

Agenda Item	9
Report No	HCW/06/20

HIGHLAND COUNCIL

Committee: Health, Social Care and Wellbeing

Date: 12 February 2020

Report Title: Partnership Arrangements with NHS Highland

Report By: Executive Chief Officer – Health & Social Care

1. Purpose/Executive Summary

- 1.1 This paper sets out the current position in relation to the partnership arrangements in place between the Highland Council and NHS Highland.

2. Recommendations

- 2.1 The Committee is asked to:
- i. **Note** and **approve** the current position and the proposed approach.

3. Implications

- 3.1 Resource – The resource implications will be informed by the completion of the ongoing review of the partnership arrangements in place.
- 3.2 Legal – There are legal implications in terms of the signature of a revised Integration Scheme.as set out below. (June 2020)
- 3.3 Community (Equality, Poverty and Rural)- None
- 3.4 Climate Change/Carbon Clever - None
- 3.5 Risk – None
- 3.6 Gaelic – None

4. Background and Legal Requirements

- 4.1 The Highland Council and NHS Highland entered into a Partnership Agreement in 2012, establishing the principle of service integration in relation to both children's

services and adult care services and setting up the lead agency model. The Partnership Agreement remains in place.

- 4.2 In 2014, legislation resulted in the development of the Integration Scheme which was submitted to the Scottish Government for approval and represents the current working agreement between the Highland Council and NHS Highland with the Partnership Agreement remaining in place to offer detailed guidance.
- 4.3 The Partnership Agreement remains in place. The Integration Scheme however is governed by legislation and requires to be reviewed. Given the Integration Scheme was submitted to the Scottish Government for approval in June 2015, the revised scheme will require to be submitted by June 2020 in accordance with the legislation as the operative date is the date of the approval of the previous scheme by the Scottish Government. Both partner organisations are currently engaged in negotiations with a view to reaching agreement in relation to revisions which are required to the Integration Scheme. This agreement will subsequently then be set out within a revised agreement which will be submitted to government for approval by June 2020.
- 4.4 The Review being carried out is in relation to both documents, albeit it is only the Integration Scheme which requires by law to be reviewed. The review is also considering the financial framework going forward as part of the Agreement including the review of risk.

5. Review of Arrangements in Place

- 5.1 A series of meetings are taking place between officers to review the contents of both documents in detail with a view to establishing in relation to each clause:-
- Whether the clause is required within the revised Scheme
 - If such a clause is required if it requires to be amended/updated
 - If such an amendment/update is required the terms of any such revision

The preliminary view is that many of the relevant parts of both documents are not unfit for purpose and generally reflect the joint view of how the partnership ought best operate subject to some issues where more detailed changes are required as referenced later in this report. It is accepted that much of the detail contained within the Partnership Agreement, in terms, for example of contracts in place, transfer of staff and transfer of vehicles, is now obsolete and can be removed.

- 5.2 The Joint Officer Group, comprising Executive Officers from both partner organisations are of the view that changes require to be made in terms of the delivery of adult social care which represents the biggest challenge in order to achieve the necessary efficiencies. It is agreed that this work may not necessarily all be articulated specifically within the revised Integration Scheme. For example, it is intended that workstreams be developed as set out below with a view to achieving those efficiencies which will result in a leaner service which will nevertheless deliver improved outcomes for Highland's communities. A revised performance management framework will also be developed in order to report progress.
- 5.3 There are significant areas in both documents which require to be reviewed but for the purposes of this report the key areas are considered to be:-

1. Finance
2. Governance

3. Performance Management
4. Commissioning Arrangements
5. Property
6. Information Sharing and Data Management
7. ICT

A consensus will need to be reached in terms of revisions required to the current agreement in place in relation to these specific issues. It is anticipated that those issues will be discussed in detail by the Joint Officer Group before any changes are made to the integration scheme.

