

PLANNING FOR INTEGRATION

Report by Jan Baird, Transitions Director, The Highland Council & NHS Highland

The Board is asked to:

- **Note** the progress in the programme of work – Planning for Integration.
- **Note** the proposals put to the Programme Board on 27 September.
- **Note** the emerging timelines.

1 Background and Summary

As reported previously to NHS Highland Board the programme of work known as Planning for Integration (P4I) is progressing towards implementation in April 2012.

This update report seeks to inform Board members of progress against the deliverables previously reported, proposals that have been recently presented to the Programme Board and to remind members of key dates on the timeline

2 Progress Report

A number of reports were taken to the Programme Board and a summary of progress and the proposals put forward are detailed below

2.1 Services Adults and Children

Two reports were presented for each service. The first reminds members of the National and Local outcomes frameworks which remain in place and will be underpinning the delivery of the Integrated service. These outcomes are re-iterated in the Joint Community Plan and For Highland's Children 3 and these remain the locally agreed documents to which the services will work.

The second document details the functions which in accordance with the joint paper to Highland Council and the Health Board in June have agreed will be integrated. A grid has been developed for each service to illustrate those ready for transfer, for example care at home services provided by the Council which have been recently reviewed, and those which require some work prior to transfer, for example contracts in place which require to be amended or cradle to grave services where consistent decision making is required based on criteria such as workforce, sustainability etc. The grids also illustrate those services that will be integrated or impacted upon although this will not involve transfer of a service into another organisation e.g. secondary care services, Educational Psychology

The Programme Board were asked to note progress and agree the services for integration and work to be progressed ahead of April 1st.

2.2 Self Directed Support

This confidential report updates members on progress in relation to the national strategy for Self Directed Support in Highland outlining the key implications for the Highland partnership and NHS Highland as Lead Agency.

Building on the commitment to ensure a managed implementation of SDS which safeguards all service users and staff whilst promoting SDS in a sustainable and managed

way, the report then puts forward proposals to support the management and development of SDS within the Lead Agency from April 2012.

2.3 Risk Register

In line with expectations of the Programme Board and the principles set out in the Project Initiation document, a risk register was developed and presented to the Programme Board in April. This report detailed actions taken to reduce the risks and contained an updated risk register as at September 2011. Specifically the Programme Board were asked to review two risks in light of work to date, namely –

1- that the risk that Staff including local and professional leaders fail to accept the vision for change and consequently don't engage in the process is reduced to medium.

2 - that the risk that the emergent model is not sufficiently future proofed against changes in the political or economic environment or technological advances in health care/ interventions is reduced to **medium**.

2.4 Human Resources

This report and detailed progress report outlines work to date and requests specific agreement in relation to TUPE and Pensions. This is a significant piece of work that will enable progression of the TUPE option with staff and a staff engagement plan has been prepared for discussion with the Trade Unions.

2.5 Finance

For the first time the Programme Board received a detailed report on the work progressing across the Finance Departments and specifically the Financial governance model being developed. Work continues to establish the financial envelope of the services transferring, and the Programme Board were asked to agree the base period used. The report also highlights the risks emerging regarding Self Directed Support, IT and Central and Corporate Services costs and again seeks agreement to the work schedule in the areas of payroll and financial ledger, the issues arising and the actions being taken to resolve them. Finally the report details the work being developed with regard to the building of base budgets for financial year 2012/13, and seeks agreement to the direction of travel. The report recognises the interdependencies in relation to the HR work and the need to ensure these work streams are coordinated well. Spreadsheets illustrating figures amassed to date were attached.

2.6 Information Management and Technology

This report and Issues Register outlines the approach being taken across the organisations to ensure this area of work is addressed. It highlights the development of an ICT subgroup and the identification of a lead seconded on a part – time basis. Detailing the issues to be addressed it helpfully re-affirms the view that there have been no insurmountable issues identified to date.

2.7 Property

This paper outlines the options for consideration with regard to properties currently used by Children and Adult services across the organisations. It highlights the need to progress this work due to the resource and time implications and offers up interim or short term options for progression

2.8 Commissioning Documentation

It is anticipated that the formal agreements with regard to integration be signed off at the December Programme Board to allow the Council and Health Board to consider these within their Governance structures ahead of the planned implementation date. To this end, draft outlines were presented to this Programme Board detailing the format and content outline. It is proposed that the documentation comprise –

I. Strategic Outcomes Framework

- II. Partnership Agreement
- III. Delivery Specification
- IV. Performance Framework

Further updates were presented in relation to the ongoing communications plan and the National perspective. The minutes of the Staff Partnership Forum in August were also available and the Programme Board heard a presentation on Logic Modeling and the Outcome Triangle.

2.9 Timelines

The Board is asked to note decision points over the next few months. It is anticipated that a first draft of the Commissioning Documentation will be presented to the Programme Board in November. This will allow for a final draft to be available by the December Programme Board. This will include the first draft of the financial and HR models as well as the Professional Leadership recommendations. Also within these reports will be an outline of the delivery specifications for each of the new integrated services having been developed with staff, managers and other stakeholders. It is envisaged that these specifications will have been agreed through the existing management structures for Community Care and Children's services.

3 Contribution to Board Objectives

This programme of work will contribute to achievement of the Corporate Objectives of NHS Highland and the outcomes agreed in the Single Outcome Agreement of the Highland Partnership

4 Governance Implications

Staff Governance – a Staff Partnership Forum and HR subgroup have been established to support the staff and ensure adherence with Staff Governance Standards

Patient and Public Involvement – as part of the Communications plan; involvement of users, carers and communities is addressed along with engagement through the Community Planning networks.

Clinical Governance – The Board Nurse Director is leading a working group to detail how Professional Leadership for clinical staff in the Council will be accessed and secured. This will be an essential element of the Partnership agreements.

Financial Impact – There is a dedicated financial work stream to ensure proposals are developed within required financial governance.

5 Impact Assessment

All actions agreed in the delivery plan will be the subject of appropriate impact assessment in line with the planning for fairness process.

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