Agenda Item 4

NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**25th November 2025**
Title:	**HHSCP Model of Integration Update**
Responsible Executive/Non-Executive:	**Gareth Adkins, Director of People & Culture**
Report Author:	**Gareth Adkins, Director of People & Culture**

1 Purpose

The board is asked to note:

- Progress with developing and agreeing the options appraisal process for the Highland Health and Social Care Partnership model of integration
- The revised timeline for recommendations to the models of integration steering group on a preferred option in January 2026 and a decision by the board and council on a preferred option in March 2026

This is presented to the Board for:

- Noting

This report relates to a corporate objective

This report will align to the following NHSScotland quality ambition(s):

Effective and Person Centred

2 Report summary

2.1 Situation

2.2 Background

Work has been continuing with the Highland Council to review the current lead agency model of integration and options for an alternative model based on the body corporate model (Integrated Joint Board).

This work has been overseen by a joint steering group with councillor and non-executive representatives supported by a senior officer's group with executives from each organisation working in partnership to develop the options appraisal attached in appendix 1.

The work has also been supported by an external independent advisor and has progressed to the stage where the steering group was asked on 13th November to approve the jointly developed options appraisal.

2.3 Assessment

The senior officer's group has worked collaboratively to agree the draft options appraisal document which is included in the appendix along with the recommendations made to the steering group on 13th November 2025.

The outcomes of the meeting were:

- Updated description of options for integration agreed
- Assumptions of associated with employment agreed:
    - initially these will remain unchanged where possible and depending on the preferred option and requirements of the Public Bodies Joint Working act 2014
    - This does not preclude future changes to employment arrangements developed in partnership once a preferred option is agreed
- Some proposed changes to the strategic objectives with final approval agreed to be remitted to Joint Chief Executives Group
- Support for the proposed approach to weighting and scoring
- Agreement to a revised timeline taking into account NHS board and council governance requirements:
    - First stage initial appraisal to be completed by workstreams by end December 2025
    - Steering Group workshop to consider outcomes from workstream activity and to conclude first stage appraisal by end January 2026
    - Reports on stage one outcomes to Health Board and Council by end of March 2026
- Agreement to remit approval of final indicators set associated with strategic objectives to Joint Chief Executives Group

The senior officers will continue work to progress the options appraisal process with a recommendation to the steering group in January 2026.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	
Limited		None	X

Comment on the level of assurance

For noting

3 Impact Analysis

3.1 Quality/ Patient Care

The options appraisal includes consideration of the impact on outcomes for people for each of the options included.

3.2 Workforce

The options appraisal process includes a staffside engagement group who will be asked to comment on the process and the potential impact of each option on employment arrangements.

3.3 Financial

The options appraisal includes consideration of the financial impact of each of the options included.

3.4 Risk Assessment/Management

Risks have been considered throughout the options appraisal process with the main risk associated with disruption that is associated with any change to how integration arrangements work in practice.

3.5 Data Protection

Nothing highlighted at this stage

3.6 Equality and Diversity, including health inequalities

Nothing highlighted at this stage

3.7 Other impacts

Nothing highlighted at this stage

3.8 Communication, involvement, engagement and consultation

Further work is required to develop a revised approach to wider engagement and consultation taking into account restrictions associated with the upcoming election in 2026.

A staffside engagement group has been established

3.9 Route to the Meeting

Senior Officers Group
Joint Chief Executives Group
Models of integration steering group

4 Recommendation

Recommendations

The board is asked to note:

- Progress with developing and agreeing the options appraisal process for the Highland Health and Social Care Partnership model of integration
- The revised timeline for recommendations to the models of integration steering group on a preferred option in January 2026 and a decision by the board and council on a preferred option in March 2026

4.1 List of appendices

The following appendices are included with this report:

Appendix 1 – Models of Integration Steering Group Papers 13th November 2026

The Highland Council / NHS Highland
Models of Integration Steering Group
held remotely on 30 September 2025 at 3.30pm

Minutes and Actions

Present:

Highland Council	**NHS Highland**
Mr Raymond Bremner	Mr Gareth Adkins
Mr Alasdair Christie	Mr Graham Bell
Ms Fiona Duncan	Ms Sarah Compton-Bishop
Mr David Fraser	Ms Fiona Davies
Mrs Kate Lackie	Mr Gerry O'Brien
Ms Fiona Malcolm	Ms Arlene Johnstone

Also Present
Mr Derek Brown, Chief Executive, Highland Council
Ms Ruth Fry, Chief Officer, Human Resources and Communications
Mr Douglas Dunlop, External Advisor
Ms Fiona MacBain, Senior Committee Officer, Highland Council

Ms S Compton-Bishop in the Chair

		Action
1.	**Apologies for Absence** There were none.	
		n/a
2.	**Declarations of Interest / Transparency Statements** Mr A Christie advised that he had considered making a declaration of interest, as a Non Executive Director of NHS Highland, to the items on the agenda but, having applied the objective test, did not consider that he had an interest to declare.	
		n/a
3.	**Minutes of last meeting and actions** Sarah Compton-Bishop stated that the minutes of the previous meeting did not fully reflect the general agreement that what was currently in the integration pot would be the basis or starting point for a new model. She asked that this be properly reflected in the previous meeting's minutes, with the evolution of thought that had been developed since the previous meeting being captured in the minutes of this meeting. In response, Derek Brown voiced agreement that the previous meeting had agreed that what was currently in the integration scheme would be the basis or starting point for a new model. However, there was concern at the level of understanding and lack of written evidence about what was included the scheme, and it was felt that the presentation to be given at item 4 of this meeting would address those concerns. The decision taken at the previous meeting required to be revisited, to ensure due diligence and that an evidential process had been undertaken. Kate Lackie advised that the meeting recording had been checked against the minute of the previous meeting, and Fiona Davies	

	highlighted the 4th bullet point in the previous minutes, which she felt closely resembled what had been said, though might require minor amendment ('it was clarified that the 'minimum' that could be done for Highland was in terms of the status quo, taking into account those functions currently included'). It was suggested that the presentation that was to be given at item 4 would cover the issues Sarah Compton-Bishop felt was missing from the previous meeting's minutes and, if this was not the case, consideration could be given, at the end of the meeting, to adding a post-meeting to the previous meeting's minutes, if this was deemed necessary. Fiona Davies highlighted reference in the 1st bullet point of the previous meeting's minutes, about the need to minimise disruption, and that doing the legal minimum in Highland would be considered a disruption, noting that the Highland model was already doing more than the legal minimum. Derek Brown clarified that the wording used in the minutes had been taken from the recording of the Chair's summary of the discussion, which is what the meeting had formally agreed. Ms Compton-Bishop reiterated her concern that the previous meeting's minute did not accurately reflect the conversation that had taken place, but in the interests of time, it was decided to continue with the meeting and revisit the minutes, if necessary, at the end of the meeting (this did not happen). The Group **APPROVED** the minute and actions from the meeting on 8 August 2025, noting the discussion that had taken place about the accuracy of the portrayal of some of the discussion.	
4.	**Options Appraisal Exercise and Next Steps - Update** A Joint Presentation was provided by the Chief Executives of the Highland Council and NHS Highland and a paper on the proposed options for consideration had been circulated to inform the discussion. The presentation (appended) covered: • progress to date; • the case for change; • the need to form an evidential argument for change; • the rationale behind the Lead Agency Model; • the benefits of Highland's model being congruent with Scottish Government intentions; • the required achievements of a new scheme; • the nature of the case for change being strategic, cultural, systemic, structural, behavioural, economic, and about empowerment; • the need for an evidential base and auditable process; • information on the Accounts Commission flow chart of option appraisal stages which was presented as the recommended approach for the review; • how to build the case for change based on the three key appraisal	

criteria – performance, financial and risk;
- the recommended two-phase approach to the options appraisal;
- information was provided on current discretionary delegated child health services, and current discretionary conjoined children's services included in the Lead Agency Model; and
- the further work that was required and details on what the group was being asked to agree (as detailed below).