6. Key Areas for Revision

- 6.1 Given the challenging financial context revisions will be required to the current financial framework and these will be discussed at the Joint Officer Group and will include detail in relation to the governance structures in place and the need for regular reporting in terms of audit and scrutiny.
- 6.2 There is recognition that the Council has had limited meaningful scrutiny in terms of service delivery and the cost and efficiency of such delivery. This is intended to be addressed as part of the review of the governance arrangements and management of risk.
- 6.3 The Joint Monitoring Committee is the committee required by the 2014 legislation which has responsibility for the commissioning arrangements for both adult and children's integrated health and social care services. That Committee has oversight over the continuing implementation of the Integration Scheme and the associated risk. It is tasked with reviewing the operation of the partnership including the financial commitments and the commissioned services and to monitor performance. It will continue to do so.
- 6.4 This Committee has also before it a paper dealing with the roles and remit that Committee which will include:-
 - Service Revenue Budget Monitoring
 - Performance/Quarterly Reporting
 - Policy Development
 - Statutory Reporting Requirements
 - Specific Committee functions as set out in the Scheme of Delegation
 - Responses to external consultations
 - Response to legislative and regulatory changes
 - Minutes of Boards, Sub-Committees and Working Groups
- 6.5 A workshop has recently taken place to consider the governance arrangements in place and it is recognised that the partners need to work together more effectively to ensure consistent and regular oversight of the arrangements in place in terms of service delivery and the financial position.
- 6.6 It is also recognised that work is required in terms of those other parts of the agreement referenced at para 4.3 above and there is ongoing work at officer level to ensure that the revised scheme reflects the aspirations of the partner organisations as well as ensuring that those revisions are compliant with legislation. Work is ongoing in terms of the creation of Data Processing Agreements which are GDPR compliant and there is also discussion in terms of work which is required in terms of other matters

being, principally ICT issues and property matters. The agreement reached in relation to these issues will be reflected within the revised Integration Scheme.

7. Proposed Workstreams

7.1 Officers from both partner organisations have met at a series of workshops which have been set up with a view to understanding the current service delivery and the existing challenges. Those workshops have then moved on to discuss how efficiencies and savings can be delivered.

7.2 The following workstreams have been provisionally agreed as meriting a scoping exercise with a view to establishing what savings and efficiencies can be delivered. It is recognised that it will be essential to manage those proposed workstreams dynamically whilst recognising that they are medium to long term projects. Each workstream will be subject to a detailed scoping exercise once the workstream is agreed in principle and that scope will focus on savings and efficiencies going forward.

7.3 The workstreams are as follows:-

Action – What	When	By Whom	Why
Moving from presumption of assessment to “Three Conversations”	ASAP – Priority level 1	The Partnership	To reduce number of service users who could be appropriately signposted elsewhere
Current Assessments - review	ASAP – Priority level 1	The Partnership	In terms of the HCAAG process the work to review current large packages requires to be reviewed/ accelerated.
Work with Community Planning Partnerships	Priority Level 2	The Partnership with particular reference to the Council’s community planning team and housing	To link locality plans in with the Strategic plan and to link in with the first priority above in terms of a planned “three Conversations” model
Work with income maximisation team	Priority level 1	The Partnership with particular reference to the Council’s benefits section	DWP/HMRC statistics indicate that circa 30% of people fail to claim the benefits to which they are entitled
Workforce Planning	Priority level 2	The Partnership with particular reference to community planning	To support and promote recruitment within the ASC sector

		team, Skills Development Scotland and UHI	
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The areas of work set out above can be expanded upon as follows:-

