

Agenda Item	7
Report No	HCW/09/22

HIGHLAND COUNCIL

Committee: Health, Social Care and Wellbeing

Date: 24 August 2022

Report Title: Delivery of Adult Social Care in Highland

Report By: Highland Council Executive Chief Officer – Health and 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 and provides detail in terms of those arrangements and the governance in place in terms of the delivery of Adult Social Care in Highland by the Highland Health & Social Care Partnership.

1.2 The report is presented for noting.

It is subsequent to the agreement by the Council at their meeting on 25 March 2021 and by the Board of NHS Highland on 31 March 2021 when there was an agreement in principle of a revised Integration Scheme to reflect the partnership arrangements in place between the Council and NHS Highland.

2. Recommendations

Members are asked to:

- i. **Note** the contents of this report.

3. Implications

3.1 Resource – There are resource implications in that the revised Integration Scheme in place between the Council and NHS Highland provides for the financial arrangements in place in terms of the delivery of commissioned service. That agreement deals with administrative arrangements in terms of management and reporting and also more strategic issues in terms of budget setting and the provisions for in year variations and risk management/sharing. There are ongoing resource implications which are managed by the Joint Monitoring Committee and form part of regular budget monitoring to this Committee.

- 3.2 Legal – The Public Bodies (Joint Working) (Scotland) Act 2014 requires that there be an integration scheme in place between the Council and NHS Highland. Such an agreement reflecting the “Lead Agency” model in place was first agreed in 2015 and the proposed integration scheme as approved by the Scottish Government in June 2020. In terms of the 2014 Act those arrangements require to be reviewed every 5 years and that Integration Scheme constitutes a legally binding agreement with NHS Highland in terms of the delivery of commissioned services. Members will be mindful that the legal relationship between the 2 organisations may change as a result of work which is underway nationally in terms of the proposed National Care Service.
- 3.3 Community (Equality, Poverty, Rural and Island) –There are no direct implications as a result of this report.
- 3.4 Climate Change/Carbon Clever – There are no climate change implications as a result of this report
- 3.5 Risk – The agreement contains provisions for managing financial and other risks that may arise from the agreement, including procedural steps for mitigating and managing risk events.
- 3.6 Gaelic – There are no Gaelic implications as a result of this report.

4. Background

- 4.1 The Highland Council and NHS Highland entered into a Partnership Agreement in 2012, establishing the principle of, and arrangements for, service integration in relation to both children’s and adult health and social care services within a lead agency model, with the NHS Board taking responsibility for adult health and social care services and Highland Council taking responsibility for children’s health and social care services.
- 4.2 That partnership continues albeit in 2014, subsequent legislation being the Public Bodies (Joint Working) (Scotland) Act 2014, resulted in the development of the Integration Scheme, which carried forward these arrangements. The Scheme was first approved by the Scottish Government on 25 June 2015 and contains the agreement between NHS Highland and Highland Council for integration of health and social care services within the Highland Council area. The Partnership Agreement remained in place to offer detailed supplementary guidance.
- 4.3 Given the Integration Scheme was approved by the Scottish Government on 25 June 2015, a revised scheme was required to be submitted by 25 June 2020 in accordance with the legislation as the operative date is the date 5 years after the approval of the previous scheme by the Scottish Government.
- 4.4 At the time of the Covid–19 pandemic outbreak, work was underway but given the challenges around dealing with the pandemic the Scottish Government, in March 2020, agreed to an initial review by the original June 2020 deadline and later submission of a revised Integration Scheme by 1 April 2021.
- 4.5 The revised scheme was submitted to the Scottish Government on 27 July 2021. Receipt was acknowledged and an indication was received that any comments/feedback would be provided within the following 6 – 8 weeks. A response was received on 19 November 2021. The nature of the response received related almost entirely to drafting matters. The comments made by the Scottish Government

have been considered, and a joint view was reached that the comments made could be agreed. As such those changes have been made and the Integration Scheme as amended in those terms and submitted to the Scottish Government for final approval. Approval was granted by the Scottish Ministers on 21 February 2022. The Partnership is thus working to the terms of the Integration Scheme as approved in February 2022.

5. Current Position – the Lead Agency Model

5.1 In Highland what was referred to as the lead agency model was developed in 2012 using existing Community Care legislation. This model was the first model of integrated working in the health and social care sector in Scotland and the requirement to integrate was subsequently enshrined in legislation as a result of the Public Bodies Act referred to above. At that time an alternative model promoting integrated working was also developed and is referred to as the Integrated Joint Board model which is not in place in Highland.

