will enable the co-ordinated decision-making and scrutiny of all matters relating to services to children. This is shown in the chart at **Appendix 1**, and a draft remit is set out at **Appendix 2**.
- 3.4 This committee would replace the Education, Culture & Sport Committee, Housing & Social Work Committee, and Joint Committee on Children & Young People. Matters relating to Housing would be considered at the Resources Committee, or where appropriate, at other relevant strategic committees.
- 3.5 There is a continuing need for a governance forum for scrutiny and local policy in relation to criminal justice services. It is proposed that these matters are considered in a dedicated sub-committee.
- 3.6 It will also be necessary for members to consider, scrutinise and monitor, and make recommendations in relation to the services that are commissioned from NHS Highland (regarding services for adults) and Highlife Highland (regarding culture and sport services). It is proposed that these matters are also considered in dedicated sub-committees.
- 3.7 The main committee therefore has a range of responsibilities, and it is proposed that it is called the Adult and Children's Services Committee. It is proposed that, as with all other strategic committees, this should involve 22 elected members, and that nine of the members act as lead members for the nine Local Partnerships. This will ensure that issues relevant to the local implementation of policy and strategy can inform the work of the committee, and vice versa.
- 3.8 It is also proposed that three members of the NHS Highland Board are members of the Committee, participating fully in decision-making and scrutiny processes, albeit they may normally only attend for those issues that are concerned with the management and delivery of the integrated service.
- 3.9 As at this stage, as it is not intended that there is a single budget across education services and children's services, it is proposed that two Directors will report to the Adult and Children's Services Committee. It would also be appropriate for appropriate Executive officers of NHS Highland to report to the Committee on relevant matters.

- 3.10 The three sub-committees should meet as and when required, and it is envisaged that this would be around three/four times a year. It is proposed that they would each involve seven members.
- 3.11 Membership of the committee and sub-committees would all take account of the necessary political balance.
- 3.12 It is proposed that there is a Chairperson of the Adult and Children's Services Committee, and two Vice-chairs, reflecting the level and amount of business, and also providing Chairs for the three sub-committees.

#### **4 Governance Structures – NHS Highland**

- 4.1 A fundamental review of Governance arrangements has been undertaken by the Chair and Chief Executive of NHS Highland.
- 4.2 The review formed part of an annual consideration, but on this occasion had more significant consequences following agreement to move to an integrated health and care model of service delivery for the Highland Council part of the Board's area.
- 4.3 In addition, the Audit Scotland *Review of Community Health Partnerships (CHPs)* published in June 2011 highlighted the need to secure efficiency and effectiveness and ensure CHPs add value.
- 4.4 Following this review, the Chairman and Chief Executive recommended a single governance committee to oversee the scrutiny of the operational delivery for the Highland Council area, encompassing the current three Community Health Partnerships (CHPs) and Raigmore Hospital. This would ensure that primary, secondary and, in the near future, social care will sit as equal partners around a formal sub-committee of the NHS Highland Board. This was agreed at the 6<sup>th</sup> December meeting of the Board.
- 4.5 This will also fulfil the legal requirement for NHS Highland to have at least one CHP. As it will be more than either a CHP or CHCP, having inclusion of the whole spectrum, from care that is provided in the home and community to hospital and residential/nursing care, it is proposed to call this the Highland Health and Social Care Partnership. There will continue to be elected member representation, with three members on the committee.
- 4.6 The Improvement Committee will continue to provide the assurance to the Board for the delivery of specific targets, under regular scrutiny, including adult care. It is proposed to include the Chief Social Work Officer and one elected member on the Improvement Committee, to give assurance to the Highland Council that NHS Highland is fulfilling the explicit outcomes described in the commission for adult community care.

4.7 The position of these committees within the wider Governance structure of NHS Highland is illustrated at **Appendix 3**. This includes one elected member on the NHS Highland Board.

## **5. Local Partnerships**

5.1 As the Framework for Strategic Governance has been evolving, both organisations have recognised the unique responsibility held by elected councillors. As well as ensuring the efficient and effective management of services for which they are accountable, they are also general advocates on behalf of their constituents in relation to a wide range of issues impacting on their communities.

