

The Highland Council

Agenda Item	7
Report No	HC/44/24

Committee: The Highland Council

Date: 12 December 2024

Report Title: Proposed Change to the Model of Integration

Report By: The Chief Executive

1. Purpose/Executive Summary

- 1.1 In recent times there has been considerable work done to strengthen the relationship between NHS Highland and Highland Council at a senior level. To accelerate change, it is considered by senior officials from both organisations, that changes to the formal governance (away from the Lead Agency Model) would further strengthen this work and increase the pace of change towards an improved partnership culture and a more responsive system of care for the people of the Highlands.
- 1.2 Highland Council considered a report in June 2024 [link](#) which contained information relating to the planned legislation for the National Care Service, which stipulated that the lead agency model was to be discontinued, with one care model to be in place for all authorities in Scotland.
- 1.3 It was agreed as a result, that a technical piece of work by an external advisor be jointly commissioned, the purpose of which is to chart a course away from the current governance arrangements and articulate various options that there might be for the partnership in a future Integrated Joint Board/Local Care Board model. This technical piece also considers the resources and approvals that might be required, as well as the options for how we might work with partners through this new model.
- 1.4 Recently, there have been two development sessions for Joint Monitoring Committee (JMC) Members, which reviewed current arrangements and considered ways to improve the ways of working. At the second of these, on Friday 15 November, discussion focused on the future and the implications of ending the lead agency model, which is a key component of the Scottish Government's plans for a National Care Service.
- 1.5 Whilst these considerations have been on-going, the partnership has been managing the most recent impact of service sustainability issues which have been present 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.

1.6 At the most recent JMC development session, the need to establish a formal joint steering group between Highland Council and NHS Highland to oversee this work, as the bodies with the statutory responsibilities under the legislation, was identified. This report provides information on the establishment of a planned Strategic Steering Group and recommends its establishment forthwith.

1.7 This report seeks the formal approval to reconsider the model of our Scheme of Integration, including the option of moving from a Lead Agency Model to a body corporate model. The recommendations contained in this report are also being considered by the Joint Monitoring Committee on 13 December 2024.

1.8 There will require 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. An outline draft Communications Plan is attached as an **appendix**, the content of which will be further developed if approval to proceed is given by the Highland Council and JMC.

2. Recommendations

Members are asked to:

- i. **Agree** to reconsider the model of our Scheme of Integration, including the option of moving from a Lead Agency Model to a body corporate model;
- ii. **Agree** that preparatory work will be undertaken to identify the optimal future integration model in Highland and to make recommendations on modifications to the model currently in place in Highland;
- iii. **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,
- iv. **Agree** the approach to joint communications advised in this paper, to ensure that all stakeholders are fully apprised of plans as they evolve and have the chance to shape them.

3. Implications

3.1 **Resource** – There are no specific resource issues arising directly from this report. However it is recognised that in terms of the financial challenges in relation to service delivery, with particular application to the delivery of adult services, that there are significant budgetary implications which will require to be taken into account as work progresses, as will the resource requirements specifically related to the programme of change.

3.2 **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.

3.3 **Risk** – There are no specific risks arising from this report, although it is recognised that any change to the care model in place in Highland and associated services brings risk which will require to be addressed and any necessary mitigations put in place as the work progresses and if and when new arrangements are established. There are also risks relating to the ongoing financial challenges in terms of the budgetary position for adult social care in particular and associated direct discharge challenges and the sustainability of ongoing service delivery.

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

3.5 **Gaelic** – There are no Gaelic implications as a result of this report.

4. **Impacts**

4.1 In Highland, all policies, strategies or service changes are subject to an integrated screening for impact for Equalities, Poverty and Human Rights, Children's Rights and Wellbeing, Climate Change, Islands and Mainland Rural Communities, and Data Protection. Where identified as required, a full impact assessment will be undertaken.

4.2 Considering impacts is a core part of the decision-making process and needs to inform the decision-making process. When taking any decision, Members must give due regard to the findings of any assessment.

4.3 An impact assessment is not required at this stage. A full screening will be undertaken prior to any options being brought forward for Council consideration and this will include a full impact assessment if this is indicated as being required.

5. **History and Background**

5.1 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.

5.2 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.

5.3

In terms of that legislation, integration authorities were required to establish 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 need 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.

6. Governance Model

- 6.1 Any change to the model is likely to have a significant impact and as such needs to be considered carefully. The key factors include service delivery; costs; and staff and those issues will require to be at the forefront in terms of the preparatory work which is envisaged. Such change will have an impact on the delivery of integrated services for both adults and children.
- 6.2 Whilst changes to the governance model may not, in and of themselves, achieve the kinds of system change that may be needed, 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.
- 6.3 There will require to be detailed consideration of the disruption and associated risks likely to be linked to the proposed change and consequently a need to engage with all stakeholders including care providers, staff, trade unions and service users as well as a consideration of the resource required from both lead agencies to support such a change.
- 6.4 Accordingly, work has been commissioned by The Highland Council and NHS Highland to consider the presenting issues and to provide an analysis which establishes 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). That work will then go on 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.

6.5 In order to take that work forward the first phase has included the analysis referred to in paragraph 5.1 above. This work has considered the legal, financial and governance frameworks for any such change to take place. It considers legislative and policy changes and implications of the 2014 Act, taking into account the policy developments in relation to GIRFEC through to the Feeley report on Adult Social Care in Scotland and includes the introduction of the proposed National Care Service legislation.

6.6 It will draw up a comparative analysis of the models developed from the 2014 Act and in particular, consider the distinctions between a Lead Agency Model and the differing types of integrated authority approaches implemented across Scotland.