5.2 By contrast the Lead Agency model in place means that one agency *leads* provision of a *shared* vision. That model is consistent with the requirements set out in the legislation. The lead agency model is such that statutory functions are delegated, but statutory duties are not transferred. Those duties remain with the responsible authority but are delivered elsewhere. This means that adult care services are delivered by NHS Highland but that the Highland Council remains responsible through the Chief Social Work Officer who is a Council Officer. It is worth noting that given the statutory functions of Mental Health Officers that this service remains a Council function delivered by Council staff and is not delegated to NHS Highland albeit the service works closely with those employed by NHS Highland delivering adult social care services.

5.3 The Highland Health and Social Care Partnership delivers services to the people of Highland.

The Council delivers children's services directly AND the commissioned child health service on behalf of NHS Highland. That means that commissioned child health service professionals including school nurses, health visitors and allied health professionals are employed by the Council and sit within Children's Services. NHS Highland delivers health services AND adult social care services on behalf of the Council. Both organisations require to work in partnership to ensure positive outcomes for people

5.4 Governance of the partnership is through the Joint Monitoring Committee which is a joint committee whose membership includes members and officers the Council, non executive and executive directors from NHS Highland and 3rd sector partners. It has as its remit the responsibility to deliver partnership outcomes. The Committee meets quarterly and is Co Chaired by the Chair of this Committee and the Chair of the Board of NHS Highland. A copy of the remit of the Joint Monitoring Committee is attached as **Appendix 1** to this report.

5.5 The publication on 3 February 2021 of the Independent Review of Adult Social Care in Scotland (referred to as "The Feeley Report") and the proposed National Care Service are likely to have a significant impact upon the current partnership arrangements. Whilst these implications are being considered and legislated upon, there remains a legal obligation on both NHS Highland and Highland Council to have in place an appropriate and agreed Integration Scheme.

5.6 The National Care Service Bill has been published and consultation in relation to that is ongoing. At the current time the proposed scope of the National Care Service is

limited to the delivery of adult social care. The Bill provides that there will be further consultation prior to any decision being taken to include either Children's or Justice Services. Further information will be provided when this is available. However, legislation to effect change is likely to take some time and meantime the integration scheme, and the arrangements set out within this, will remain in place.

The proposed National Care Service is likely to have significant impact on the partnership arrangements as well as having implications on staff and these will require to be taken into account as appropriate.

6. Actions Consequent Upon the Revised Scheme

6.1 In reviewing the Scheme, a number of areas were noted that require further work.

The key vehicle for both overseeing the delivery of the Integration Scheme, and ensuring appropriate reporting and support to the Joint Monitoring Committee, is the **Joint Officer Group (JOG)**.

This group had previously met but had been in abeyance for some time. This group has now been re-established to ensure the necessary attention and rigour to the required Integration Scheme actions. It is responsible for the actions which are referred to above and to monitor the financial arrangements in place. Key amongst those actions is the establishment of a joint property board to regulate property issues arising as a result of the partnership arrangements in place, the agreement for a joint ICT strategy and the agreement of a Joint Performance Management Framework to inform scrutiny and assurance of service delivery.

Such scrutiny and assurance is within the remit of the Joint Monitoring Committee but this Committee also receives assurance reporting in terms of the delivery of adult social care by NHS Highland pursuant to the Lead Agency model in place. That reporting has taken place bi-annually and the Chief Operating Officer and the Director of Adult Social Care have attended Committee to respond to any queries which may arise as a result of that assurance reporting. It is intended that this should continue to take place.

6.2 A crucial component of the Integration Scheme and area of activity oversight of the JOG and subsequently the Joint Monitoring Committee, is the development of **Strategic Plans**. That planning work is key to delivering transformational work going forward in terms of considering how to improve outcomes for those with lived experience.

The Public Bodies (Joint Working) (Scotland) Act 2014 requires integration authorities to prepare a Strategic Plan that sets out the arrangements for integration functions and how these will achieve the national health and wellbeing outcomes. Following presentation of a proposed approach to developing the Strategic Plan to the Joint Officer Group and Joint Monitoring Committee, a working group has been established to support progress with participation from a range of expertise across sectors and experiences. The monthly working group commenced in April and the ambition is to produce a full draft of the plan by December 2022/January 2023 which will be followed by a period of consultation.