5.2 NHS Highland and Highland Council have agreed the establishment of local engagement forums in each District through Local Partnerships. These will meet to discuss the performance of the lead agencies at the local level, and will involve Councillors, relevant managers, community representatives and representatives from the professional groups (social work, education, nursing and GPs etc.).

5.3 The intended role and remit of these Local Partnerships is set out in **Appendix 4**. This is likely to involve some rationalisation of existing local groups who also deal with health and social care issues, to avoid duplication and overlap.

5.4 It is proposed the Local Partnerships will be trialled ahead of the implementation date of April 1<sup>st</sup>, to allow exploration and testing of the principles and process, and finalisation of the role and remit.

## **6. Proposed Management Structures**

### **6.1 Management Areas**

The Council and NHS Highland have supported co-terminous boundaries across the services for children and adults. It is proposed that there are four Areas, and nine Districts, as below:

- North: Caithness; Sutherland
- West: Lochaber; Skye, Lochalsh and Wester Ross
- Mid: East Ross; Mid Ross
- South: Badenoch & Strathspey, Ardersier and Nairn; Inverness East; Inverness West

6.2 The Districts involve the aggregation of Associated School Groups, and will be formed along ASG boundaries. They provide the means for the delivery of comprehensive and sustainable local services to these communities, and reflect the outcome of the consultations conducted at Ward Meetings.

6.3 The proposed Areas reflect the optimum aggregation of services at a District level. They also take account of the flow of activity for specialist

and acute services. It is considered necessary to have a larger Area across Inverness, Nairn, Ardersier and Badenoch & Strathspey to reflect the particular relationship of services in these communities with Raigmore Hospital. The map of Districts and Areas is shown at **Appendix 7**.

#### 6.4 Consultation

The proposals for the management of both the children's service and the adult service have been discussed with the trade unions as part of the planning for integration, but there will require to be further consultation as decisions are taken and as part of the implementation process. In addition, the staff side will provide any comments and feedback on the management structures to the Staff Partnership Forum.

#### 6.4 Education Services

The Highland Council and NHS Highland have agreed to establish an integrated service for children within Highland Council from April 2012. While it is anticipated that full integration with education services may be achieved as phase two, in the first phase there will be two Services, but with effective close and joint working arrangements.

6.5 Accordingly, there will be separate budgets and two Directors, but with joined up management arrangements at both strategic and local levels.

6.6 The Director of Education, Culture and Sport will have responsibility for the delivery of the following services:

- Provision of professional advice to Elected Members
- Planning and Provision of Education Provision 3 - 18
- Securing of improvement in education
- Strategic planning and overall management of resources
- Provision of professional advice to Elected Members on all matters relating to Culture, Sport and Leisure provision
- Officer scrutiny of performance of High Life Highland and performance reporting to Elected Members

6.7 It is proposed that there is a Head of Resources, with responsibility for:

- Service Capital and Revenue budgets
- Physical Infrastructure
- Staffing
- ICT Provision
- Information Management and Performance Information

6.8 It is proposed that there will be a joint Head of Education, with responsibility for management and co-ordination of:

- learning and the curriculum for excellence, including a Principal officer with these responsibilities;

- Quality Assurance, including a Principal Quality Improvement Officer;
  - additional support for learning and early years education, including a Principal Officer with these responsibilities;
  - one Children's Services Area Manager, and integrated services within that Area.
- 6.9 It is proposed that Area based education services are managed by an Area Manager, who will report to the Director.
- 6.10 The Director of Health and Social Care will have responsibility for the delivery of integrated children's services:
- children's social work and social care;
  - commissioned child health functions;
  - early years services;
  - specialist additional support for learning;
  - educational psychology.
- 6.11 There will require to be a Chief Social Work Officer within the integrated children's service, who will also have responsibility for professional leadership of social work and social care staff within NHS Highland. There will also require to be a lead Nurse and Lead Allied Health Professional within the integrated children's service.
- 6.12 The Director of Health and Social Care is the first option for both of these roles. Where the Director is a Nurse or Allied Health Professional, the Chief Social Worker role will be assumed by a Head of Service. Where the Director is a Social Worker, the lead Nurse/AHP role will be assumed by a Head of Service
- 6.13 It is proposed that there is a Head of Health, with responsibility for management and co-ordination of:
- early years health;
  - professional leadership of child health services (including as the second option as lead officer);
  - two Children's Services Area Managers, and integrated services within those Areas.
- 6.14 It is proposed that there is a Head of Social Care, with responsibility for management and co-ordination of:
- criminal justice services, including a Principal Officer with these responsibilities;
  - out-of-hours social work;
  - professional leadership of social work and social care services (including as the second option as lead officer);
  - one Children's Services Area Manager, and integrated services within that Area.

