

<h1>NHS Highland</h1>	
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<b>Meeting:</b>	<b>Board Meeting</b>
<b>Meeting date:</b>	<b>28<sup>th</sup> January 2025</b>
<b>Title:</b>	<b>Highland Integrated Care Service – Model of Delivery</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Fiona Davies, Chief Executive</b>
<b>Report Author:</b>	<b>Gareth Adkins, Director of People &amp; Culture</b>

**1 Purpose**

**This is presented to the Board for:**

- Decision

**This report relates to a:**

- Emerging issue
- Government policy/directive
- Legal requirement

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

N/A

**This report relates to the following Strategic Outcome(s)**

Start Well	Thrive Well	Stay Well	Anchor Well
Grow Well	Listen Well	Nurture Well	Plan Well
Care Well	Live Well	Respond Well	Treat Well
Journey Well	Age Well	End Well	Value Well
Perform well	Progress well		

## 2 Report summary

### 2.1 Situation

This report outlines progress to date on the discussions between NHS Highland (NHS) and the Highland Council (THC) in relation to the model of integration for Highland Health and Social Care Partnership (HHSCP).

Several drivers have led to a series of discussions during 2024 between the lead agencies for integrated health and social care services (THC and NHS) on the current model of integration and options for the future. This includes the amendments to the draft National Care Service Bill published on 24<sup>th</sup> June 2024.

These amendments remove the options and therefore choices for models of integration and replace this with National Care Service local boards which will be a reform of the existing Integration Joint Boards model. The Lead Agency model does not exist within the proposed legislation now that these amendments have been made.

The board received an update on these amendments and the implications of these at the 30<sup>th</sup> July 2024 board meeting. This included plans for THC and NHS to work together to explore the options for a future model of integration supported by a commissioned technical assessment of the key differences between the lead agency model and the body corporate model (Integrated Joint Board).

The technical assessment has been commissioned and is underway. In addition two development sessions with the Joint Monitoring Committee (JMC) have enabled THC and NHS to continue discussions resulting in a proposal to establish a formal strategic steering group between NHS and THC to progress the work required to:

- review the model of integration
- develop options for transitioning away from the lead agency model including changes to the integration scheme and associated service delivery models (care models)
- make recommendations on the preferred option and associated arrangements for delivering a new model of integration.

The difference in governance cycles between THC and NHS and the schedule of council and NHS board meetings required JMC to act as the key mechanism for both parties to have representation and a role in decision making on behalf of the wider council and the NHS Board. However, both the council and NHS Highland board also require to take any formal proposals through their respective governance mechanisms. This inevitably leads to some differences in timings of when formal consideration by each party takes place and this will continue throughout the process of developing and delivering a future model of integration that council and board members should be aware of.

The JMC considered and approved this proposal on 13<sup>th</sup> December 2024. At this meeting the JMC also received the views of the wider Highland Council which met on 12<sup>th</sup> December and had considered and approved the proposal.

NHS Highland Board is asked to:

- **Note** that preparatory work is underway to identify the optimal future care delivery in Highland and to make recommendations on modifications to the care and governance model currently in place in Highland;
- **Agree** to create a strategic Steering Group to oversee the required work with representation from both lead agencies including councillor and officer representation from The Highland Council and executive and non- executive director representation from NHS Highland; and,
- **Agree** the approach to joint communications to ensure that all stakeholders are fully appraised of plans as they evolve and have the chance to shape them.

**2.2Background**

In 2012 the Council with NHS Highland entered into a Partnership Agreement to deliver health and social care services on an integrated basis. It was agreed that the Council would be the lead agent for integrated health and social care services for children and that NHS Highland would be the lead agent for such services for adults. The Agreement in place provided for significant change in terms of the transfer of staff and associated assets in order to deliver upon these imperatives.

Subsequently in 2014 the Public Bodies (Joint Working)(Scotland) Act was enacted which required all health boards and local authorities to provide for integrated working in order to deliver integrated health and social care services to their communities. At that time 2 models of working were proposed:-

- The lead agency model such as that in place in Highland
- The Integrated Joint Board model which is the model in place in all other integration authorities in Scotland.

In terms of that legislation, integration authorities were required to put in place an Integration Scheme setting out the arrangements in place. Such a scheme was put in place in Highland building upon the 2012 Partnership Agreement and which has been reviewed consistent with the terms of the 2014 Act. Any further review seeking to move away from the lead agency model in place would require to comply with that legislation but also ought take into account what it is expected will be required in terms of the proposed National Care Service legislation.

The National Care Service (Scotland) Bill (NCS) was published in June 2022 with the intention of reforming how social care, social work and community

health services are delivered in Scotland. The proposal to create a National Care Service was based on recommendations made by the Independent Review of Adult Social Care, led by Derek Feeley.