Following a comprehensive presentation of the slides, with further explanation of the detail of the issues raised, the Group was reminded that for the purposes of audit, it was important to demonstrate an evidential basis for a recommendation to move from the Lead Agency to a Body Corporate model, and to ensure a full understanding of the current functions within the Lead Agency Model, prior to taking a decision to move away from it.

During discussion, various members of the Group expressed concern that the recommendations, and the information provided in the presentation, had not been circulated in advance of the meeting, and that time was required to facilitate its comprehension, with particular reference to the need to present the final proposals to the full Council and NHS Board in due course. The need for strategic change was broadly accepted but time was required to digest the information required to progress the options appraisal.

Consideration was given to the timeline for the process, with particular reference to the Accounts Commission option appraisal stages flow chart, noting the need to progress change, but also the need for thoroughness and a proper understanding of all the issues.

It was suggested that the Group authorise Council and NHS Highland officials to work up more detailed proposals for consideration at the next meeting on 6 November 2025, to include a timeline and information on the resources required to undertake the options appraisal. The advantages of the 2-stage options appraisal were summarised.

Attention was drawn to the slide, 'Building the Case for Change' which contained the critical success factors that would be instrumental in the development of a report to the next meeting, and to identifying the staff and resources required. Consideration would be given to the length of time required for the next meeting.

The Group **agreed**:

i. the strategic Case for Change – informed by partnership analysis and jointly authored by both Chief Executives;
ii. the approach to appraisal as an evidential and auditable basis for moving from one model to another;
iii. the scope of potential future options to be appraised including assessment of business as usual position – with concomitant weighting;
iv. that the presentation be circulated after the meeting;
v. that a comprehensive report be circulated to the Group ahead of the next meeting, to include an updated timeline; and
vi. to consider, outwith the meeting, extending the duration of the

	next meeting.	

The meeting ended at 5pm.

Agenda Item	4
Report No	MOISG-01-25

The Highland Council and NHS Highland

Committee: **Models of Integration Steering Group**

Date: **13 November 2025**

Report Title: **Consideration of future integrated health and social care models – Options Appraisal Process**

Report By: **Fiona Malcolm Chief Officer Integrated People Services THC and Gareth Adkins Director of People & Culture NHSH**

1. Purpose/Executive Summary

1.1 At the previous meeting of the Steering Group on 30 September 2025 a presentation was made by the Chief Executives of the Highland Council and NHS Highland which set out the proposed options for consideration in terms of progressing a potential change to the model of governance for the Highland Health & Social Care Partnership.

1.2 As a result of that presentation the strategic case for change was agreed and the approach to an options appraisal was approved in broad terms. It was further decided that a comprehensive report be provided to this meeting, which would include an updated timeline.

1.3 The draft report has been prepared by Dougie Dunlop, independent adviser to the Review, and has been discussed at the Senior Officer Group. The draft report is attached at **Appendix 1**.

2. Recommendations

2.1 Members are asked to:

i. Note and Agree the approach to the options appraisal with particular reference to:
   a. Updated descriptions of the options for integration (pages 10 -11)
   b. Assumptions associated with employment (pages 11 -12)
   c. Updated Strategic Objectives (pages 14-15)
   d. The approach to weighting and scoring the options (pages 16-17)
   e. The revised timeline taking into account board and council governance requirements (page 18)
   f. Delegation to Joint Chief Executives Group to further develop and approve KPIs aligned with the strategic objectives (page 25)

3. Implications

3.1 Resource – There are no specific resource implications arising directly as a result of this report. It is however likely that any change to the model of governance will include financial issues which will form part of the options appraisal process. There is also a requirement for lead officers in both organisations to identify capacity to take the work forward at pace which will require a re-prioritisation of workload in some cases.

3.2 Legal – At the present time there are no specific legal implications arising directly from the content of this report. The Group will however be aware that any change to the model of integration in due course will require to be supported by a revised Integration Scheme which is a document that sets out the legal responsibilities and duties of both partners.

3.3 Risk - There are no direct implications in this respect arising from this report.

3.4 Health and Safety (risks arising from changes to plant, equipment, process, or people) – There are no such implications arising from this report.

3.5 Gaelic – There are no such implications arising from this report.

4. Options for Appraisal

4.1 The Strategic Case for Change is summarised in the independent advisor's report at Appendix 1 (thereafter referred to as "the report") at pages 4 – 9, together with details about the key features of the two models of integration which are open to the Partnership in terms of the Public Bodies (Scotland) Act 2014. The previously concluded SWOT analysis previously discussed by the Steering Group has also been included for completeness.

4.2 Of more significance is the detail set out in relation to the proposed Options Appraisal process which is included at pages 10 and 11 of the report. In terms of that process the following options are set out:

4.2.1 **Option 0 - Retain the Lead Agency Model**

This approach would require the least organisational change. However, given the recognition of some of the limitations of the model identified in the SWOT analysis, it is recommended that if this model is retained, there would need to be a review of how governance arrangements are implemented in order to deliver improved outcomes. There has been some uncertainty expressed as to the extent to which improvement would be achievable without some degree of organisational change.

4.2.2 **Body Corporate Option 1 - Legal Minimum**

All prescribed conjoined and delegated functions (Services to Adults as required by the 2014 Act) to be overseen by an Integration Authority- i.e. no discretionary functions.

This option would deliver integrated health and social care arrangements for adults, but would require consideration to be given to the future governance and delivery of children's services currently within the lead agency model. As a minimum, conjoined

children's services would remain with Highland Council and delegated functions (Child Health) would return to the health board.

There would be employment implications arising from this change to Child Health arrangements.

The requirements of the Children and Young People (Scotland) Act 2014 and Community Empowerment (Scotland) Act 2014 mean that it would not be possible to simply revert to the arrangements for children's services that existed prior to the introduction of the Lead Agency Model. Consequently, provision for the oversight and delivery of integrated children's services would need to be reviewed.

4.2.3 **Body Corporate Option 2 - All LAM delegated functions - Status Quo**

All prescribed functions as in Option 1 and additional discretionary delegated functions i.e. Child Health would become the responsibility of an IJB.

As with Option 1, arrangements for oversight and delivery of integrated Children's Services would need to be revisited.

4.2.4 **Body Corporate Option 3 - All LAM functions Status Quo**

All prescribed functions; current discretionary delegated functions *and* some or all of the current discretionary conjoined i.e. Option 1 + Option 2 + conjoined Children's Services.

This option would maintain integrated adults and children's services within the same governance structure, but it represents potentially significant organisational change with a higher associated risk of potential disruption.

Details of which services would fall within the scope of these options is set out in the appendices to the report.

4.2.5 **Stage 2 - Option 4 – New Functions**

A potential fourth option outlining the scope of a further future phase of activity has also been identified. This extension is not currently subject to the proposed appraisal process for stage 1 but can be considered once the exercise in terms of this appraisal process is complete and any revised model is in place.