- 6.15 It is proposed that there is a Principal Officer with responsibility for support services, including health and safety and the shared services that are hosted within Highland Council.
- 6.16 It is proposed that there is a Principal Officer with responsibility for Performance and Development within social work and social care, and the integrated service for children, including being the lead officer with regard to:
- information and performance management;
  - the adult client function;
  - being the lead officer children's services planning and procedures;
  - workforce development and training.
- 6.17 It is proposed that there is a Principal Mental Health Officer, with responsibility for statutory mental health functions, and co-ordination of Mental Health Officers.
- 6.18 To ensure a safe and robust transitional process, these are the minimal necessary changes, and the involve around the same number of posts as at present across the two organisations.
- 6.19 It is envisaged that all other services will be organised at the outset as at present, but that these other structures will be reviewed as part of the intended service redesign process, achieving fuller rationalisation in the medium to longer term.
- 6.20 The proposed senior management structure is shown at **Appendix 5**. Job Description and recruitment processes are presently being finalised.
- 6.21 Integrated Adult Service  
It is proposed that the integrated health and community services are formed into the Highland Health and Social Care Partnership. This Partnership will have the management areas described at paragraph 6.1, and the proposed senior management arrangements were agreed at the 6<sup>th</sup> December meeting of the Health Board. The staff side will be feeding back any comments to the Staff Partnership Forum.
- 6.22 The Health Board will seek to appoint a Chief Operating Officer for the Highland Health & Social Care Partnership, who will have overall operational responsibility for the delivery of health and social care
- 6.23 The Chief Operating Officer will be supported by managers for three operational units, and a Head of Social Care, and the proposed senior structure is shown at **Appendix 6**.
- 6.24 The areas will combine to form two operational units, to be consistent with supporting the natural flows of patient care, also maintaining the profile of the additional complexity of providing care in the extremes of remote and rural Scotland:

- North and West Highland
  - Mid and South Highland
- 6.25 Raigmore Hospital (in its current form) will make up a third operational unit. In the future, this will be reviewed to identify if there are any changes which might facilitate better integration across primary and secondary care.
- 6.26 The Head of Social Care will act as the operational line manager for Care at Home and Residential Care in the first instance and take the professional lead for social work. In addition the Social Care Business Support function and Quality Improvement and Redesign functions will report into this post.
- 6.27 Together, these senior managers will oversee a number of Area Managers who will act as the main conduit with the local community.
- 6.28 The role of the Rural General Hospitals (Caithness General, Wick and Belford, Fort William) will be enhanced and supported by local management arrangements, with a responsibility to maximise the use of the resources, and in particular through closer links with Raigmore and the community.

## **7. Gateway Review**

- 7.1 In line with Highland Council's Financial Regulations a gateway review of the Planning for Integration programme has been initiated, and this will report to the Programme Board in December.

## **8 Implications**

### **8.1 Resource implications**

While it is anticipated that the redesign of services that will be facilitated by planning for integration, will achieve savings in management and bureaucracy, this is not the imperative from 1 April 2012, when it is critical that the transition and new arrangements are managed competently and safely. Therefore, while the new arrangements will not involve additional cost, neither is it anticipated that there will be significant savings at this stage.

### **8.2 Legal Implications**

Paragraph 2.2 above identifies the need to develop, negotiate and agree upon the terms of the Partnership Agreement between the Council and the Health Board which will be required to set out the formal legal framework and to comply with the Community Care (Joint Working etc.) Regulations 2002. The formal Partnership Agreement will address issues of finance, function, property and personnel.

- 8.3 Equality Implications  
Equality issues are being fully considered in all aspects of the planning process.
- 8.4 Climate Change Implications  
There are no climate change implications.
- 8.5 Risk Implications  
A risk register is maintained by the Programme Board, and is reviewed at each meeting.