1. Assessment Process – this project will consider whether amendment is required in relation to the way in which assessments are carried out. There is often the automatic presumption that every contact requires an assessment, whereby many people have access to sufficient support around them without needing to go through an assessment to determine this. Given that assessments inform the size of care packages it is intended that the following work should be carried out:
 - Work in advance of assessment. Consideration requires to be given to the prospect of the partnership adopting the “3 conversations” model as used in other authorities (Edinburgh City Council are introducing this and 30 Local Authorities in England have rolled it out,).
 - Work required to trial the concept of a “single front door”/ single point of access approach. This work is also shared with Children’s Services with a view to evolving a single model with the consequent efficiencies.
 - Having a conversational model requires building links with local communities to know what is on offer. Two small examples of this could be to work with GPs in terms of “social prescribing”; looking to adopting the Home Share where an older person with a spare room is matched with a person in need of accommodation in return for set hours in household tasks and company – thus breaking isolation and providing some everyday living support
 - The 3 conversations model is an innovative approach to needs assessment and care planning and focuses primarily on people’s strengths and community assets. It supports frontline professionals to have 3 distinct and separate conversations. Firstly to explore a person’s needs and connect them to personal, family and community sources of support. Secondly, if required (if not resolved at the first conversation) a conversation to assess levels of risk and any crisis contingencies which may be required. The third and final conversation focuses on long term outcomes and planning. This model, where used elsewhere, has led to a significant reduction in the proportion of contacts that go on to receive a long term package of care.

2. Work with community planning partnerships – In terms of the community empowerment legislation there is a duty to prepare locality plans, adult plans and children’s plans. There is a clear need to involve communities in the delivery of services through Self-Directed Support Packages for example. This is likely to be particularly relevant in those areas outwith the inner Moray Firth where recruitment of care at home staff has historically been challenging. It is intended that work be carried out to formalise partnership links and cross referencing those plans with the strategic plan. There is also a recognition that communities could and do benefit from funding from other sources including, for example, wind farm grants. It is therefore intended that work should be carried out with a view to seeing how these funds might be accessed and used to support communities.

3. Income Maximisation –Data suggests that the non-take up of benefits can be significant. However, due to GDPR, organisations such as the THC and NHH

cannot access the “customer-level” to a level that enables customer identification. As reported to the Council’s own Corporate Resources Committee, the Council has supported many customers to claim significant sums of unclaimed benefits for many customers including those with care needs. Closer partnership working with the Social Work teams in NHS Highland, and the Third Sector can help improve benefit take-up. This also has a clear advantage for both service users and the adult social care provision in terms of charging as, as well as increasing income levels, access to other passported benefits and services for service users. Such a project should also consider whether partners can put in place a “handyman/help” scheme whereby potential service users pay for support of a more routine (i.e. not social care) nature – shopping, cleaning, gardening etc. An example of such a model exists in Gateshead Council, England

4. Work Force Planning – Given the issues relating to recruitment for delivery of care at home it is intended that there be a workforce planning project which would include work with Skills Development Scotland (with a view to accessing school leavers) and University of Highlands and Islands (UHI). In parallel a more general workforce review would consider creating flexible multi-functional posts, particularly with a view to reducing agency staff.
5. Transitions – It is recognised that this is a difficult area. Partners have already put in place a transitions team which deals with young people in the 14 -25 age group. Agreement needs to be reached regarding financial responsibility for that group taking into account the various legislative responsibilities in terms of corporate parenting and continuing care etc. There is a recognition also that there have been issues in terms of housing of this age group, and older, in cluster type housing developments where there can be an element of shared support enabling this cohort to live in the community and be able to access appropriate support in a manner which is financially sustainable. The work to be carried out will seek to establish a consensus in terms of transfer of responsibility as well as working with housing and housing developers to identify appropriate housing solutions.
6. Care Homes – It is recognised that there is a shortage of care home beds in Highland notwithstanding the fact that the average age at which a person goes into a care home in Highland is older than the national average and that the average stay in a care home evidencing that there has been successful work with a view to shifting the balance of care. That work does require to continue (and will in terms of items 2 & 4 above) but there needs also be a recognition that there remains a need for care homes. Work requires to be carried out to consider how the partnership can best deliver this. This may involve capital investment or could involve transfer of care homes currently being managed by NHS Highland on behalf of the Council and a cost analysis will require to be carried out. This work has already begun, led by NHS Highland.

7.4 These workstreams once agreed will require a programme management approach. Both partners are committed to the required resource to fund the work will be required to action these workstreams with a view to delivering improved services to Highland communities and efficiencies. The required staffing will require the expertise that both partners can provide in terms of adult social care, community engagement, revenues, housing etc.

Designation: Executive Chief Officer – Health and Social Care

Date: 4 February 2020

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Background Papers: