

PLANNING FOR INTEGRATION – PROGRESS REPORT

Report by Jan Baird, Transitions Director

The Board is asked to:

- **Note** the progress update.
- **Agree** the timescales for agreement of the Partnership Agreement.

1 Background

Planning for Integration, the programme of work progressing the development of integrated services for children and adults, is well underway and entering the final phase before implementation. With the date of April 1st firmly established many and varied streams of work have been progressed and this report serves to update Board members on progress in these workstreams, highlight outstanding risks and management actions and provide assurance around the monitoring and scrutiny of the process.

2 Workstream Updates

The Health Board has received regular updates on progress across the many workstreams and the following adds to and brings up to date those reports:

- **Legal Partnership Agreement** – drafting of the Partnership agreement is progressing with the gathering of considerable strands of information. The Central Legal Office has been asked to review draft 3 with a view to providing advice to the Health Board. A final draft will be presented to the Health Board and Council for sign-off. The agreement will include all areas of work previously agreed by the Programme Board and health Board including governance structures and requirements, outcome frameworks, performance management frameworks, delivery specifications and commissioning processes and review.
- **Finance** – work continues to finalise budgets ready for transfer and to fit emerging management structures. This work is closely related to the agreement of staff transfers and requires a lot of cross working across the relevant departments. These budgets and the governance and financial instructions relative thereto also have to be articulated clearly in the Partnership agreement. The teams are planning for system and any training implications that are required ahead of the transfer of resource changes.
- **Human Resources** – A number of issues that have required considerable work are now nearing resolution, for example Payroll and pensions. Final transfer lists for both services are nearing completion with solutions for services which span children and adults being agreed. This includes some AHP services and Community Learning Disability Nursing in the NHS and sensory services in the Council. Management structures have been agreed and the process worked up with Partnership support to ensure an equitable approach for recruitment to both new services. Staff are working on induction programmes to support transferring staff as well as those who will be taking on new management roles. Staff governance standards have been recognised with a stream of work identified in the Council over the next year.

- **Central Support services** – Work has begun on reaching solutions for central services which provide key support to operational services. With the transfer of significant numbers of staff to the NHS, it is anticipated that this will stretch capacity particularly in the Finance, HR and Payroll departments. The focus is on agreeing how support for these services can be secured from day one and where a more phased approach may be acceptable in other areas of central support services.
- **IM&T** – This area of work has been recognised by the Programme Board as the highest area of risk. A formal project plan and timelines have been worked up and an approach of minimal disruption agreed at the outset. However there are a considerable number of areas to consider and refine after April 1st which are complex and involve in-house and contracted support services. Data sharing and information Governance are being progressed with the help of the existing Data Sharing Partnership and the Caldecott Guardian.
- **Property** – Agreement has been reached on the licence to occupy and all arrangements are being put in place following the template developed in the Council for Highlife Highland. This arrangement however should only be for 12 months during which time more detailed work will be progressed on asset management.
- **Integrated Services** – both strands of work are progressing well with good engagement of staff through reference groups, area development groups and local implementation groups and forums. With outcomes agreed, considerable focus is now on redesign plans and the development of performance management, particularly the establishment of process outcomes which will evidence the benefits of integration as the redesign progresses.
 - In Children’s services, work is also about to begin on the development of the Combined child health service which will provide specialist services across hospital and community and into the integrated service. With the imminent confirmation in post of the Director of Health and Social Care, the Programme team will be supporting the Director in selling the vision and preparing teams for the new service.
 - In adult services work continues with Scottish Government to confirm amendments to the adult support and protection legislation and communications are ongoing with the Care Inspectorate to ensure timely transfer of responsibilities in relation to care service registrations.
- **Professional Leadership** – A framework for professional leadership in Social care, Nursing and AHPs has now been agreed across the integrated services and the recruitment process is being developed.
- **Evaluation and benefits realisation-** The Public Health Department and Community Planning are leading on user and carer engagement. This will be a vital piece of work in determining the impact integration is having and capturing what has made that difference for individuals and carers. This will provide important data into the reporting on Performance management.
- **Public involvement** – As outlined in the Communications Strategy supporting Planning for Integration, a number of public events are being scheduled. Two of these were held at the end of last year – Helmsdale and Inverness and further events are being scheduled to reflect the districts. The newly emerging Community Councils will also be contacted with a view to updates and information, Parent Councils have received offers for Programme members to attend and information, leaflets have been developed and distributed to all sites such as service points, schools, GP practices. Planning for Integration featured on the front page of the Council’s performance report at the end of last year and in NHS Highland Health Check. The website- www.Highlandlife.co.uk is regularly updated and refreshed.

- **Gateway Review** – MacWilliams Consulting have completed a Gateway review as required through the Council's financial orders for large projects. This was conducted over a three day period and involved a range of staff across the organisations. The recommendations have been most helpful and are incorporated along with the relevant actions into the risk register monitored by the Programme Board. An internal audit as requested by NHS Highland has been progressed and f outcomes will be presented to a future Audit committee.

3. National Position – Scottish Government continue to be represented on the Programme Board and this enable two-way appraisal of developments. The Cabinet Secretary has confirmed her approach to integration for older adults and re-affirmed the direction of travel in Highland. Angelina Foster has been appointed as Director of Integrated Health and Social Care and we look forward to welcoming her to Highland. The Transitions Director has delivered a presentation to the Scottish Parliament's Cross Party Working Group on Older People which was very well received with considerable interest expressed by attendees from across the country. The Association of Directors of Social Work and other leadership groups across Health and Social Care are also asking for regular updates as we move closer to our implementation date.

4. Staff Partnership – The programme of work continues to be supported by a staff Partnership forum and HR subgroup. These groups comprising staff side, HR and managers from across the organisations have been instrumental in agreeing the approach around TUPE transfer arrangements, staff governance, managing vacancies and populating the Partnership Agreement. The Staff Partnership forum also allows the raising of issues directly from staff, feedback from all members of the Programme Board and clarification of process and progress.

5. Leadership and Performance Group – it is anticipated that this group will evolve into a Partnership Commissioning Group with a key role in the monitoring of performance against agreed outcomes and targets, review of the Partnership Agreement and review and evaluation of the commissioning process. The group will consider proposals for a revised role, remit and membership at its February meeting along with the proposed performance management frameworks for both integrated services.

6. Contribution to Strategic Framework of Improvement Programme

The outcomes from Planning for Integration reflect many of the ambitions in the Strategic Framework and are supported by the development of process measures to evidence those improvements.

7. Governance Implications

This programme of work is progressing mindful of implications for Governance across all strands of work and ensuring that Governance expectations for the new services are articulated in the Partnership agreement.

8. Planning for Fairness

This programme has completed a Planning for Fairness assessment in line with the expectations of NHS Highland and Highland Council. It is acknowledged that a further assessment may be required in terms of the design of integrated services.

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