

## The Highland Council

12 March 2016

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| Agenda Item | 11       |
| Report No   | HC/19/16 |

### Highland Health and Social Care Partnership – Review of Governance

#### Report by Director of Care and Learning

##### Summary

This report sets out and seeks agreement to revised governance arrangements for the delivery of adult social care and children's services, further to the meeting of the Highland Health and Social Care Partnership Joint Monitoring Committee held on 19 April 2016.

## 1 Background

- 1.1 When the Highland Council and NHS Highland entered into the Partnership Agreement in 2012, heralding the beginning of service integration and the two lead agencies, it was also the start of a five year plan which set out the vision and expected outcomes.
- 1.2 A governance structure was in place to monitor progress and continue to modify arrangements as the transformation progressed. However it was always understood that a review of arrangements would be prudent at some stage within that five year plan.
- 1.3 In 2014, changes in legislation resulted in the development of the Integration Scheme, with the Partnership Agreement remaining as detailed guidance. This also marked the transition from the Strategic Commissioning Group to the Joint Monitoring Committee.
- 1.4 Chief Officers and the informal strategic commissioning group agreed that a review of the governance of the Partnership should proceed as scheduled.

## 2 The Highland Partnership Review of Governance

- 2.1 Initial discussions centred on the outcome sought, the articulation of strengths and weaknesses in the current system and exploration of options to better deliver consistent governance across the Lead Agencies.
- 2.2 The reduced duplication of reporting and the better timing and co-ordination of reports, had been raised by members of the governance committees in both the Council and NHS Highland. This has also led to a proposal for a minor

amendment to the timing of the Adult Children's Services Sub-Committee and Education, Children and Adults Services Committee, in the current year.

- 2.3 The informal strategic commissioning group has considered the expanding role of the District Partnerships, which in the light of the new legislation are evolving to include a wider community planning role. Although not part of the Governance structure of the Lead Agency model, these Partnerships are integral to the local delivery of the Strategic Plan.
- 2.4 The group agreed that briefings for elected members, are an effective method of keeping members informed and up to date with issues in adult social care. These briefings will reflect the timing of the Education, Children and Adult Services Committee.
- 2.5 Annexe One sets out the report that has been considered and approved at the Joint Monitoring Committee, and it is presented to both NHS Highland and Highland Council for agreement. It sets out the rationale, current arrangements and proposed new reporting arrangements, including a standard format for reporting by both lead agencies at Appendices 3 and 4.

#### **Recommendation**

Members are asked to note the review of governance arrangements for the Highland Health and Social Care Partnership, and to agree the proposals set out in the report at Annexe One.

Designation: Director of Care and Learning

Date: 28 February 2016

## Annexe One:

### Highland Partnership Integration Scheme Review of Governance Arrangements

January 2016

#### 1 Background

- 1.1 NHS Highland and Highland Council have agreed an Integration Scheme for integrated services for adults and children.
- 1.2 This provided an opportunity to review the governance arrangements, after three years of operation of the lead agency model.
- 1.3 The Partnership Agreement includes locality planning arrangements that bring local partners together to consider and influence the delivery of health and, social care in each District. This now a legislative requirement.
- 1.4 Each District Partnership should continue to maintain and monitor local plans for improving services to adults and children, reflecting implementation of the Strategic Plan. This will involve local outcome targets, reflecting the District Priorities.

#### 2 Review

- 2.1 The informal Strategic Commissioning Group has indicated that this review should have two stages:  
Part One: Consideration of 'What is it that we need to discharge our governance responsibilities?'  
Part Two: Recommendations regarding the establishment and population of a structure to achieve this.
- 2.2 It is proposed that:
  - (i) The Informal Strategic Group recommends this detailed proposal for the new structure, to be considered at the Health Board and Council, to allow recommendations to be made to the Joint Monitoring Committee in April 2016, and implementation thereafter.
- 2.3 Some account will require to be taken, at least within NHS Highland, of the parallel arrangements for governance of the 'body corporate' model in Argyll & Bute.