### **Recommendations**

The Council is asked to agree

- the format of the developing Commission, to be presented to the Council in February/March;
- the proposed Governance arrangements for Council responsibilities;
- the proposed management arrangements for education and children's services.
- to trial the Local Partnerships prior to 1<sup>st</sup> April, and for confirmation of the role and format to be delegated to the Chief Executive, in consultation with the Convener, Leader of the Administration, Chairs of the Education, Culture and Sport and Housing and Social Work Committees, Leader of the Opposition and other Group Leaders.

**Signature:**

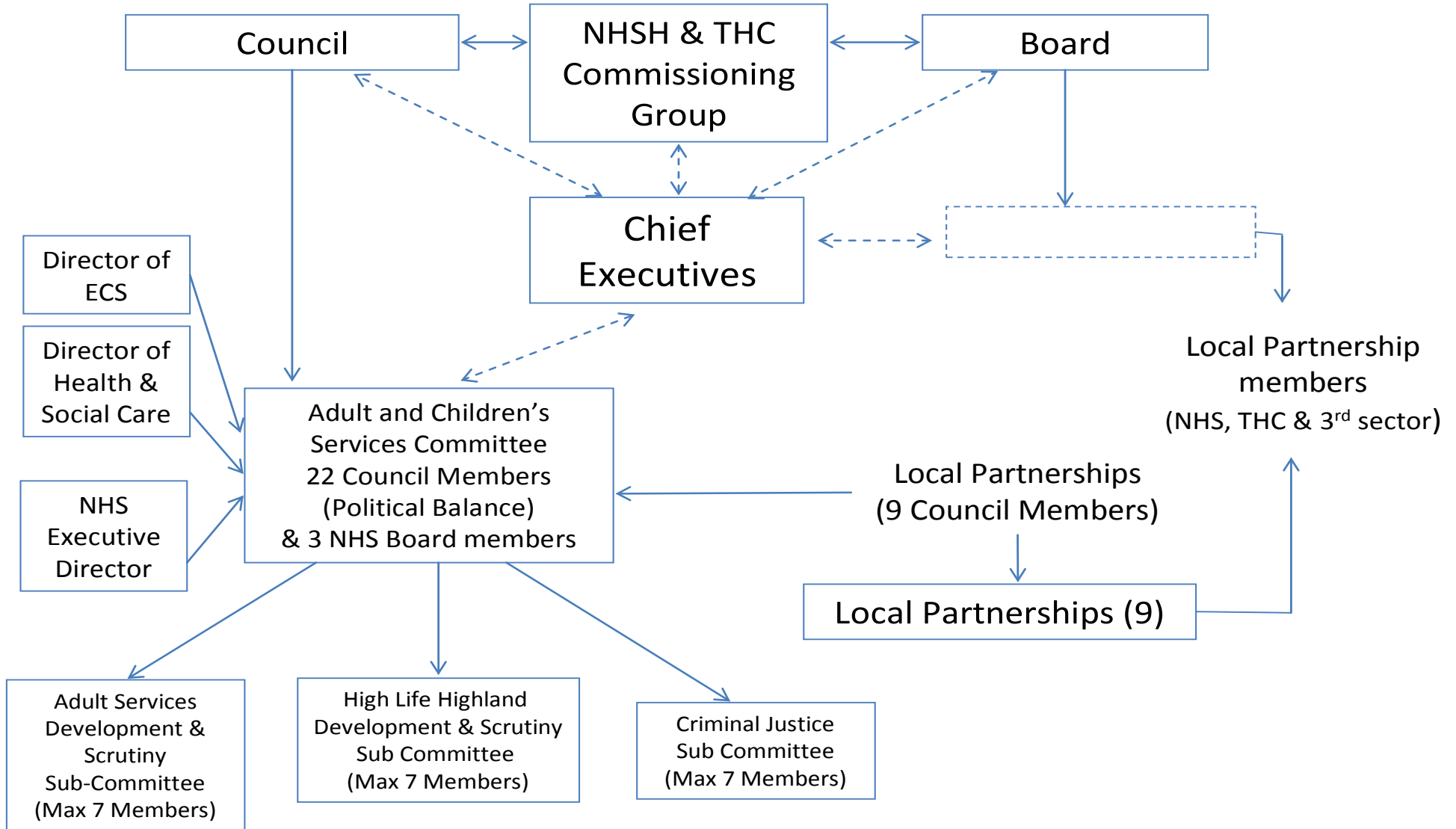
**Designation:** Chief Executive

**Date:** 6 December 2011

**Author:** Alistair Dodds  
Chief Executive

**APPENDIX 1: PROPOSED GOVERNANCE STRUCTURE FOR EDUCATION, CULTURE & SPORT AND CHILDREN'S SERVICES**

**COUNCIL GOVERNANCE STRUCTURE**



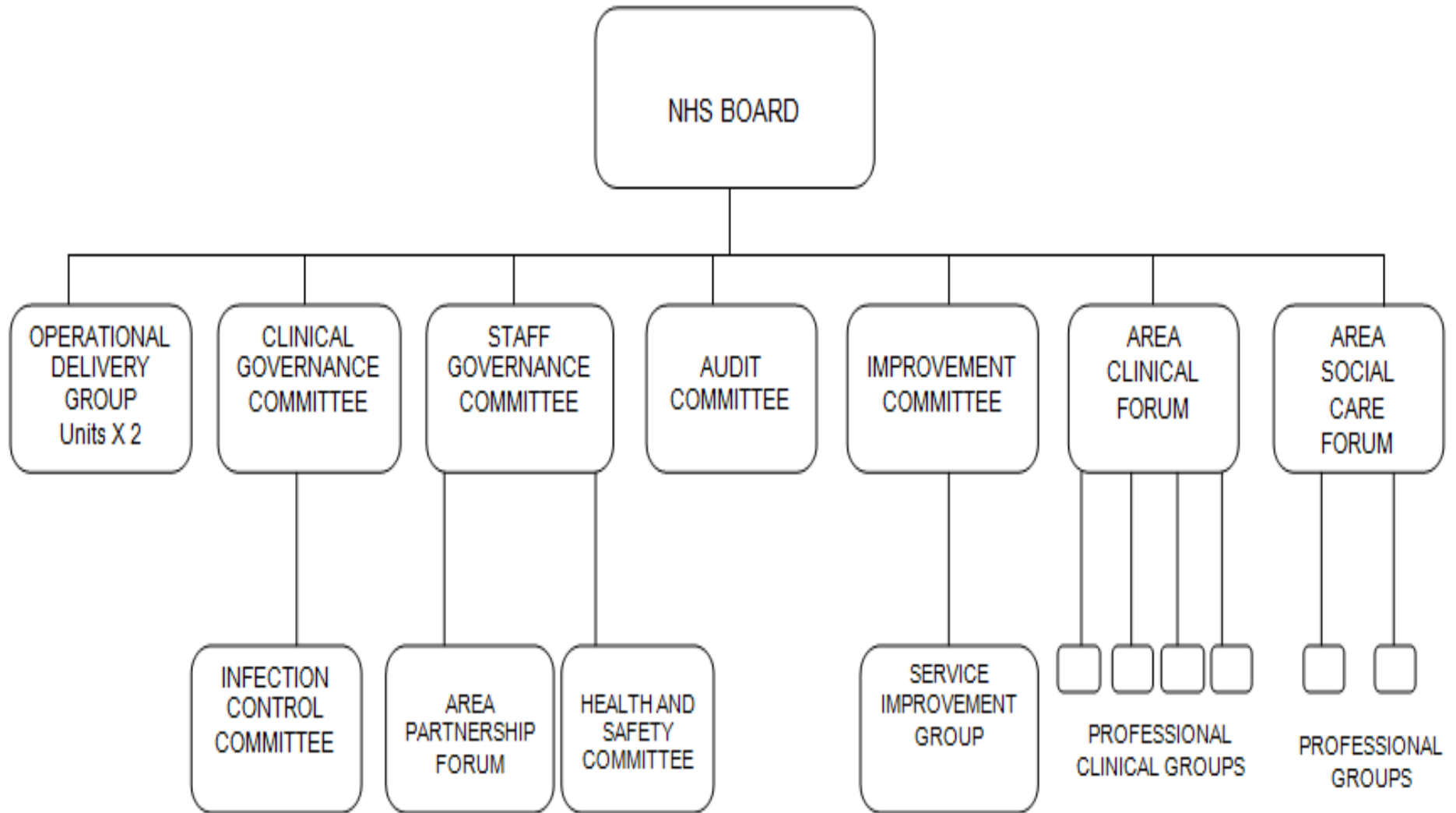
## Appendix 2

### Adult and Children's Services Committee (draft)

1. To safeguard the welfare of adults and children and to secure continuous improvement through the development, review and scrutiny of Service Plans and associated policies and strategies for the delivery of Social Care, Child Health and Education, Culture & Sport services.
2. To exercise statutory functions for Social Care, Child Health and Education, Culture & Sport services.
3. To ensure quality assurance monitoring and scrutiny in the delivery of Social Care, Child Health and Education, Culture & Sport services.
