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Conference Abstract

Developing a Lead Agency Model for the delivery of integrated health and social care

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Abstract

Design of Policy: NHS Highland and Highland Council agreed that joint working was often hindered by existing organisational structures. A joint meeting of the Health Board and Council concluded that they should develop new structures with single management, governance and budgets.

A method, including a shared risk register, gateway reviews at specific stages and partnership working was developed. This included partnership working with Trade Unions, Professional Bodies and community groups. An 'Issues Log' was created for unresolved issues raised by the public or staff, and this was reviewed regularly. Public meetings contributed to the development of a community plan.

The process produced a favoured option, the 'Lead Agency Model'. In this arrangement, the Lead Agency is responsible for service delivery and manages the staff and budgets. Both organisations retain their statutory accountability, and supporting committee structures provide scrutiny and monitoring, with performance measures based on agreed outcomes. Highland Council would deliver children's services, and NHS Highland would deliver adult health and social care services.

Methods: Many workstreams were established, including legal arrangements; human resource processes; financial arrangements: property transfer and the governance and management structures. The work required changes to the Adult Support and Protection Act, which had to be approved by the Scottish Parliament. A legal partnership agreement was signed by both organisations, and staff were transferred between organisations using existing legal mechanisms. Agreement from the UK Government Treasury had to be obtained to allow previous pension arrangements to be maintained. The process, including many sub-streams such as establishing area budgets for unified services, and establishing governance mechanisms, is ongoing.

Highlights: Agreement from Highland Council and NHS Highland Board to progress was obtained in December 2010. The Partnership agreement was signed in April 2012, and staff and budgets transferred from April, 2012. Over 1,900 staff transferred between organisations, and over £90 million pounds moved between budgets.

Comments on Transferability: This was the largest change to health and social care delivery arrangements in Scotland since the introduction of the Health Service in 1947. Lessons from the work included the importance of clarity of purpose, agreed priorities, and leadership. The arrangements implemented may not suit all areas, but the processes undertaken by the two organisations to allow the changes to happen will have wide applicability for other health and social care organisations.

Keywords

health and social care integration, Scotland, policy

Powerpoint presentation:

<http://www.integratedcarefoundation.org/content/policy-making-towards-integrated-care-scotland>