#### **What is scrutiny?**

The Centre for Public Scrutiny, has defined 'scrutiny' as follows:

*Public scrutiny is an essential part of ensuring that government remains effective and accountable. Public scrutiny can be defined as the activity by one elected or appointed organisation... examining and monitoring all or part of the activity of a public sector body with the aim of improving the quality of public services.*

*Scrutiny ensures that decision-making processes are clear and accessible to the public and that the people taking decisions are held accountable for those decisions.*

2.4 The Informal Strategic Commissioning Group has given consideration on a number of occasions to 'what is it that we need?' There is consensus that there should be 'less duplication' and 'fewer examples of the same report going to multiple committees', and in particular that:

- The governance arrangements must be predicated on the lead agency principles of: 'single governance, single budget, single management.'
- Each lead agency should have a single governance committee to scrutinise performance, and to consider policy and service development.
- The Governance structure must provide an acceptable level of assurance as well as a route for further scrutiny should that assurance not be achieved.
- Assurance reporting should be scheduled frequently to reflect meaningful information and progress, to mirror collection of much of the data and to enable scheduling of Governance meetings for Lead Agency and Commissioner reporting.

### **3 The Lead Agency Commissioning model**

3.1 Current arrangements are detailed in Appendix 1

3.2. The lead agency model depends on the following arrangements:

- i. A joint approach (with partners) to strategic planning and commissioning, with the development of a joint strategic plan that establishes strategic direction and improvement outcomes (co-ordinated by each Lead Agency).
- ii. The Commissioning Agency sets out the service requirement, and provides the resource to achieve it. This should be in line with and integrated into the strategic plan.
- iii. The Lead Agency delivers that requirement, against performance outcome targets and standards.
- iv. The Commissioning Agency, monitors the delivery of the commission against the agreed outcomes.

### **4 The proposed revised Lead Agency model**

4.1 the existing principles apply namely -

- Strategy is shared and equally owned.
- Service delivery is by the lead agency, with single governance, single management and a single budget.
- The commissioning agency monitors the impact on outcomes.

4.2 The lead agency will provide scrutiny over the delivery of services, and the commissioning agency will receive assurance reports based on the exercising of that scrutiny, and will receive a regular performance report relating to the

delivery of the outcomes that are set out in the commission. A schematic illustrating the process is drafted at Appendix 2.

- 4.3 The performance report will take the format of an agreed template, for use by both adult and children's services, wherever possible based around critical outcome indicators, and will only include proxy process or input indicators where outcome measures are not possible. (Appendix 3)
- 4.4 These various formal processes should be supported by ongoing, formal and informal liaison between officers and senior members of the Board and Council.
- 4.5 The formal process must provide confidence to Board members in relation to Children's services and confidence to Elected Members in relation to Adult Services.
- 4.6 It is assumed at this stage, that the Lead Agency governance committee will continue to include representation from the Commissioning Agency. The role of these inter-agency members is to act as a member of that committee, and to bring knowledge and expertise from the commissioning agency, to assist with informed decision making.
- 4.7 Each Commissioning Agency therefore has a single committee, to seek assurance regarding the delivery of the commission. Any performance and exception reports to this committee, should have been considered first at the Lead Agency committee.
- 4.8 In terms of scrutiny, the Lead Agency implements this first through its own governance committee, and provides assurance to the commissioner. The commissioner scrutinises the information and assurance, and decides if indeed they are assured or not and takes appropriate action.
- 4.9 For example the Highland Council Adult Services Development and Scrutiny Sub-Committee may receive an exception report on Delayed Hospital Discharge as part of the assurance report from the NHS Highland Health and Social Care Committee. This exception report will have been scrutinised at the Health & Social Care Committee, and assurance given to that committee on the return to trajectory. Only if the Adult Services Development and Scrutiny Sub-Committee remains concerned and is not assured, would it ask for more detail or a follow-up report from the Health & Social Care Committee.
- 4.10 Similarly, the NHS Highland Health & Social Care Committee may receive a report on the outcomes achieved in implementing the Early Years Framework as part of the assurance report from the Highland Council Education, Children and Adult Services Committee. This will have been scrutinised at the Education, Children & Adult Services Committee, and the assurance given to that committee is conveyed in the report to the Health & Social Care Committee. Only if the Health and Social Care Committee feels that assurance is not given, would it ask the Education, Children & Adult Services Committee to provide a follow-up report.

