Health and Sport Committee

Public Bodies (Joint Working) (Scotland) Bill

Note of a meeting of members of the Health and Sport Committee NHS Highland staff and board members, held at the Mackenzie Centre, Inverness on Monday 23 September 2013

Members Present: Duncan McNeil MSP (Convener), Rhoda Grant MSP, Nanette Milne MSP

NHS Highland staff, board members and service users:

David Donaldson – Service User
Garry Coutts – Chair
Elaine Mead – Chief Executive
Jan Baird – Director of Adult Care
Fran Macleod – Manager – MacKenzie Centre
Frances Gair – District Manager – Inverness East
Allyson Harrison – Charge Nurse – RNI
Jane Williams – Senior Physiotherapist RNI
Thomas Ross – Lead Pharmacist – South & Mid Operational Unit
Gillian Swanson – Deputy Lead Pharmacist – South and Mid Operational Unit
Vivian MacKenzie – OT – York Day Hospital
Carol Jackman – Physiotherapist – York Day Hospital
Lisa Fox – Speech and Language Therapy – York Day Hospital
Fiona MacDonald MacKenzie Centre
Mary McCormick MacKenzie Centre

Summary of discussion

The meeting had been arranged in order to assist the Health and Sport Committee in its stage 1 scrutiny of the Public Bodies (Joint Working) (Scotland) Bill. As it appeared that Highland would be likely to be the only partnership that would be adopting the “lead agency model”, the Committee agreed to send a delegation to learn about the scheme of integration being developed in Highland and to meet staff involved in delivering integrated services.

- Gary Coutts, HNS Highland Chair explained that the board and the local authority (Highland Council) had rejected the body corporate model, on the basis that the board and council had coterminous boundaries that made it perhaps easier to adopt the lead agency model, particularly given the degree of integration that already existed.

- “Hundreds” of issues had emerged but council and NHS staff had worked through them all and agreed solutions. Final partnership agreement document runs to hundreds of pages.
• Approximately 1400-1500 Highland Council staff had transferred to NHS Highland and about 200-300 from NHS Highland to Highland Council. Budgets had been moved at the same time.

• The first year had been very much about understanding the business, but work was progressing apace on the development of the Highland Quality Approach, which was based on “getting it right first time”.

• It was noted that there had been an increase in delayed discharge from hospital; this was due to a dramatic reduction in care home capacity, which staff were making urgent efforts to address.

• Asked about why it appeared that no other partnerships appeared likely to adopt the lead agency model, it was stated that this model “is best for people, but involves giving up power and requires trust between the partners”.

• It was noted that the Public Bodies (Joint Working) (Scotland) Bill, if passed, would not have a significant impact on the integration agenda in Highland, as the development of integrated care and health services had been undertaken using existing powers. However, it was noted that there was nothing in the Bill that would be to the detriment of the existing work that had been carried out, and no steps would require to be undone as a result of the provisions contained in the bill.

• Workforce issues. It was noted that the intention was to develop a single workforce, but it would take time to ensure that the correct management structures were in place in order to be able to devolve services fully to staff teams. It was reported that there had been while there had been issues to resolve with regard to harmonisation, salaries and conditions of service, these had not so far proved insurmountable. Equal pay issues were not being seen as a major risk.

• Co-location of staff had been very successful and had helped staff from different backgrounds gain a better understanding of each other’s roles. Some joint visits were already going on and one health centre was now surplus to requirements.

• Policies for fall prevention, infection control etc were now the same across all hospitals and care homes. Care homes were now being seen less as a place to spend the last few years of a person’s life and more a place where they could go for a short spell.

• It was noted that NHS Highland had been granted a “licence to occupy” care homes but, for technical accounting reasons, the assets remained with the council.

• Enhanced pharmacies were being developed across the area.

• An advocacy service was now being established in care homes.
• Multi-disciplinary teams had been established in north and west of the partnership area.

• It was suggested that redesign opportunities are “huge”, though it was acknowledged that this takes time and requires goodwill and trust.

• Strategic commissioning is a vital part of the process, for which everyone needs to be at the table. The partnership was pursuing commissioning techniques that had been developed elsewhere in the world and which insisted on patients and careers being involved.

• It was also suggested that there was an integration job to be done within NHS as well as across other agencies. Housing had not yet been integrated but all adult services have been. Integration was said to be a process, not an event. The emphasis was on shifting the balance of care and health and not about isolating people in their own home.

• Finally, there was a need to continue evidencing success.