4. To ensure commitment, agreement and effective communication in terms of integrated processes and joint working arrangements in relation to all services, including health improvement and equalities and public health.
5. To approve the Capital Programme and the Revenue Budget for the services included in the Committee's remit and to monitor and control these budgets, including dealing with over expenditure.
6. To deal with representations, consultations etc. from the UK and Scottish Governments and to make representations to Ministers and those bodies regarding services included in the Committee's remit, as appropriate.

- 7. To make recommendations to the Council on the outcomes of statutory consultation on school provision.**
- 8. To consult with other agencies and organisations, including the voluntary sector, as appropriate to achieve a co-ordinated approach to the provision of services within the Committee's remit.**
- 9. To prepare, within the framework of the Northern Community Justice Authority, the strategic plan relating to Highland's provision of social work services in the Criminal Justice system.**
- 10. To appoint Mental Health Officers in terms of S32 of the Mental Health (Care and Treatment) (Scotland) Act 2003.**
- 11. To enable children and young people to achieve their full potential by promoting their participation in decision making, paying particular attention to children in need and looked after children, young people who are socially excluded and young carers, and to ensure collaborative and joined up working in regard to the transition from Children's Services to Adult Social Care.**
- 12. To appoint the following Sub Committees – Adult Services Development & Scrutiny Sub Committee, High Life Highland Development & Scrutiny Sub Committee, Criminal Justice Sub Committee, Appeals Committee, Appointments Committee and Education Transport Entitlement Review Committee.**

**APPENDIX 3: NHS HIGHLAND PROPOSED GOVERNANCE STRUCTURE**



## APPENDIX 4: LOCAL PARTNERSHIPS

### **Local Partnerships**

**Draft Remit** The Local Partnerships will consider issues relevant to the defined geographic and service delivery area covering both Integrated Children's Services and Adult Services and will be a key element of local engagement.

1. To consider issues raised in relation to local service delivery and ensure that these are addressed either by local management or required to the relevant Chief Executives of NHS Highland or Highland Council.
2. To identify key local issues and priorities in relation to the delivery of strategy and policy in services for children and adults
3. To consider and comment on performance management and monitoring reports on children and adult services outcomes in the local area.
4. To consider the development and implementation of initiatives approved by the strategic governance structure.
5. To propose new developments and initiatives for the consideration of the strategic governance structure.

**Meetings** The Partnerships will meet 4 times per annum, in public. The action points arising from the Local Partnerships will be considered by the relevant strategic governance body of both NHS Highland and The Highland Council. The meeting will be serviced by the local Ward Manager, with focussed agendas and action points. There will be one meeting taken in two sections to deal with Integrated Children's Services and Adult Services.