- 4.11 In practical terms, this means that each committee – in the Council or Health Board will consider a Lead agency assurance report (Appendix 3) and a Commissioners assurance report ( appendix 4) at each committee meeting.
- 4.12 If further information is requested at any stage to provide further assurance, a decision should be taken at that committee as to how that information is conveyed which ensures the response is proportionate and timely.
- 4.13 The Joint Monitoring Committee operates between NHS Highland and Highland Council and includes partners, to support and sustain these arrangements, and to agree and recommend changes as necessary to the Board and Council.
- 4.14 With regard to adult services, there will be a parallel governance structure for the Argyll & Bute Integrated Joint Board sitting below the NHS Highland Board. Accordingly, the relevant committee for the North Highland area will only have responsibilities within this geography.

## **5 Recommendations**

5.1 The Highland Partnership agrees to a set of good governance principles, namely:

- Each Lead Agency has a governance structure that reflects single governance, single budget and single management
- Each Lead Agency adopts a Strategic Commissioning approach to working with partners across the Public, Independent and third sectors to develop the Strategic Plan
- The Partnership is agreed on the functions of scrutiny and governance and where these responsibilities are discharged.
- The Partnership has a Strategic Plan which is shared and equally owned
- The commissioning agency monitors the impact on outcomes.

5.2 The Highland partnership endorses this governance structure in accordance with the agreed principles at point 1, recognising the learning from the previous arrangements.

5.3 The Highland Partnership seeks to present the revised structure to support these recommendations, to the Joint Monitoring Committee to allow wider engagement of the proposals, and implementation from April 2016.

## Appendix 1 Current Arrangements

### Adult Services

Within NHS Highland, governance is discharged through:

- NHS Highland Board – overall accountability and performance across NHS Highland activities. This involves one elected member (from the Council Administration).
- Health & Social Care Committee - co-ordinates planning, development and provision of services within NHS Highland, with a view to improving these services. This involves three elected members (from the Council Administration).  
There is a sub-committee with responsibility for performance, which involves one elected member.
- Improvement Committee - undertakes detailed, high level scrutiny of NHS Highland's performance against the Local Delivery Plan and Adult Social Care targets. This involves one elected member, who is the Strategic Committee Chair, and the Director of Care & Learning as an advisor.(This committee is under review)

Within Highland Council, the Education, Children and Adult Services Committee has oversight of performance against the appropriate Adult Services targets, and seeks assurance from NHS Highland as required. There is a sub-committee – the Adult Services Scrutiny and Development Sub-committee where there is detailed scrutiny of performance and the opportunity to share developments within Adult Services. This sub Committee comprises 11 members from across the administration and opposition.