That option is as follows:-

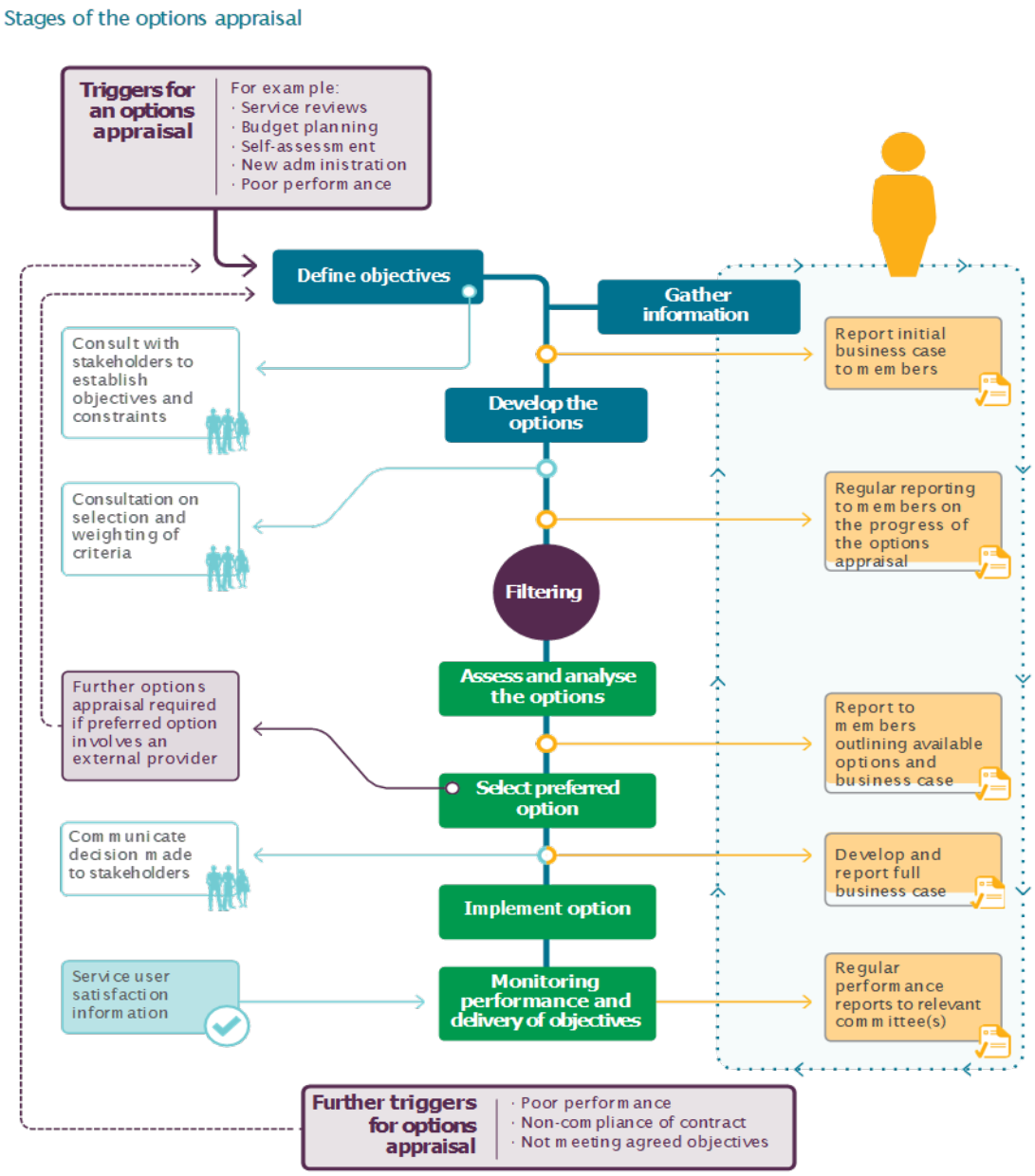
- Any of the functions under Options 2&3 not included in the first phase
- New functions i.e. CAMHS, NDAS, Housing…etc

4.3 There are associated employment issues in relation to all of the Options. The details in relation to those implications are set out in the report.

It ought be noted that in terms of the proposed options appraisal *process* there is a working assumption that in the first instance employment arrangements should remain unchanged within the context of public bodies joint working act. Once a preferred option is identified there will be an opportunity to further assess the implications for employment arrangements including required changes (if part of the selected option) and any optional changes that may be beneficial to the future functioning of services within the chosen integration arrangements. This would include developing further options in partnership with staff and their representatives.

5. The Options Appraisal Process

5.1 In line with best practice this project will follow the Accounts Commission guidance of options appraisal with reference where appropriate to HM Government Green Book Guidance. A flow chart representing this is outlined below:-



5.2 Further details are provided in the report in terms of how this process will be applied and which objectives/indicators will be relied upon to support the scoring of the various options to be appraised. This will require workstream leads to carry out a long list filtering exercise based on a scoring methodology and taking into account associated SMART outcomes. It is anticipated that this appraisal will be completed by all workstreams by the end of December 2025 and that thereafter there will be a second stage appraisal which will involve wider discussion with stakeholders, including the Steering Group.

5.3 It is recognised that there had been previous agreement in relation to a proposed timescale for the work envisaged which was included as an appendix to the Terms of

Reference for the Steering Group. At the time the terms of reference were agreed it was noted that the timeline would be subject to review as the work progressed.

5.4 In terms of the attached report the revised timeline is noted as follows:-

1. Phase 1 initial appraisal to be completed by workstreams by end December 2025
2. Steering Group workshop to consider outcomes from workstream activity and to conclude first stage appraisal by end January 2026
3. Reports on stage one outcomes to Health Board and Council by end of March 2026
4. Phase 2 appraisal (stakeholder consultation and engagement) completed and reports to Board and Council by end June 2026
5. If decision to move to body corporate model then full implementation plan with timescale reflecting scale of change agreed June 2026.

5.5 These timescales continue to be described as indicative as whilst there is a degree of confidence in relation to 1 – 3 above, it is recognised that phase 2 is likely to be impacted by the outcome of the options appraisal in terms of the extent of change agreed and potential need to consider employment arrangements and wider stakeholder engagement.

Designation: Chief Officer Integrated People Services The Highland Council and Director of People & Culture NHS Highland

Date: 6 November 2025

Author: Fiona Malcolm Chief Officer Integrated People Services

Appendices: Appendix 1 – Draft Plan from the MOI Independent Advisor

NHS Highland and the Highland Council

Consideration of future integrated health and social care models

Options appraisal process

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Introduction

Following discussions in relation to the National Care Service in 2024 the Highland Council and NHS Highland agreed to consider future organisational arrangements for the delivery of health and social care.

As part of this activity, a comparative analysis of body corporate and lead agency models and an accompanying SWOT analysis were completed. The outcomes from this formed part of reports submitted to the JMC, the Health Board and the Highland Council. These meetings acknowledged the issues involved in the current arrangements and committed to examine the case for changing from a lead agency model to a body corporate style of organisational structure as utilised in the rest of Scotland.

A Models of Integration Steering Group (MISG) comprising of Health Board and Council members has been established to oversee this process. This group has considered the potential future models of health and social care arrangements and has asked that a formal options appraisal process is established to assist in determining the best way forward for Highland

This paper has been developed to help in this process. It will draw together some of the key messages from the work done so far regarding the need for change, outline future options, and detail the appraisal process that will assist in determining the best arrangements in Highland.

The case for change

The challenges in delivering health and social care to people in Scotland are clearly recognised. Most recently the national picture was considered in some detail by the Feeley report in 2021 which built on many of the outcomes from the Christie Commission in 2011. These reports had a strong emphasis on a number of common themes including prevention, early intervention, building on strengths within communities, strengthening joint working and reducing reliance on institutional care. These remain the key challenges facing health and social care in Scotland.