The working group sessions to date have focussed on discussing the scope and format of the plan where the group reviewed an example of a Strategic Plan and considered the needs of the final outcome to ensure accessibility of the plan for communities, workforce and partners; collating national standards and policies informing the plan

and developing a contents structure to enable an action tracker to be developed; and designing an engagement process and approach in creating the plan being mindful of wider engagement and consultation asks that have taken place, are ongoing or planned.

It should be noted that the strategic planning work referred to is limited to the delivery of adult social care. The planning work in relation to integrated children's services is completed pursuant to the community planning framework and is reported elsewhere within this Committee's agenda.

Designation: Executive Chief Officer – Health and Social Care

Date: 22 July 2022

Author: Fiona Malcolm, Head of Integration Adult Social Care

Background Papers:

Remit of Joint Monitoring Committee

**The Highland Partnership
Joint Monitoring Committee**

This Joint Committee has oversight of both Integrated Adult Services and Integrated Children's Services.

Role and Function

- To monitor the carrying out of integrated functions (both delegated and conjoined).
- In the above connection, to receive reports from the Integration Authorities on such aspects of integrated service delivery, and in such form, as the Joint Committee may direct from time to time.
- To report to the Integration Authorities on any aspect of the carrying out of integrated functions, which may include recommendations as to how those functions should be carried out in the future.
- To receive and, as it sees fit, publishing, its reports to the Integration Authorities and the Integration Authorities written responses to it.
- To receive and consider quarterly performance reports from the Integration Authorities.
- To receive and consider performance exception/early warning reports and remedial plans.
- To receive and consider proposals to change performance targets.
- To consider the application of relevant local performance indicators and outcomes.
- To receive and consider annual performance reports from the Integration Authorities.
- To receive and consider complaints monitoring reports from the Integration Authorities.
- To ensure recommendations, and responses from the Integration Authorities, relating to performance reporting are considered, appropriately acted upon and progressed.
- To receive and consider reports from the Project Board on workstreams that have been developed.
- To oversee the continuing implementation of the Integration Scheme and associated risks.
- To review the Integration Scheme including financial commitments, delegated and conjunction services, and make recommendations to THC and NHSH.
- To consider, within 14 days of receipt, disputes regarding the Integration Scheme that have been escalated to it, with a view to resolving such disputes.
- To ensure that the participation and engagement strategies of the Integration Authorities deliver the required involvement of stakeholders throughout the development and review process for their Strategic Plans.
- To make and amend from time to time as it sees fit, Standing Orders, for the regulation of its procedure and business, in line with applicable regulations.
- To agree annually a forward schedule of meeting dates for the following calendar year, which meetings shall be a minimum frequency of quarterly.

Membership

Membership of the Committee is set out within the Public Bodies (Joint Working) (Integration Joint Monitoring Committees) (Scotland) Order 2014, and comprises:-

- 4 elected members nominated by THC and 4 members nominated by NHS (2 Non-Executive Directors and 2 other appropriate persons).
- officers of both THC and NHS, who are members by virtue of the statutory roles that they perform:
 - THC's Chief Social Work Officer and s95 Officer;
 - NHS's Director of Finance;
 - A registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board, and nominated by the Health Board;
 - A registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract, and nominated by the Health Board;
 - A registered medical practitioner employed by the Health Board and not providing primary medical services, and nominated by the Health Board;
- staff (both local authority and health board), third sector, carer and service user representatives, recruited by the Committee, following Scottish Government Guidance, and ensuring representation in relation to both children's and adults' services.
- such additional members appointed by the Committee as it sees fit.
- additional officers nominated by both THC and NHS:
 - THC's Chief Executive and Executive Chief Officer Health and Social Care.
 - NHS's Chief Executive and Director of Adult Social Care.

Chairperson

The Chair of NHS Board and the Chair of THC's Health, Social Care and Wellbeing Committee will be joint chairs.

Deputies

If a nominated member is unable to attend a meeting, the Health Board or local authority which nominated the member, is to use its best endeavors to arrange for a suitably experienced deputy, who is either a councillor or, as the case may be, a member of the Health Board, to attend the meeting.

If any other member is unable to attend a meeting, that member may arrange for a suitably qualified deputy to attend the meeting.

Administrative Support

This will be provided by THC. This will include preparation and arrangement of all meetings and reports, taking and circulation of minutes and settling of expenses.