### Children's Services

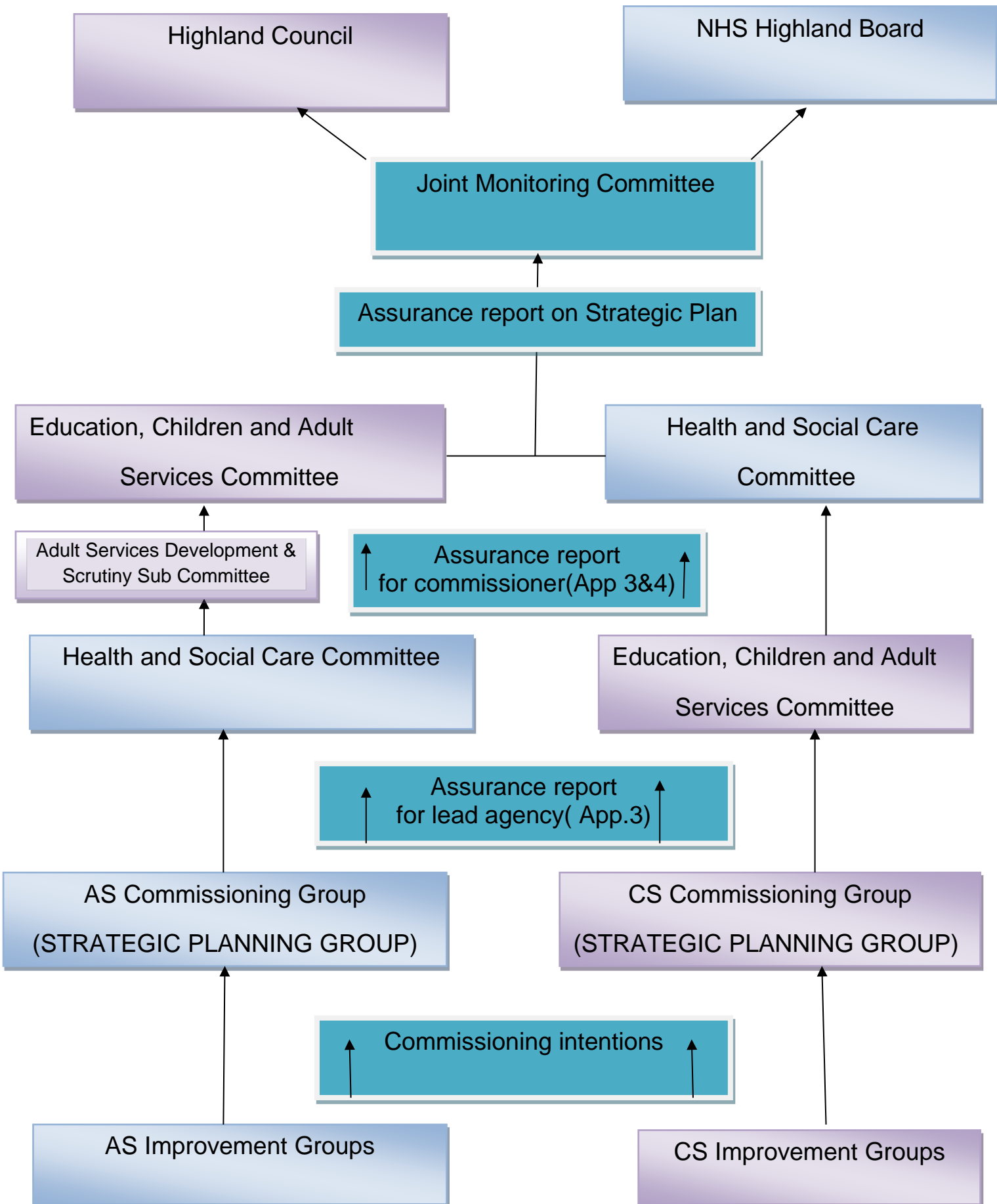
Within Highland Council, governance is discharged through:

- Highland Council - defines the Council's Goals and Values and objectives, and allocates resources to reflect its priorities.
- Education, Children & Adult Services Committee - scrutinises and monitors the management and delivery of services, and develops policy and strategy. This involves three NHS Highland Board members.

Within NHS Highland, the Improvement Committee and the Health & Social Care Committee have oversight of performance against the appropriate Children's Services targets, seeking assurance from Highland Council as required.