### **Attendance**

NHS Board Member (1) or other representative of the Operations Committee

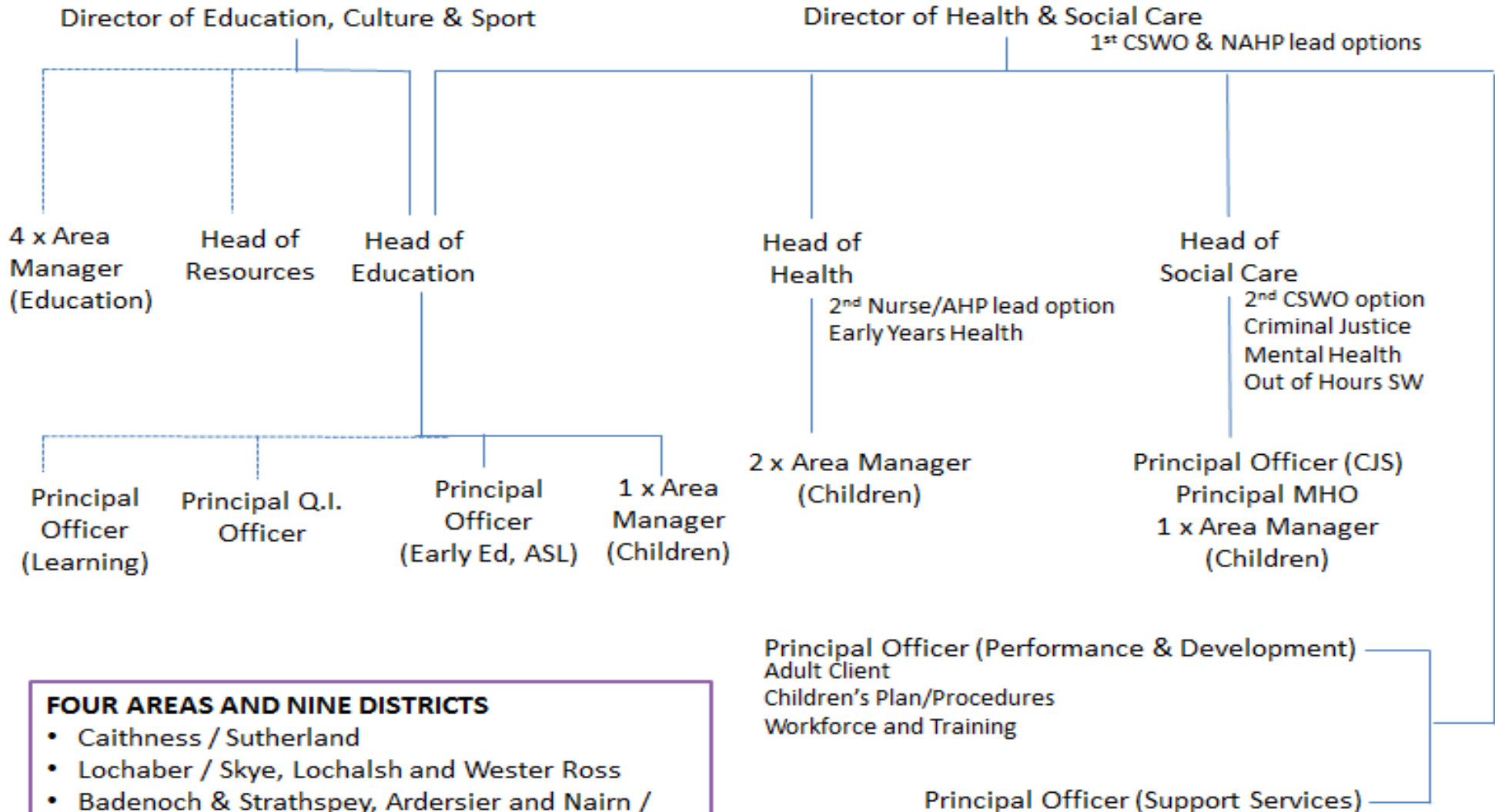
Adult and Children's Services Committee Member, Highland Council (1)

Elected member representative of each Council Ward in the areas of the Partnerships (1 for each Ward)

Representation from each of the following:-

Public Health Nursing; GP, Head Teacher from each Associated Schools Group; ECS Management; Children's Services Management, Adult Services Management; Ambulance Service, Voluntary Sector, Ward Manager