Under the shared accountability agreement, local authorities and health boards will remain legally responsible for delivery functions, staff and assets within the NCS. These elements have been subject to widespread consultation including significant engagement with COSLA where agreement on the extent of the services to be overseen by the NCS has yet to be reached, especially in relation to children's services and justice social work. Further detail on reforms will be provided at Stage 2. The Minister for Social Care, Mental Wellbeing and Sport shared the Stage 2 NCS Bill pack with parliament in June and Stage 2 amendments were published on 24<sup>th</sup> June 2024, with the intention to submit to Parliament by the Scottish Government in the Autumn.

One of the elements of particular interest to Highland, and which had not previously been clarified, is the model of integration envisaged by the new NCS and whether this would still support the Lead Agency Model (LAM). As Members will be aware, the LAM is only in place between The Highland Council and NHS Highland; all other local authorities using the Integrated Joint Board (IJB) model.

These amendments remove the options and therefore choices for models of integration and replace this with National Care Service local boards. This will be a reform of the existing Integration Joint Boards model and means that the Lead Agency model does not exist within the proposed legislation.

There has been extensive negotiation between COSLA and the Scottish Government in relation to the NCS Bill as a whole in relation to children's and justice social work services; direct funding for integration authorities; and the power to remove local Integration Authority Board members, however these remain outwith the current amendment document and will be considered at a later juncture. Once published a decision pertaining to these aspects will also require local consideration given that the Lead Agency model is also in place for the delivery of children's services.

The Scottish Parliament initiated a 'call for views' on 1<sup>st</sup> July 2024 on the NCS Bill in recognition of the extent of the stage 2 amendments. This closed on 30 August.

The Scottish Government subsequently announced a pause to the further development of the NCS bill. The Scottish Government still plans to deliver the NCS bill so the potential implications of the bill in terms of the lead agency model are still extant for NHS Highland and the Highland Council

NHSH and THC agreed during Summer 2024 plans for both parties to work together to explore the options for a future model of integration supported by a commissioned technical assessment of the key differences between the lead agency model and the body corporate model (Integrated Joint Board).

The technical assessment has been commissioned and is underway. In addition two development sessions with the Joint Monitoring Committee (JMC) have enabled THC and NHSH to continue discussions resulting in a proposal to establish a formal strategic steering group between NHSH and THC which is outlined below.

**2.3 Assessment**

The progression of the NCS bill has been delayed and it is not possible to predict what the final form of the bill will take including the future models of integration that will be possible within the future legislative framework.

However, the draft Bill and associated amendments have been a key driver in NHSH and THC reconsidering the model of integration in place for the Highland Health and Social Care Partnership and the implications of moving away from the lead agency.

Both parties have agreed to work together to explore the options and implications of moving away from the lead agency model supported by a commissioned technical assessment that in its first phase has considered the similarities and differences between the Lead Agency Model and the Integrated Joint Board (IJB) model (and what is currently known of the future model for local care boards as provided for by the National Care Service proposals).

In parallel discussions have continued between THC and NHSH including through development sessions of the JMC. This has included exploration of the impact of service sustainability issues, seen for some time in the care home sector in Highland.

Analysis has shown that the proportion of home based to residential care for older people in Highland is not in line with other parts of Scotland, who are performing better in meeting people’s needs at the right time and in the right place. A structured transformation programme will be needed to address this and ensure that best practice in integrated health and social care be provided for the Highland population.

The first phase of the technical assessment has identified that even within the IJB model there are variations in how this has been implemented. Comparing performance between different models is not straight forward so it is not clear if there is a direct correlation between the details of integration models and outcomes different partnerships achieve.

So whilst changes to the governance model may not, in and of themselves, achieve the kinds of system change that might be required, they might accompany other technical and strategic changes, such as improvements in approaches to commissioning of social care, which might also enable change.

This will also apply to the planned strategic developments of a Care Home and Care at Home Strategy.

However, the discussions to date, in part prompted by the proposed NCS bill, have brought THC and NHSH together in their thinking that it is an opportune time to review the integration model and assess if changes would be an enabler to wider system change and transformation.

Given the implications of undertaking this scale of change further work is required to:

- chart options for progress from the current model to the future model for governance - including a timeline which references the legislative process
- consider options for developing a future care model to sit below that governance, in line with the agreed vision articulated in the Adult Social Care Strategic Plan for the Partnership and the Delivery plan to move away from a bed based model for adults with a view to supporting people to stay in their homes and communities as long as possible. This is also relevant to the planned changes in children's services, which are structured into the Children's Services Strategic Plan
- provide an outline of the strengths, weaknesses, opportunities and threats that might be involved in such options in relation to the delivery of both adult and children's service and to clearly define the financial, legal and workforce implications to be addressed
- provide recommendations on the resources required to support both organisations in the transition from the current model to the future model of governance
- provide recommendations on any support Highland Council and NHS Highland may require from Scottish Government in terms of taking forward any change to the lead agency model currently in place.