**Appendix 2**

**Proposed Partnership reporting**





## Appendix 3

## Assurance Report – to Lead Agency

This report should be compiled in four sections –

1. **Strategic Plan**
2. **Balanced Scorecard**
3. **Exception report**
4. **Finance Report**

Should assurance not be given, the Lead Agency can request further information and this should be intimated to the Commissioner when compiling the report for them.

### 1. **Strategic Plan**

A Narrative about progress against the Strategic Plan which should included –

- Indications of positive progress and transformation – specific examples of impact of change and transformation to be included here. Detail should show how outcomes improved, financial benefit or shift, impact on staff culture, improved quality.
- Areas still in need of development – specific areas where progress is slow or not as expected highlighting the challenges and obstacles and actions take to overcome them. Revised outcomes and timescales should be included. Care should be taken not to replicate exception reports from the next section but to focus on more strategic aims and objectives.
- Risks – specific risks to delivery of the Strategic Plan – where there is a change in mitigation or risk level, a new risk or the proposed deletion of a risk as seen as no longer relevant.
- Issues – any other issues that should be brought to the attention of the Lead Agency.

### 2. **Balanced Score card – as per current configuration with any amendments as agreed by Joint Monitoring Committee**

**3. Exception Report**

**Indicator :**

**1 CURRENT POSITION**

**2 ACTION PLANS TO ADDRESS**

**3 EXPECTED IMPACT OF ACTIONS ON PERFORMANCE**

**4 FORECAST OF RETURN TO PLANNED PERFORMANCE (ie Trajectory)**

## **4 Finance Report**

Highland  
(example only - showing possible headings)

Period Financial Summary -

| <b>Services</b>                                | <b>Year to date<br/>Budget</b> | <b>Year to Date<br/>Actual</b> | <b>Year to<br/>Date<br/>Variance</b> | <b>Year End<br/>Out-turn<br/>(Month *)</b> |
|--|--------------------------------|--------------------------------|--------------------------------------|--|
|  | £                              | £                              | £                                    | £  |
| <b>Hospital and Community Health Services:</b> |                                |                                |                                      |  |
| <b>Allied Health Professionals</b>             |                                |                                |                                      |  |
| <b>Community Services</b>                      |                                |                                |                                      |  |
| <b>District Central</b>                        |                                |                                |                                      |  |
| <b>Hospitals</b>                               |                                |                                |                                      |  |
| <b>Mental Health</b>                           |                                |                                |                                      |  |
| <b>Social Work</b>                             |                                |                                |                                      |  |
| <b>Facilities</b>                              |                                |                                |                                      |  |
| <b>Primary Care</b>                            |                                |                                |                                      |  |
| <b>Total</b>                                   |                                |                                |                                      |  |

**Agreed Template**

This report should take the form of two or three sections –

- 1. Lead Agency Statement of Assurance**
- 2. Assurance report as previously presented to Lead Agency committee**
- 3. List of any further information requested by the Lead Agency**

1. **Lead Agency – statement of assurance** on –
  - Strategic Plan ( from LA assurance route)
  - Balanced Scorecard (from LA assurance route)
  - Exception reports (from LA assurance route)
  - Finance report (from LA assurance route)

This should be compiled as a summary from the Lead Agency to the Commissioner.

i.e. For Adult Services, presented by the Highland Health Board to the Education, Children and Adult Services Committee ( EC&ASC)

For Children’s’ Services, presented by the Highland Council to the Highland Health and Social Care Committee (HH&SCC).

2. **Assurance report – Lead Agency** ( i.e. the detail from which the statement of assurance has been drawn Appendix 3 above) i.e. This should include all of the information presented to the Lead Agency as set out in the template of Assurance Report – to Lead Agency, to allow further detail to be scrutinised should they not feel they have the assurance from the statement referred to above.
3. **List of any further information requested by the Lead Agency** – If the Lead Agency is not assured they may request further information and this should be itemised for the Commissioner. Should this still not provide the required assurance, the commissioner may go back to the Lead Agency Committee and seek further information to gain the required assurance.