At a national level part of the response from the Government has been to look for a consistency of approach to the delivery of health and social care with this having a particular relevance to Highland. This position presents Highland with a unique opportunity to shape how it responds to the challenges involved in meeting the needs of people across its area building on the priorities identified with the Feeley and Christie reports.

The case for change in Highland

(i) The Strategic Case for Change

A number of strategic factors have been identified as underpinning the case for change in health and social care arrangements in Highland.

These include

- Complexity of current governance – seen to be impeding strategy development; decision making; approaches to risk and innovation; locality planning
- Finance matters including budget setting and end of year reconciliation
- Performance in relation to key objectives including delayed hospital discharge; balance of care; availability of care at home and locality support
- Impact of conditions of employment on social care marketplace
- Population and demographic challenges
- Highland having a standalone system – outwith context of national decision making and government direction.

It has been recognised in reports to both Highland Council and Health Board that to be successful, any new model of health and social care should seek to maximise collaborative approaches and help tackle inefficiencies and duplication of activity. It will need to improve the way people experience community health and social care across the wide range of different Highland Communities and deliver consistently high quality services. It would aim to help and support staff manage risk and to promote and prolong the independence of those experiencing care

It has also been acknowledged that best value also needs to be at the heart of the integration partnership. Given the level of spend in health, social care and children's services, and in the context of pressure on resources within both organisations, there is a question of whether there is value for money in the way the current model operates.

This is especially important in context of emerging demographic trends. Working in collaboration presents opportunities to shape and influence market conditions, helping delivery partners to thrive and encouraging new providers into the Highland market. Addressing challenges in recruitment and housing will also play a key part in this.

(ii) Finance

As with other health and social care partnerships across the country the LAM in Highland is facing significant financial challenges and these are thought to be not sustainable without significant future development. The challenges involved with this are obviously closely connected with service delivery issues, and particularly those relating to the balance of care and approaches to local partnership working and commissioning.

It is recognised that any organisational change in itself would not lead to an immediate reduction in budget pressures. The potential benefits would come from further development of

partnership approaches that support service redesign particularly in relation to high cost areas. Some of these may involve longer term initiatives.

(iii) Performance

A close examination of performance outcomes shows that there are many common issues facing partnerships across the country. These issues reflect the challenges involved in developing community based support activity and achieving a shift in the balance of care. From published performance indicators and inspection reports there is little obvious linkage between performance of partnerships in respect of these issues and the extent of inclusion of services in organisational arrangements

Key factors in high performing partnerships are more closely associated with issues such the quality of local leadership, the strength of partnership across all sectors including the 3rd sector and the ability of the organisational structure in place to support these factors.

Within this national data however Highland stands out as having particular challenges in relation to the balance of care, with a greater reliance on institutional settings such as care homes and hospitals as opposed to care at home arrangements.

The key message within this is that fewer people receive care at home in Highland than the Scottish average and more Highland residents are in a care home setting than the Scottish average. In addition, there are significant levels of unmet need in respect of care at home within Highland.

This imbalance in care can be seen to have a direct consequence on performance in relation to some national performance indicators as well as having a potentially significant impact in the quality of life of vulnerable adults in Highland.

These matters are undoubtedly affected by the geography and dispersed demography within Highland along with issues such as unit costings arising from the national care home contract. However as is well acknowledged they are also impacted by some of the unintended consequences of the Lead Agency approach in Highland.

The table below gives a small cross section of performance against wider key national qualitative and quantitative indicators (2024 data).

Boxes shaded green indicate where Highland is performing above the Scottish average or in relation to the comparator group. Amber is where performance is within one percentage point. Red indicates where performance is below the Scottish average or that of the comparator group.

Fig 1 – cross section of partnerships against key national indicators

	Scotland	Highland	Ab'shire	D&G	Fife	Inver	Moray	NL	SAyr	Sc B
NI 2 %age of adults who agreed that they are supported to live as independently as possible.	72%	86	78	69	70	83	68	76	71	73
NI 4 %age of adults supported at home who agreed that their H&SC services seemed to be well coordinated	61%	72	70	56	53	69	56	63	61	59
NI 11 Premature mortality rate/ 100k	446/100k	407	338	428	442	509	401	510	442	348
NI 12 Emergency Admission rate /100k	11,115	9828	8812	12,102	11,707	12,378	8245	15,396	14,722	9633
NI 15 Proportion of people whose last 6 months of life is spent at home or in the community	89%	90	91	89	89	88	91	88	88	88
NI 17 Care services graded good or better	75%	83	72	77	68	80	74	76	73	82
NI 18 %age of adults with intensive care needs living at home	63%	52	63	71	60	68	61	70	64	60
NI 19 Number of days people aged 75 + spend in hospital when ready for discharge/1000	919	1249	667	1347	681	459	1060	973	1943	1364
Delayed discharge data: bed days	n/a	1659	461	393	1608	121	187	737	551	339
Delayed discharge data: People	n/a	54	15	13	55	4	6	22	18	12

In relation to performance Highland's Children's Services is generally within the mainstream across Scotland and alongside this there have been a number of notable positive developments including reductions in number of looked after children placed out with Highland and children meeting early milestones.

Work was undertaken by CELCIS (2023) to examine outcomes in relation for children cross referenced to the model of integration within each Local Authority area. This work categorised the levels of Integration into three broad areas as below.

		Integrated Joint Board (IJB) model		Lead agency model (Highland only)	
Level of structural integration	Children's services	Delegated to IJB	Integrated with adult services	Delegated to lead agency	Integrated with adult services
Full	Children's health	✓	✓		
	Children's social care	✓	✓		
Partial	Children's health	✓	✓	✓	x
	Children's social care	x	x	✓	x
None	Children's health	x	x		
	Children's social care	x	x		

The analysis found no statistically significant association between the level of structural integration of children's services in local authority areas and changes after HSCP formation for twenty-two of the twenty-five indicators assessed. Of the three indicators where there was a small change there was no evidence that these were associated with the degree of integration. The three were: child protection case conference to registration conversion rates: number of placements of looked after children; levels of P1 obesity.

(iv) What people who receive support say

Recent coproduction work undertaken as part of the Getting Right For Everyone (GIRFE) initiative across pilot areas in Scotland have identified a number of key messages from people who are receiving care and support about what they want from local arrangements. These in themselves are not surprising and they chime with much of the engagement work undertaken in Highland but they are a useful confirmation of what people may wish to see from any change arising from a new care model.

These include:

- An improvement in the range and availability of local care and support services to allow people to stay safely at home for longer or to come out of hospital quicker.
- Assessments to be person centred (not resource led) and to be completed quickly
- To be treated with care and respect and to be involved in all aspects of their care planning
- For services to work well together

It is noteworthy how closely these outcomes reflect the Highland Partnership's organisational goals and the priorities within the strategic plans.

(v) Current organisational issues in Highland

The work undertaken as part of the Comparative Report and SWOT Analysis highlighted a number of issues being experienced by staff as being a complicating factor in the effectiveness of current arrangements.

Central to these were issues in respect of both organisational and professional governance. Staff found the current arrangements to be cumbersome and unduly complicated with a consequent impact on decision making and risk management.

Although much good work has been done recently in relation to strategic needs assessment, service planning and commissioning, these have been historically underdeveloped for adult services in Highland and this was felt to have hindered the partnership addressing service delivery, budgetary and outcomes pressures.

In respect of children's services staff have noted some similar concerns in relation to the complex nature of cross organisational governance within current arrangements. This is particularly from a health perspective where arrangements can be complex in marrying together the aspects of professional governance that lie outwith Health Board structures.