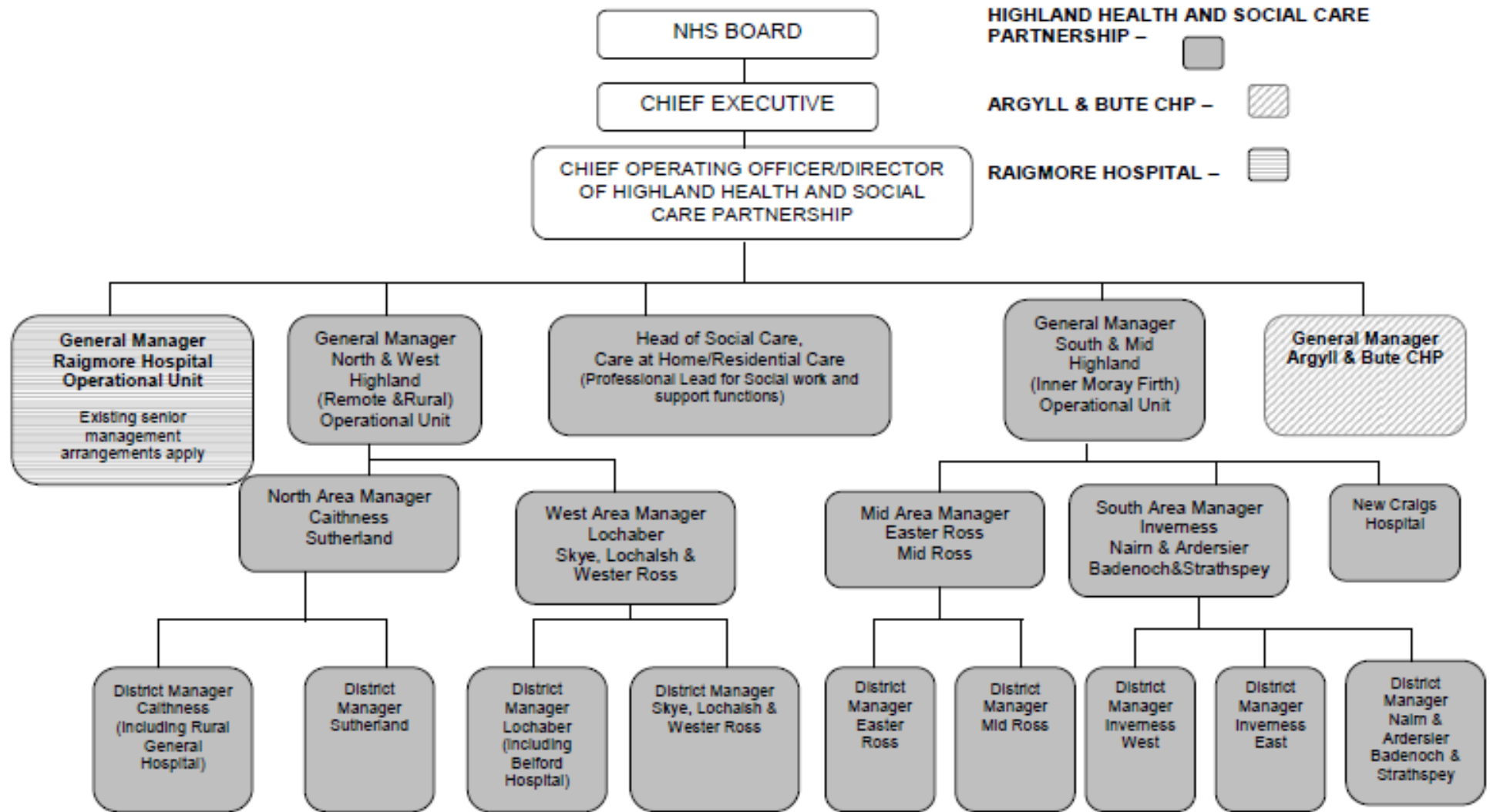
**APPENDIX 5: PROPOSED MANAGEMENT STRUCTURE FOR EDUCATION AND CHILDREN'S SERVICES**



**FOUR AREAS AND NINE DISTRICTS**

- Caithness / Sutherland
- Lochaber / Skye, Lochalsh and Wester Ross
- Badenoch & Strathspey, Ardersier and Nairn / Inverness East / Inverness West
- East Ross / Mid Ross

**APPENDIX 6: NHS HIGHLAND PROPOSED MANAGEMENT STRUCTURE**



**APPENDIX 7: Map showing proposed new areas and districts**



**Details on the split – showing Inverness East and West**