

Agenda Item	10
Report No	HC/14/19

## HIGHLAND COUNCIL

**Date:** 9 May 2019

**Report Title:** Highland Partnership of NHS Highland and the Highland Council - driving forward health and social care integration

**Report By:** The Chief Executive

### 1. Purpose/Executive Summary

- 1.1 The recently concluded "Review of Progress Under Integration Authorities" undertaken by a Ministerial Strategic Group has produced a set of proposed actions for driving forward health and social care integration across Scotland (attached at Appendix 1). The actions arising from the Review were discussed at the most recent Highland Health and Social Care Committee in March 2019. The Committee agreed that an action plan was required to drive the implementation of the Review's proposals and to deliver a revised Partnership Agreement.
- 1.2 At a recent meeting between the Health Minister, Jean Freeman, and the Council Leader and Chief Executive, the minister reiterated the Scottish Government's support for the lead agency model approach being taken forward in Highland. The strengths of the partnership arrangements were recognised and it was agreed that these should form the basis of the review with a focus on joint strategic planning, improved financial governance and a renewed commitment to shifting the balance of care.
- 1.3 The following report provides a summary of the main themes arising from the Review and proposals for resourcing the work required to enable a new partnership agreement to be signed by April 2020.

### 2. Recommendations

- 2.1 Members are asked to agree that:
1. The Council and NHS Highland work together to prepare a draft action plan in response to the Review;
  2. The Council invests in the appointment of a temporary post at Head of Service level for a 9 month period in order to:
    - a. lead the review and present recommendations within 2019/20 financial year to enable a new partnership agreement to be signed in April 2020;
    - b. work with the Chief Executive to review and provide recommendations for the permanent resourcing of a health position within the new management structure of the Council.

### **3. Background and Context**

- 3.1 In May 2018, the Cabinet Secretary for Health and Sport made a commitment to Parliament to undertake a Review of Progress Under Integration Authorities, including their governance arrangements. It was confirmed that the Review would be taken forward under the oversight of the Ministerial Strategic Group for Health and Community Care, co-chaired by the Cabinet Secretary and the COSLA Spokesperson for Health and Social Care. Subsequently, a Review Leadership Group and wider reference group were established to take forward the review and to ensure a joint and collaborative approach. A summary of the final output of the review is attached at Appendix 1.
- 3.2 The Review's recommended actions, with expected timescales for completion, are presented under headings of six key areas for improvement highlighted by Audit Scotland i.e. collaborative leadership and building relationships; integrated finances and financial planning; effective strategic planning for improvement; governance and accountability arrangements; ability and willingness to share information; and meaningful and sustained engagement.
- 3.3 From the meeting with the Health Secretary it is clear that the benefits of the Highland approach are understood and appreciated by the Scottish Government. Whilst there are financial, governance and operational challenges, these are balanced by the many successes that the partnership has brought and provide a solid foundation on which to build. Recent discussions with the new Chief Executive, Ian Stewart, and Acting Chair, Prof Boyd Robertson have been very optimistic and have reinforced this positive view.

### **4. Resourcing the Review**

- 4.1 COSLA Leaders have endorsed the final output of the Review of Progress and agreed to work with Scottish Government, statutory agencies and providers of health and social care to implement the actions proposed and have requested that adequate resources are allocated to the implementation of the Review of Progress. It is not yet clear what resources may or may not be provided as a consequence of this.
- 4.2 The Council currently does not have a dedicated resource to manage the partnership agreement, still less undertake a thorough review within a challenging timescale. Given the scale of the financial commitment and the importance of the shared services to all Highland communities, Members are asked to agree that this is rectified, initially on a temporary basis, by the appointment of an experienced senior manager to take forward the review in partnership with colleagues in NHS Highland. The remit of the new post would include a requirement to work with the Chief Executive and a range of internal and external stakeholders to consider the most appropriate arrangements for the permanent resourcing of a health position within the new management structure of the Council.
- 4.3 In order to attract the right calibre of candidate it is suggested that the post should be set at Head of Service level which, with on-costs, amounts to around £97,000 pro rata. The post would be fixed term for 9 – 12 months only. Members are asked to agree that

this should be funded through the Change Fund.

## **8. Implications**

Resources: The resource implications are set out in the main body of the report.

Legal: The approach set out in this report will support the Council to meet its legal duty to secure Best Value and continuous improvement.

Community (Equality, Poverty and Rural): There should be positive impacts arising from enhanced partnership arrangements.

Climate Change / Carbon Clever: there are no implications arising from the proposals in the report.

Risk: There are minimal risks attached to the proposals set out in the report around timescales for recruitment and concluding the Review in time for the new agreement to be signed in March 2020

Gaelic: There are no implications for Gaelic arising from this report.

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Date: 22 April 2019



Table 1

Area	Proposal	Timescale
1. Collaborative leadership and building relationships	(i) All leadership development will be focused on shared and collaborative practice. (ii) Relationships and collaborative working between partners must improve (iii) Relationships and partnership working with the third and independent sectors must improve.	6 months  12 months  12 months
2. Integrated finances and financial planning	(i) Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration.  (ii) Delegated budgets for IJBs must be agreed timeously  (iii) Delegated hospital budgets and set aside requirements must be fully implemented.	By 1st April 2019 and thereafter each year by end March  By end March 2019 and thereafter each year by end March  6 months
3. Effective strategic planning for improvement	(i) Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB. (ii) Improved strategic inspection of health and social care is developed to better reflect integration. (iii) National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration	12 months Area Proposal timescale  6 months  3-6 months

	<p>work.</p> <p>(iv) Improved strategic planning and commissioning arrangements must be put in place.</p> <p>(v) Improved capacity for strategic commissioning of delegated hospital services must be in place.</p>	<p>12 months</p> <p>12 months</p>
4. Governance and accountability arrangements	<p>(i) The understanding of accountabilities and responsibilities between statutory partners must improve.</p> <p>(ii) Accountability processes across statutory partners will be streamlined</p> <p>(iii) IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis</p> <p>(iv) Clear directions must be provided by IJBs to Health Boards and Local Authorities.</p> <p>(v) Effective, coherent and joined up clinical and care governance arrangements must be in place.</p>	<p>6 months</p> <p>12 months</p> <p>12 months</p> <p>6 months</p> <p>6 months</p>
5. Ability and willingness to share	<p>(i) IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data information.</p> <p>(ii) Identifying and implementing good practice will be systematically undertaken by all partnerships.</p> <p>(iii) A framework for community based health and social care integrated services will be developed.</p>	<p>By publication of next round of annual reports in July 2019</p> <p>6 - 12 months</p> <p>6 months</p>
6. Meaningful and sustained engagement	<p>(i) Effective approaches for community engagement and participation must be put in place for integration.</p> <p>(ii) Improved understanding of effective working relationships with carers, people using services and local communities is required.</p> <p>(iii) We will support carers and representatives of people using services better to enable their full involvement in integration.</p>	<p>6 months</p> <p>12 months</p> <p>6 -12 months</p>