The Scheme of Integration is the formal partnership agreement that underpins all delegated services in Highland. This is a comprehensive document comparable to other agreements across Scotland. Elements of it particularly in relation to budgetary arrangements have not always been adhered to historically and there would be value in revisiting the issues involved in this and appropriately revising the document regardless of any organisational change.

These issues are explored in further detail within the SWOT analysis. (Summary Appendix 1)

Key features of the two models of integration

Body corporate – IJB (Integration Joint Board)

The Health and Social Care Partnership within a body corporate approach is established by Health Boards and Local Authorities as a distinct legal entity with its own responsibilities for the governance and delivery of health and social care for its respective area. This includes direct oversight and responsibility for budgetary matters.

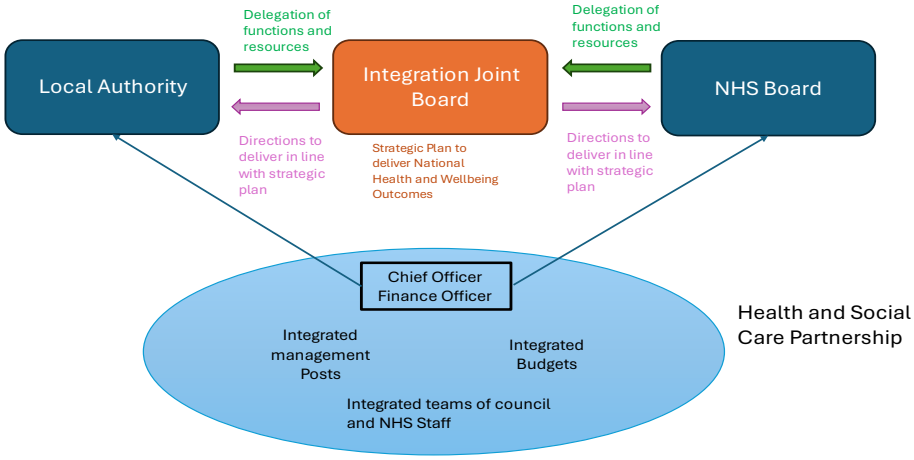
In carrying out these duties body corporate partnerships both receive delegated functions from the statutory partners and are able in turn to give direction to the partners to assist in their delivery. These elements are specified within the partnerships' strategic planning processes and the overall Scheme of Integration.

To assist in the delivery of their functions, body corporate partnerships are also able to develop a bespoke support infrastructure. This is particularly evident in corporate

and care governance and also in approaches to joint needs assessment strategic planning and commissioning. These elements have been seen in other partnership areas to be central to the establishment of body corporate health and social care partnerships as fully functioning organisations.

The arrangements also include the appointment by the IJB of a Chief Officer and a Finance Officer as key responsible officers. These are the only officers specifically employed by the partnership with other staff retaining their employment status as appropriate from the delegating authority.

Body corporate model.



Lead agency model

As is well known, within the lead agency model services are delegated to one of the two statutory partners who assume responsibilities for the governance, strategic planning and delivery of the health and social duties within its area of responsibility. Central to this is has been that formal governance remains with statutory partners. A Joint Monitoring Committee has been established reflecting the regulations associated with the 2014 Joint Working Act. This group oversees performance and service delivery issues but does not have full governance responsibilities.

Areas such as strategic needs assessment, planning and commissioning for each area of service similarly became the responsibility of the receiving partner and are overseen by governance arrangements within their organisations. The adoption of this model also also led to changes to the employment arrangements for the staff involved.

Lead agency model

Options for future organisational arrangements in Highland

In considering future organisational arrangements in Highland it has been recognised that Highland does not start from the blank sheet position that was the situation for other partnerships when the current national arrangements were introduced in 2014. This means that any change to a body corporate Integration Joint Board within Highland would inevitably mean the disestablishment of aspects of current integration arrangements. This complicating factor is particularly evident within integrated children's services.

The currently identified potential future options are laid out below with brief introductory comments on each of these. The full detail of the appraisal process for each option is described later.

Option 0 - Retain the Lead Agency Model

This approach would require the least organisational change. However, given the recognition of some of the limitations of the model identified in the SWOT analysis, it is recommended that if this model is retained, there would need to be a review of how governance arrangements are implemented in order to deliver improved outcomes. There has been some uncertainty expressed as to the extent to which improvement would be achievable without some degree of organisational change.

Body Corporate Option 1 - Legal Minimum

All prescribed conjoined and delegated functions (Services to Adults as required by the 2014 Act) to be overseen by an Integration Authority- i.e. no discretionary functions.

This option would deliver integrated health and social care arrangements for adults but would require consideration to be given to the future governance and delivery of children's services currently within the lead agency model. As a minimum, conjoined

children's services would remain with Highland Council and delegated functions (Child Health) would return to the health board.

There would be employment implications arising from this change to Child Health arrangements.

The requirements of the Children and Young People (Scotland) Act 2014 and Community Empowerment (Scotland) Act 2014 mean that it would not be possible to simply revert to the arrangements for children's services that existed prior to the introduction of the Lead Agency Model. Consequently, provision for the oversight and delivery of integrated children's services would need to be reviewed.

Body Corporate Option 2 - All LAM delegated functions - Status Quo

All prescribed functions as in Option 1 and additional discretionary delegated functions i.e. Child Health would become the responsibility of an IJB.

As with Option 1, arrangements for oversight and delivery of integrated Children's Services would need to be revisited.

Body Corporate Option 3 - All LAM functions Status Quo

All prescribed functions; discretionary delegated functions *and* some or all of the discretionary conjoined i.e. Option 1 + Option 2 + conjoined Children's Services (Appendix 4)

This option would maintain integrated adults and children's services within the same organisational structure, but it represents significant organisational change with a higher associated risk of potential disruption.

Stage 2 Option 4 - New Functions

A potential fourth option outlining the scope of a further future phase of activity has also been identified. This extension is not currently subject to the proposed appraisal process for stage 1 but can be considered once the exercise in terms of this appraisal process is complete and any revised model is in place.

That option is as follows:-

- **Any of the functions under Options 2&3 not included in the first phase**
- **New functions** i.e. CAMHS, NDAS, Housing…etc

Existing Employment Arrangements

Subject to Steering Group approval, the main principle in relation to employment arrangements proposed for this phase of the options appraisal is that where possible employment arrangements will initially remain unchanged within the context of public bodies joint working act.

On that basis, the potential impact on employment arrangements of each option are outlined below which indicates that there is a varying level of potential impact of each

of the options on employment arrangements. This will be considered in the evaluation of the options in relation to what extent does each option require changes to employment.

Once a preferred option is identified there will be an opportunity to further assess the implications for employment arrangements including required changes (if part of the selected option) and any optional changes that may be beneficial to the future functioning of integrated services within the chosen integration arrangements. This would include developing further options for evaluation in partnership with staff.

Option 0
There would be no change to employment arrangements with staff remaining with their current employer and contractual arrangements.

Option 1
This would impact on Child Health services in relation to functions and services and associated staff that would return to the employer who assumes responsibility for delivery the functions and services, e.g. child health staff returning the NHS Highland.

This would not impact on adult services if it is confirmed that the functions and services included in the current integration arrangements corresponds to the legal minimum, i.e. there are no conjoined functions defined in the integration scheme that are above the legal minimum.

This is based on the assumption that employment arrangements do not need to change to continue delivery of functions and services that remain within the integration arrangements and the IJB model, e.g. adult services and associated staff remain with NHS Highland.

Option 2
This may impact on integrated children's services in relation to integrated management arrangements that currently exist for delegated *and* conjoined functions. Only delegated functions would remain within the IJB model and these may need to be managed separately from conjoined functions that would not be included.