7. Next Steps

7.1 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.

7.2 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.

7.3 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. Engagement with the Scottish Government will be important.

7.4 Subject to the approval of Council and the JMC it is intended that there will be detailed discussion with third sector and commissioning partners on the outcome of the work. Engagement with staff will also be key. Such engagement will help to determine in more detail the focus of any agreed change and the timescales for that.

7.5 It is recommended that a Steering Group is established with representation from both lead agencies to drive forward and oversee the necessary work. Once set up, the intention would be to schedule regular meetings to ensure work progresses at pace and there is oversight of the direction of travel. Consideration will also be given as to the role of commissioned partners in this process.

7.6 Should the approach be agreed, the draft Joint Communications Plan appended to this report will be further developed and will also be subject to scrutiny and oversight by the Steering Group.

Designation: Chief Executive THC and
Chief Executive NHS Highland

Date: 27 November 2024

Author: Fiona Malcolm, Chief Officer Integrated People Services

Joint Communication Plan – Changing the Model of Integration

Information			
Sponsor/Lead:	tbc	Project Manager:	tbc
Author/Comms Lead	Name: To be included from NHSH & 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 & NHSH 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:	<p>These are strategic objectives which support delivery of the outcome:</p> <ul style="list-style-type: none"> • To provide information and reassurance throughout any period of change • To plan engagement and consultation with all stakeholders • To provide the rationale for the need for change to a model.
Tactical Objectives:	<ul style="list-style-type: none"> • Identify Project/Programme objectives and milestones in order to plan communication needs and activities • Identify all stakeholders; with clear groups who may be impacted; all other audiences, and their communication needs and potential concerns • Identify Key messages • Identify benefits and desired outcomes • Identify what are the blockers/reasons for potential resistance to change (eg myths and rumours)

	<ul style="list-style-type: none"> • Develop FAQs for various audiences • Hold on-site and online staff engagement sessions with affected staff • Develop public/partner engagement where necessary • Consider relevant and appropriate points of contact to promote and lead change • 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; • Monitor media – press and social media to identify issues to respond to where appropriate, and effectiveness of engagement • Plan communications flowing from committee reports and decisions etc 																																							
Stakeholders:	Identify stakeholder/audience groups and their needs and how engagement can best take place Timing, choreography of decisions and coordination is crucial.																																							
Stakeholder Map	<table border="1"> <thead> <tr> <th data-bbox="459 732 831 767">Priority stakeholders</th> <th data-bbox="842 732 1223 767">Secondary stakeholders</th> <th data-bbox="1223 732 1603 767">Needs/Issues</th> <th data-bbox="1603 732 1984 767">Methods</th> </tr> </thead> <tbody> <tr> <td data-bbox="459 767 831 802">Staff – NHS and THC</td> <td data-bbox="842 767 1223 802"></td> <td data-bbox="1223 767 1603 802"></td> <td data-bbox="1603 767 1984 802"></td> </tr> <tr> <td data-bbox="459 802 831 876">Service users – adults and children</td> <td data-bbox="842 802 1223 876"></td> <td data-bbox="1223 802 1603 876"></td> <td data-bbox="1603 802 1984 876"></td> </tr> <tr> <td data-bbox="459 876 831 911">Commissioned partners</td> <td data-bbox="842 876 1223 911"></td> <td data-bbox="1223 876 1603 911"></td> <td data-bbox="1603 876 1984 911"></td> </tr> <tr> <td data-bbox="459 911 831 946">Elected Members</td> <td data-bbox="842 911 1223 946"></td> <td data-bbox="1223 911 1603 946"></td> <td data-bbox="1603 911 1984 946"></td> </tr> <tr> <td data-bbox="459 946 831 981">Board Members</td> <td data-bbox="842 946 1223 981"></td> <td data-bbox="1223 946 1603 981"></td> <td data-bbox="1603 946 1984 981"></td> </tr> <tr> <td data-bbox="459 981 831 1016">Scottish Government</td> <td data-bbox="842 981 1223 1016"></td> <td data-bbox="1223 981 1603 1016"></td> <td data-bbox="1603 981 1984 1016"></td> </tr> <tr> <td data-bbox="459 1016 831 1051">Trade Unions</td> <td data-bbox="842 1016 1223 1051"></td> <td data-bbox="1223 1016 1603 1051"></td> <td data-bbox="1603 1016 1984 1051"></td> </tr> <tr> <td data-bbox="459 1051 831 1115">Etc...</td> <td data-bbox="842 1051 1223 1115"></td> <td data-bbox="1223 1051 1603 1115"></td> <td data-bbox="1603 1051 1984 1115"></td> </tr> </tbody> </table>	Priority stakeholders	Secondary stakeholders	Needs/Issues	Methods	Staff – NHS and THC				Service users – adults and children				Commissioned partners				Elected Members				Board Members				Scottish Government				Trade Unions				Etc...						
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Key messages:	<ul style="list-style-type: none"> • Background – Reasons for change • Vision • Benefits and/or mitigation of challenges • Links to information and resources for various audiences • Immediate/short, medium and longer term actions being taken 																																							

	<ul style="list-style-type: none"> • Project Stages/timelines • Points of contact
	<ul style="list-style-type: none"> •
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"> • FAQs/surveys/coordination of enquiries/FOIs • Channels for involving stakeholders – eg an email; helpline; webpage • Engagement tools
Evaluation:	<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"> • Surveys • Webpage hits • Staff Connections/NHS Intranet views • Feedback • Social media monitoring (reach, engagement) • Press monitoring • Measuring specific outcomes - improved response rates/higher productivity/reduced costs/better morale/staff retention/delayed discharges • Reduction in complaints/queries about the process