There needs to be an effective mechanism in place to supplement the existing governance structure for the joint working between THC and NHSH.

It is proposed that a strategic steering group is formed to oversee the further work required with representation from both lead agencies including councillor and officer representation from The Highland Council and executive and non-executive director representation from NHS Highland. Once set up, the intention would be to schedule meetings on a regular basis to ensure work progresses at pace and there is oversight of the direction of travel.

Future action will include engagement with key staff and partners to gather stakeholder views on potential future organisational arrangements. This will consider whether there is an emerging consensus as to how a revised model for Highland may look or if this would benefit from being explored in more detail through further engagement.

Further work will establish and collate the range of financial, legal and workforce issues involved in the current arrangements and the implication for any change in a new future model of integration. It will also include detailed consideration of

how these organisational arrangements would support future care models that would best meet the needs of Highland residents, and the priorities of the partners involved.

It is recognised that much of any agreed work is likely to be contingent on the legislative progress of the NCS bill, although any potential changes within Highland are not solely dependent on this legislation as the 2014 Act remains operational. Consequently, ongoing engagement with the Scottish Government will be important.

There will need to be planned communications connected to the proposed change and the ways in which both affected organisations will communicate with staff and stakeholders. This work will be taken forward by the lead agencies with input from Trade Unions. A draft communications plan is included in Appendix 1 which will be further developed and overseen by the strategic steering group.

**2.4 Proposed level of Assurance**

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>

**Comment on the level of assurance**

This is paper is for a decision.

**3 Impact Analysis**

**3.1 Quality/ Patient Care**

There are no specific impacts identified at this stage. However, the intention is that changes to governance and care models should enable improvements in quality and care.

**3.2 Workforce**

There may be changes to employment terms and conditions as a result of changes to the integration governance model. However, further work will be required to explore options. We will work closely with council leadership to support each other in relation to our individual obligations to work with staff as employers within our separate workforce policies and terms and conditions in managing any change that may be agreed in the future.

For NHS Highland this will include adhering to the principles and practice of partnership working and NHS Highland workforce policies.

**3.3 Financial**

A change to the model of integration will have significant financial implications that are yet to be worked through

**3.4 Risk Assessment/Management**

There are a range of potential risks arising from the new arrangements as is the case with any major change of this nature. It is known that there may be implications involving the employment status of staff currently working across the Council and NHS Highland with related cost/financial issues and clearly there will be governance and assurance implications for the partnership as well as possible impacts on service delivery. It is still too early to provide a more detailed assessment but it is useful that greater clarity is emerging as to the integration model that is to be rolled out across Scotland. A technical assessment of the key differences between the Lead Agency Model and Integrated Joint Board has been initiated to assist with this analysis, albeit it is expected that the IJB model will also change under the new legislation

**3.5 Data Protection**

No specific issues identified at this stage but this will be explored as part of exploring the implications of a change of integration model.

**3.6 Equality and Diversity, including health inequalities**

No impacts identified at this stage

**3.7 Other impacts**

**Legal** – There are no direct legal implications as a consequence of this report. However the work envisaged by this report will require to be compliant with The Public Bodies (Joint Working) (Scotland) Act 2014 and consequently the terms of the legislation anticipated by the National Care Service set out by the Scottish Government.

In terms of any change to the model of integration it is thought that this is likely to require a formal review of the Integration Scheme which will involve both lead agencies as signatories thereto. As such, the proposed steering group will be constituted accordingly, albeit it is recognised that there will need to be significant engagement with third sector partners and other key stakeholders, including staff and trade unions.

All of this work will require to be sense checked in relation to the relevant regulatory bodies that would have a statutory role in relation to the potential change in governance arrangements.

**3.8 Communication, involvement, engagement and consultation**

As outlined work has been ongoing between the THC and NHSH. Further consultation and engagement will be required supported by the draft communications approach included in Appendix 1.

**3.9 Route to the Meeting**

Paper submitted to JMC



4 Recommendation

NHS Highland Board is asked to:

- **Note** that preparatory work is underway to identify the optimal future care delivery model in Highland and to make recommendations on modifications to the care and governance model currently in place in Highland;
- **Agree** to create a strategic Steering Group to oversee the required work with representation from both lead agencies including councillor and officer representation from The Highland Council and executive and non- executive director representation from NHS Highland; and,
- **Agree** the approach to joint communications to ensure that all stakeholders are fully appraised of plans as they evolve and have the chance to shape them.

