Public Audit Committee: Changing Models of health and social care

Thursday 27th October 2016

Written submission form The Highland Partnership – The Highland Council and NHS Highland

Background:

A joint meeting of The Highland Council and the Health Board was held in December 2010 and a joint statement of intent was issued:

"*We will improve the quality and reduce the cost of services through the creation of new, simpler, organisational arrangements that are designed to maximise outcomes, and through the streamlining of service delivery to ensure it is faster, more efficient and more effective.*"

NHS Highland and the Highland Council, 16 December 2010

Some fifteen months later, on 31st March 2012, The Highland Council and NHS Highland signed a formal partnership agreement to establish the first lead agency model in Scotland.

Under the lead agency model all adult social care services were transferred to NHS Highland from the Highland Council in April 2012, and in a reciprocal arrangement, The Highland Council took on responsibility for the delivery of community children's services.

This involved 1,400 adult care staff transferring under Transfer of Undertakings (Protection of Employment)[1] from Highland Council to NHS Highland while maintaining their terms and conditions. Alongside this, 200 NHS Highland staff transferred across to the Highland Council. Some of the other practical implications are summarised below.

Financial arrangements:

- New single budgets had to be prepared along with requisite resource transfer
    - £89 million annual budget was transferred from the Council to NHS Highland

[1] Transfer of Undertakings (Protection of Employment) Regulations (TUPE) provide rights to employees when their employment changes when a business is transferred to a new owner

    - £8m annual budget was transferred from NHS Highland to the Council
- Different VAT reporting mechanism for each organisation had to be reconciled

Management and governance structures:

- The lead agency has responsibility for the governance of service delivery
- The commissioning agency monitors and scrutinises that delivery
- Local community partnerships have been created, for local stakeholder involvement
- A series of improvement groups ensure multi-agency contribution to strategic planning
- Outcomes had to be agreed along with associated performance management frameworks

At the point of integration (1st April 2012), new governance and management arrangements were put in place for the lead agency model of single governance, single management, single budgets, which followed legislative requirements .

These confirm that in terms of adult services the Council remains accountable but NHS Highland is responsible for the delivery of the service. In terms of children's services, NHS Highland remains accountable but the Council is responsible for the delivery of the service.

Below, are some of the key outcomes and challenges for the Partnership in both Children and Adult services.

CHILDREN'S SERVICES:

Key Outputs and Outcomes

- Single management arrangements to reinforce the single Highland Practice Model (GIRFEC).

- Creation of integrated front line teams, bringing health and care professionals together around school boundaries.

- Closer joint working for the team around the child and family.

- Continued improving performance delivery across the majority of indicators.

- New multi-disciplinary initiatives that would not otherwise have been possible: e.g.: emerging literacy, now being rolled out across the Northern Alliance; and the co-ordinated use of consistent improvement methodology across children's services.

Key Challenges

- Recruitment and retention for some disciplines, and in some parts of the authority.

- Ensuring a joined up strategic approach, when many national initiatives continue to have narrower bases, targets and objectives, and restricted funding streams.

- Ensuring effective team working, when staff have different terms and conditions.

ADULT SERVICES:

Key Outputs and Outcomes:

- Improvements in quality of care in care homes as illustrated by Care Inspectorate gradings, through support to all care homes, commitment to My Home Life and appointment of dedicated posts – Service Improvement Lead, Dietician and Scottish Care Development workers.

- Improvements in access to home based care through strategic commissioning with the Independent and third sectors, innovative application of SDS option 2, targeting of reablement, flexible intermediate care, development of single point of access and integrated teams.

- Older people are safer due to significant improvements in preventing falls – in hospitals, care homes and at home.

- Increased choice for all adult groups with improved uptake of SDS option 2 – Individual Service Funds

- More people with a Learning Disability supported in the community with a reduction in those supported within an institution.

- Access to Community Mental Health Teams improved with development of single point of access, improved communication and greater clarity of roles – as reported by service users.

- Users and carers have expressed the view that they are more involved and engaged in improvement work through Improvement groups, Kaizen events and the high level value streams.

- Daily huddles in Mental Health improving information flow about vulnerable people.

Key Challenges:

- Hospital flow and discharge is the subject of significant redesign and is now more about the interface between Hospital and community services.

- The demand for Complex care at home packages continues to grow with expectations of home based support often developed within Children's services and the number of young adults with complex needs continuing to rise. This does of course encourage innovation, community engagement, the use of assistive technology and flexible housing solutions.

- Redesign whilst maintaining service levels. Transformational change is long term and requires considerable investment of time, energy and expertise. The Highland Partnership agreed a five year plan and as approach the end iof that timescale we can evidence improvements. However this is still a journey that requires sustained focus on improvement.

- Recruitment and retention remains an issue across all services and areas. However integration has enabled us to flex roles and budgets to maximum effect especially in the more remote and rural areas. This presents a challenge to traditional roles and expectations of communities. It also enables the development of new roles that provide opportunities to local people.

- Outcome focussed performance Indicators – Historically performance indicators whether National or local have focussed on inputs and a perception that more is better. With the shift to person centred approaches and a focus on outcomes for both cared-for people and their carers, there is a need to agree how we can effectively evidence improvements without referring to a raft of proxy indicators. There is also a need to acknowledge that a number of different approaches and initiatives will contribute to an outcome and it is capturing that contribution that is challenging.

- Budget management. Although quantums can be agreed and a structure is in place to share and jointly manage in-year financial pressures, there remains a challenge around managing budgets against demand, expectation and uncertainty in the longer term. Short -termism does not support transformational change and can become a distraction, diverting the organisations away from improving outcomes for our population.

Jan Baird, Director of Adult Care, NHS Highland
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