This is based on the assumption that employment arrangements do not need to change to continue delivery of functions and services that remain within the integration arrangements and the IJB model, e.g. Child Health and associated staff remain with Highland council.

The impact on adult services is as described in option 1.

Option 3
If all discretionary conjoined functions are included in the IJB there would be no impact on adults and children's services and associated staff.

This is based on the assumption that employment arrangements do not need to change to continue delivery of functions and services that remain within the integration arrangements and the IJB model, e.g. children's service and associated staff remain with Highland council and adult services and associated staff remain with NHS Highland.

For any discretionary conjoined functions there may be impacts on integrated children's services in relation to current integrated management arrangements.

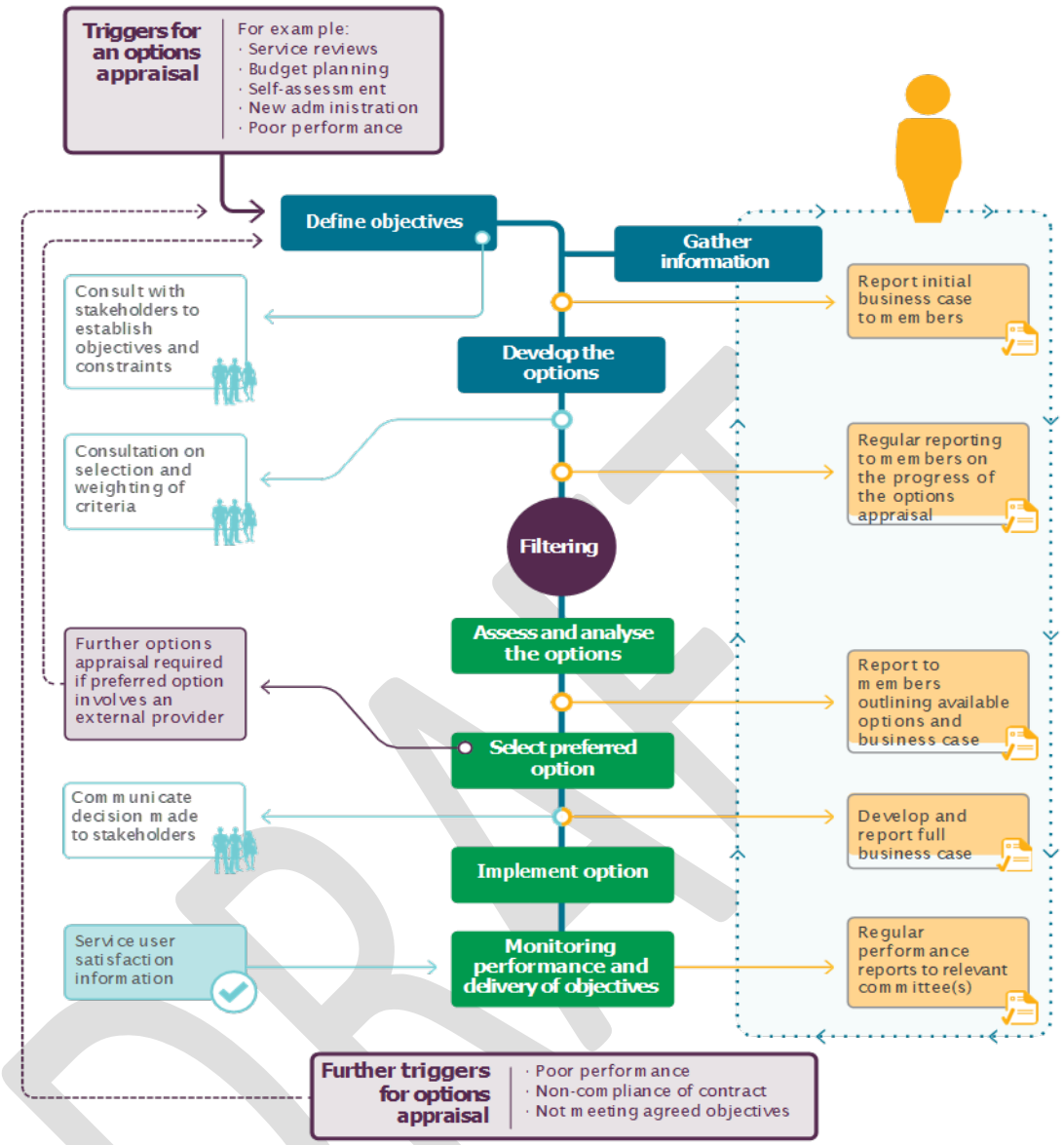
Future Employment Arrangements

Whilst the assumption is that employment arrangements will remain unchanged within the first phase of the options appraisal where possible, this does not preclude making any changes where agreed to employment arrangements in the future. Once a preferred option is selected further work will be undertaken to develop and evaluate options for future employment arrangements, working in partnership between THC and NHSH and with staffside colleagues.

The Option Appraisal Process

In line with best practice this project will follow the Accounts Commission guidance on options appraisal with reference where appropriate to HM Government Green Book Guidance. A flow chart representing this is outlined below.

Stages of the options appraisal



It is recognised that this process is not entirely linear and that some elements will overlap and some will be repeated as assessments develop and information emerges.

Work to date and future action

1 - Trigger for change/initial business case

The initial business case/ trigger for change has been completed. The detail of this is contained within the SWOT analysis. The outcome of this process has been reported to the project Steering Group and the Highland Council and NHS Highland Board. These groups have endorsed the need for a formal options appraisal of potential future organisational arrangements in Highland.

This initial business case/trigger for change also reflects the Scottish Government perspective regarding consistency of national approach.

Key factors from the SWOT analysis:

- The benefits of restating the vision for Health and Social Care in Highland
- The complexity of current governance which is seen to impede elements of partnership working including: strategy development; decision making; approaches to risk and innovation; locality planning
- Finance matters including budget setting and end of year reconciliation
- Performance in relation to key objectives covering areas such as: delayed discharge; balance of care; availability of care at home and locality support
- Impact of conditions of employment on social care marketplace
- That Highland has a standalone system placing it outwith context of national decision making and government direction

2- Definition of Objectives

As part of national options appraisal guidance it is recommended that objectives should be limited where possible to a relatively small number of intended outcomes. These outcomes should be clearly linked to partnership strategies and priorities, be broad enough not to rule out potential options and be SMART wherever possible.

This guidance emphasises that objectives are seen as ***what*** you want to achieve and the options are seen as ***how*** these will be achieved. Objectives are likely to emerge from the SWOT analysis and initial business case and to reflect current strategic organisational priorities.

From the work done so far these objectives include:]

- A desire to reset and to restate the vision and ambition for health, social care and social work in Highland in line with the strategic case for change and Partnership Plans
- To strengthen an ethos of partnership working at all levels
- To develop services in a financially sustainable manner that manages resources effectively

- To increase capacity in the design and delivery of a wide range of locally based support, care and treatment provision that helps to deliver improved outcomes in helping people of all ages live longer, healthier and fulfilling lives
- To help in responding to the wider health and social care challenges arising from inequity and equality in Highland
- To assist in the move from crisis response to early intervention and prevention to improve the quality of life of vulnerable citizens and to assist in easing key pressures within services
- To create capacity and an organisational and governance structure that supports staff in assisting vulnerable people and helps them to manage risk and uncertainty within this.

Each of these objectives is associated with a range of SMART outcomes that will provide a current baseline and will help measure impact over time. Some of these SMART outcomes are well known and regularly reported and, where appropriate, some will be developed further as the options appraisal process progresses.