4.1 List of appendices

Appendix 1 – Joint Communications Plan

Appendix 1 – Joint Communication Plan – Changing the Model of Integration

Information			
Sponsor/Lead:	tbc	Project Manager:	tbc
Author/Comms Lead	Name: To be included from NHS & THC	Designation:	Contact details:
Version/Date	27-11-24		
Vuelio Subject			Media enquiries should be logged and tagged to subject
Sharepoint File			File location to be identified on Extranet
Webpage	If appropriate per THC & NHS sites		

Introduction:	Plan to end current lead agency model and align Highland with the rest of Scotland in terms of agreement made at JMC and consistent with SG expectations.
Background:	The current Lead Agency Model was established in 2012 by NHS Highland and Highland Council and continued in 2014 and subsequent reviews. The proposed National Care Service legislation provides for a common model of integration and as such there has been an agreement to consider how an independent body corporate model might work in Highland. It is recognised that such an agreement could have a significant impact on staff and other stakeholders. Hence a robust communication strategy is essential.
Aim:	To manage the complex joint communications and recognise its impact on a large and broad range of stakeholders including and, in particular, the staff groups who may be effected by such a change.
Strategic Objectives:	These are strategic objectives which support delivery of the outcome: <ul style="list-style-type: none"><li>To provide information and reassurance throughout any period of change</li><li>To plan engagement and consultation with all stakeholders</li><li>To provide the rationale for the need for change to a model.</li></ul>

<b>Tactical Objectives:</b>	<ul style="list-style-type: none"><li>• Identify Project/Programme objectives and milestones in order to plan communication needs and activities</li><li>• Identify all stakeholders; with clear groups who may be impacted; all other audiences, and their communication needs and potential concerns</li><li>• Identify Key messages</li></ul>			
	<ul style="list-style-type: none"><li>• Identify benefits and desired outcomes</li><li>• Identify what are the blockers/reasons for potential resistance to change (eg myths and rumours) • Develop FAQs for various audiences</li><li>• Hold on-site and online staff engagement sessions with affected staff</li><li>• Develop public/partner engagement where necessary</li><li>• Consider relevant and appropriate points of contact to promote and lead change</li><li>• Identify methods and channels of communication to reach specific audiences- such as Staff Connections/Intranets; social media; media features; radio interviews/adverts; drop-in sessions, FAQ, email groups; TU groups; Member/Board briefings; staff panels/focus groups;</li><li>• Monitor media – press and social media to identify issues to respond to where appropriate, and effectiveness of engagement</li><li>• Plan communications flowing from committee reports and decisions etc</li></ul>			
<b>Stakeholders:</b>	Identify stakeholder/audience groups and their needs and how engagement can best take place Timing, choreography of decisions and coordination is crucial.			
<b>Stakeholder Map</b>	<b>Priority stakeholders</b>	<b>Secondary stakeholders</b>	<b>Needs/Issues</b>	<b>Methods</b>
	Staff – NHS and THC			
	Service users – adults and children			
	Commissioned partners			
	Elected Members			
	Board Members			

	Scottish Government			
	Trade Unions			
	Etc...			
Key messages:	<ul style="list-style-type: none"><li>• Background – Reasons for change</li><li>• Vision</li><li>• Benefits and/or mitigation of challenges</li><li>• Links to information and resources for various audiences</li></ul>			
	<ul style="list-style-type: none"><li>• Immediate/short, medium and longer term actions being taken</li><li>• Project Stages/timelines</li><li>• Points of contact</li></ul>			
Champion or Spokespersons:	Who is best to deliver the messages/do media interviews/quotes			
Joint Protocols:	A partnership protocol for communications is essential in terms of sharing partnership information; sharing if-asked lines or draft press releases with key partners, staff and Trade Unions as well as the public.			
Risks:	Capture any communication risks and mitigation here			
Managing or capturing feedback:	<ul style="list-style-type: none"><li>• FAQs/surveys/coordination of enquiries/FOIs</li><li>• Channels for involving stakeholders – eg an email; helpline; webpage</li><li>• Engagement tools</li></ul>			

<b>Evaluation:</b>	<p>Describe what success means: where will this be measured, how and by whom and where reported.</p> <hr/> <p>How will the effectiveness of your communication plan be measured? Evaluation tools may include:</p> <ul style="list-style-type: none"><li>• Surveys</li><li>• Webpage hits</li><li>• Staff Connections/NHS Intranet views</li><li>• Feedback</li><li>• Social media monitoring (reach, engagement)</li><li>• Press monitoring</li><li>• Measuring specific outcomes - improved response rates/higher productivity/reduced costs/better morale/staff retention/delayed discharges</li><li>• Reduction in complaints/queries about the process</li></ul>
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