An initial draft of these indicators is attached as Appendix 5. These are intended to be high level indicators and would be supported by further detailed measures within each service area.

3 - Option development

There has been detailed consideration of potential future options by both the Senior Officer Group and the Steering Group and the long list of four (Options 0-3) has been drawn up. As noted above on pages 10/11 these are:

Option 0 - Retain the Lead Agency Model

Body Corporate Option 1 - Legal Minimum

Body Corporate Option 2 - All LAM delegated functions - Status Quo

Body Corporate Option 3 - All LAM functions Status Quo

The intention is that this long list will now be subject to an appraisal process to allow it to be filtered down into a preferred change model from options 1-3 that would sit beside the business as usual option (Option 0). These two remaining options would then be subject to wider consultation as part of the second stage options appraisal process.

(i) Long list filtering process

The long list filtering appraisal process will be led initially by the project work streams which report to the Senior Officer Group and through this to the Steering Group.

These workstreams are:

- Finance and Corporate Resources
- Staff engagement
- Corporate Governance

- Professional Assurance/Clinical and Care Governance

In addition there is a separate workstream considering Engagement and Consultation that will develop the engagement element to be used within the options appraisal process.

The activity of each workstream will involve consultation with key stakeholders as appropriate.

The outcome of the workstream activity will be collated by the Senior Officer Group and then considered in detail by Elected and Board members. This would enable the options to be narrowed to the one preferred case for change along with the existing business as usual model.

This will then allow wider consultation on the way forward between the preferred change model and existing arrangements. This approach will help distinguish the potential benefit of any change within the consultation process.

A ranking methodology based on the Green Book guidance has been developed to assist in the appraisal process. As part of this each workstream will apply scoring to the options from the perspective of their particular area of expertise.

This scoring will rate each option in relation to a number of critical success factors. These factors reflect the case for change and strategic objectives as outlined earlier. The scoring will rate each Option on a scale of 1-5, with 5 being the most beneficial. A fixed weighting for each factor has been drafted by the Senior Officer Group for discussion at the Steering Group.

A worked example of this **for indicative purposes only** is given below.

The scoring process is a useful methodology as it helps to standardise appraisal and guard against any unconscious bias. However it is a guide only and must be used alongside professional judgment as a sense check and to reduce the risk of perverse outcomes.

A short set of additional prompts and questions for each workstream has been developed to assist in the process along with a check list to support a professional judgement overview (Appendix 6). This overview will articulate the reasoning behind scoring and confirm the rationale for each workstreams' preferred option. Where it is thought to be helpful this may also include consideration of details such as configurations with the options.

Options appraisal scoring chart

	Option 0	Option 1	Option 2	Option 3

Critical success factors	Weight	Score	Weighted Score	Score	Weighted score	Score	Weighted score	Score	Weighted Score
Strategic fit	25	3	75						
Financial case	25	3	75						
Performance case	25	2	50						
Management case	15	2	30						
Achievability/risk	10	4	40						
	100								
Total weighted score			**270**						

Scoring Notes/Criteria Definition

Strategic Fit: from the perspective of your workstream how well does this option align with the overall partnership vision for improved partnership working, sustainable staffing and service delivery, and better outcomes

Financial case: from the perspective of your workstream how well does this option align with the objective of transparent financial accountability and sustainable service delivery.

Performance case: from the perspective of your workstream how strongly is this option likely to impact on preventative approaches and improved outcomes for people in need of care support and treatment

Management case: from the perspective of your workstream how well will this option address the corporate and professional governance, and strategic planning issues identified within the SWOT

Achievability/implementation risk: from the perspective of your workstream how achievable is the implementation of this option taking account of the potential for service disruption and organisational risk.

(ii) Phase 2 appraisal

The outcome from the first phase/filtering appraisal will then move on to a wider second phase appraisal process. This phase of consultation and appraisal will involve detailed discussion with a wide range of stakeholders. The detail of this approach is currently under consideration by the Engagement and Consultation workstream.

4 - Full business case

On the conclusion of the second phase appraisal process and the identification of the preferred option a full business case will be drawn up. This business case will clearly lay out the conclusions and recommendation of the appraisal process. It will confirm that all relevant factors have been taken into account including appropriate

legal, financial and employment matters. This will include also consideration of Equalities and Environmental Impact Assessments.

The full business case will begin to outline how the project will be implemented.

5 - Implementation plan

To assist in delivery of the project an implementation plan will be drawn up alongside the full business case. This will detail the resources required for successful implementation and establish a clear timetable for delivery.

Next steps - Timeline

At this stage the indicative timescales are:

- First stage initial appraisal to be completed by workstreams by end December 2025
- Steering Group workshop to consider outcomes from workstream activity and to conclude first stage appraisal by end January 2026
- Reports on stage one outcomes to Health Board and Council by end of March 2026
- Stage two appraisal completed and reports to Board and Council by end June 2026.
- If decision to move to body corporate model then full implementation plan with timescale reflecting scale of change agreed June 2026

It is recognised that these timescales are subject to further discussion and amendment as the process develops.

References:

HM Treasury - The Green Book : Central Government Guidance on Appraisal and Evaluation

Accounts Commission - Options Appraisal: Are You Getting it Right?

Appendix 1 – Summary SWOT analysis

The following sections outline a summary of issues identified within the current arrangements in Highland and the potential benefits and risks of change.

Summary of issues/concerns

- There was a general concern about organisational and professional governance under existing arrangements. This has meant that decision making is often felt to be slow and complex. This was particularly highlighted with Adult Social Care but was also noted in areas of children's services.
- The spread of responsibilities and multiple reporting routes across various bodies has been seen to create some confusion and contributed towards the perceived delays in decision making. This remains a concern despite arrangements to supplement this being in place.
- This complexity was seen to have had an impact on the effectiveness of strategic and locality planning, needs assessment and approaches to commissioning, areas where the Highland partnership is felt to be behind other partnerships in Scotland.
- This governance complexity was also felt to have negatively affected approaches to risk taking and innovation and may have contributed to areas where Highland is currently struggling to respond to need.
- It has also highlighted the importance of professional oversight and has made the arrangements for this more involved.
- Performance in some areas particularly in relation to issues such as care home provision, care at home and delayed discharge remain problematic notwithstanding the demographic challenges faced in Highland
- In relation to financial matters there is an agreed need to review the approach to the Scheme of Integration particularly in relation to issues such budget setting and the process for in year variance reconciliation. This remains a significant partnership risk.
- There is a feeling that although further improvements can be made within current arrangements these would have limited impact without structural change
- At a national level the unique position of Highland as being the sole partnership utilising a lead agency model means it can stand outside practice discussions, with national guidance and communications often being geared at Body Corporate models. This potentially limits the impact that Highland can have at a national level and can impede learning from best practice across Scotland.
- As has been recognised the effect of Agenda for Change funding for adult social work and social care staff has complicated relative status between staff in different settings and has had a distorting impact on elements of the social care market.
- Notwithstanding these issues there remains some commitment to the current model as the "Highland way of doing things"

Potential benefits of change

- Body corporate structures may assist in nurturing some of the pre-conditions that assist collaborative working.
- Part of this will be in providing clarification and simplification of governance and decision making processes
- A formally constituted Health and Social Care Partnership overseen by an Integrated Joint Board has the potential to allow the greater development of bespoke support in critical areas such as strategic planning, commissioning, and professional, financial and organisational risk management.
- The change gives an opportunity for services to engage with communities, partners and people with lived experience in all parts of Highland to explain the change rationale and through this to re-establish a model of care and support that maximises potential beneficial outcomes for vulnerable people.
- This would help in refocussing activity on key areas of need reflecting the views of people who receive support.
- As part of this the change provides a renewed opportunity to build on local district based innovations
- A body corporate approach also has the potential to allow the delegating authorities to invest in a distinct standalone organisation on a clearly defined financial basis and may reduce some of the complications of direct cross organisational funding.
- It would assist in the H&SCP having clear oversight of its budgets and help the establishment of strong links between finance and the priorities within the strategic plan. This would be reinforced by the appointment of dedicated senior officers including a Chief Officer and a Finance Officer.
- Will allow a revision and renewed commitment to the Scheme of Integration as the key agreement that would underpin this activity

Potential risks of any change

- Body corporate structures may assist in nurturing some of the pre-conditions that assist collaborative working but they are not complete solutions to this issue. Improvements are most closely associated with the strength of local collaborative leadership and supported by a structure that encourages joint working.
- Given the various configurations of services within IJB's across Scotland, it is difficult to establish a clear comparison in performance between the lead agency model and the body corporate model. From published indicators it is evident that many rural H&SCP's are facing similar challenges to those in Highland but notably there are also some examples of rural or mixed rural/urban partnerships appearing to perform better in some critical areas.

- Change will involve significant organisational change and potential disruption and will require careful management and active engagement with staff, communities and partners.
- There will be a need for staff to be engaged in discussions to establish a clear rationale as to which services are delegated to a new organisation. Experience across Scotland has indicated that these decisions have in the past usually reflected a history of local provision rather than a formal methodology for change.
- Any change rationale should explicitly consider the complexities of including some or all of children's services given its extensive history in Highland
- Explicit consideration should also be given to Justice Social Work
- Change will require a detailed approach to the initial funding of a new organisation including the creation of new budgets such as for hospital set aside provision.
- It should be acknowledged that change in itself would not lead to an immediate reduction in budget pressures. The potential benefits of change would come from further development of partnership approaches that support service redesign particularly in relation to high cost areas. Some of these may involve longer term initiatives.

Appendix 2 – Services prescribed for inclusion within integration arrangements: (Public Bodies (Joint Working) (Scotland Act) 2014)

Acute hospital based services

(a) accident and emergency services provided in a hospital;

(b) inpatient hospital services relating to the following branches of medicine—

(i)general medicine;

(ii)geriatric medicine;

(iii)rehabilitation medicine;

(iv)respiratory medicine; and

(v)psychiatry of learning disability,

(c) palliative care services provided in a hospital;

(d) inpatient hospital services provided by general medical practitioners;

(e) services provided in a hospital in relation to an addiction or dependence on any substance;

(f) mental health services provided in a hospital, except secure forensic mental health services.

Community & Hospital Services (currently designated as conjoined)

(a) district nursing services;

(b) services provided outwith a hospital in relation to an addiction or dependence on any substance;

(c) services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital;

(d) the public dental service;

(e) primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the

National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978

(f) general dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978

Appendix 3 - Discretionary delegated child health services

a) Speech and Language Therapy
b) Physiotherapy
c) Occupational Therapy
d) Dietetics
e) Primary Mental Health Workers
f) Public Health Nursing - Health Visiting
g) Public Health Nursing – School Nursing
h) Learning Disability Nurse
i) Child Protection Advisors
j) Looked After Children (as per NHS (Scotland) Act 1978
k) Named Persons Childs Plans
l) Local Carer Strategy (as per S12 Carers (Scotland) Act 2016

Appendix 4- conjoined children's social work services

a) Children and families social work teams
b) Residential care workers
c) Fostering/Adoption services
d) Throughcare and aftercare
e) Social work out of hours service
f) Public health improvement
g) Early years and pre school visiting
h) Youth Action Team
i) Additional support for learning

Justice social work services

Appendix 5 - Performance Indicators Aligned with Strategic Objectives

Performance Indicator	Strategic Objective Alignment
Reduction in delayed hospital discharges	Supports timely discharge and staying safely at home longer
Care at home capacity (hours available per week)	Builds locally based support and care; addresses sustainability
Uptake of Self-Directed Support Option 1	Empowers individuals and supports personalised, community-based care
Recruitment and retention rates in care at home sector	Addresses workforce sustainability and financial planning
Use of Independent Service Funds (ISFs)	Promotes flexibility and partnership with third sector providers
Technology Enabled Care (TEC) deployment	Enhances local support and helps people live independently
Percentage of adults supported at home who agreed they live independently	Measures success of community-based support and independence
Percentage of adults who feel health and social care services are well coordinated	Reflects governance and integration effectiveness
Percentage of adults receiving care who rate it as excellent or good	Supports quality assurance and staff support
Percentage of people with positive experience of GP care	Indicates access and satisfaction with local health services
CAMHS waiting times and service transformation	Supports early intervention and mental health for children
Implementation of the Highland Solihull Approach	Builds resilience and wellbeing in children and families
Percentage of children with no developmental concerns at 27–30 month review	Supports early intervention and long-term wellbeing

Appendix 6 – Workstream appraisal prompts

In taking account of the following factors from within the workstreams please assess and score all criteria for each option. It is recognised that not all workstream activity will be equally relevant across the criteria however a broad scoring helps to give a complete appraisal of each option.

Finance and Corporate Resources

In assessing each option please consider the following factors.

1) **Revenue Costs Appraisal:**
    - Setup/Transitional/Short-term Costs
    - Ongoing Costs
    - Establishing a 'Day 1' Budget

2) **Capital Costs Appraisal:**
    - Any change to costs and governance for capital

3) **Opportunities Appraisal:**
- Savings, cost containment of other financial opportunities

4) **Financial Governance Appraisal:**
- Budget Accountability
- Control and management of cost
- Risk

5) **Other Financial Factors Appraisal:**
    - Accounting and Annual Accounts
    - Reserves and Asset Management
    - VAT and taxation

Staff Engagement

Staffside engagement will focus on staffside views of the following:

1. The proposed options appraisal process including the options developed to date
2.

To what extent does each option require changes to employment

Corporate Governance:

In assessing each option please consider the following factors:

1) The issues involved in establishing an IJB as a new legal identity and its relationship with the Highland Council and NHS Highland as the statutory partners

2) The issues involved in the development of a new or amended integration scheme

3) The issues involved in the development of a new or amended governance structure and arrangement

4) The extent to which any new or amended arrangement would address the issues with the SWOT in relation to:

- decision making,
- performance and financial management,
- strategic planning,
- audit and risk,
- staff governance and assurance,
- clinical and care governance

Clinical and care governance and professional assurance

In assessing each option please consider the following factors:

Professional assurance:

1) The development of professional leadership and accountability arrangements to oversee and supervise clinical, care and social work staff
2) Training, education and competency levels of clinical, care and social work staff
3) Compliance with professional standards and regulatory/registration requirements

Clinical and care governance:

1) The development of arrangements to oversee the quality of professional practice
2) The arrangements to support staff in delivering high quality care
3) The arrangements to monitor review and develop standards of professional practice collectively and within individual practice areas
4) The arrangements to ensure compliance with the duty of candour and to develop engagement processes with people receiving care, support and treatment

To aid professional judgement - *5 key questions arising from the SWOT analysis:*

- To what extent will this option simplify and improve professional governance and organisational decision making in Highland.
- How would this option strengthen approaches to strategic planning and needs assessment
- How will this option assist in the delivery of the key strategic outcomes for those in need of support, care or treatment within each of the specified groups
- To what extent does this option support partnership working with local communities, third sector groups and private organisations.
- How will the arrangements assist in budget setting and management
- What is the degree of potential organisational and service disruption and impact on staff -including reference to terms of employment.