



social care
institute for excellence

SCIE minutes of the extraordinary meeting of the Board of Trustees

Held on Monday 4 October 2004, 13.00 - 16.00

1) Attendance

Board: Jane Campbell (Chair), Shokat Babul, Peter Beresford, Janet Lewis, Geraldine Macdonald, Diana McNeish, Paul Martin, Terry Philpot, Roy Taylor and Gail Tucker.

Staff: Lisa Bostock (Staff Representative), Don Brand (Consultant), Amanda Edwards (Head of Knowledge Services), Robert Howells (Staff Representative Elect), Victoria McNeill (Head of Corporate Services & Company Secretary), Emma Brooks (minutes).

Also in attendance: Pearl Sebastian (Agenda item 3: Accounts).

Apologies: Ratna Dutt, Jon Glasby and Bill Kilgallon (Chief Executive).

Welcome and announcements:

The Board and SCIE staff were welcomed and thanked for making time to come to this additional board meeting.

The Chair noted that Bill Kilgallon was recovering well from his operation and that they had discussed the agenda at length.

2) Presentation of audited accounts

The Chair invited Gail Tucker, Chair of the Audit Committee, to present the annual report and accounts.

The SCIE Finance Team were thanked for their systematic management of SCIE's finances and Buzzacotts, the auditors, were thanked for their excellent work on preparing the annual report and accounts.

The Board were asked to refer to Note 18 to the accounts. SCIE did not yet have a current valuation for the pensions fund deficit. The paperwork and computation given in the accounts was the best industry analysis of SCIE's financial position with regard to its pensions' liability.

The new FRS 17 requirements were noted in the accounts.

The annual report and accounts were a statutory requirement but SCIE would also produce an annual review for promotional purposes.

It was suggested that the wording of the following should be amended: "Each trustee has taken responsibility for monitoring the charity's activities in specific operational areas" (page 8, paragraph 6).

Action: Victoria McNeill to ask Buzzacotts if this phrase could be reworded to indicate that the responsibilities of the trustees were corporate and certain trustees took the lead in relation to specific operational areas.

The Board agreed to accept the annual reports and accounts with the above amendment.

3) Care Services Improvement Partnership

The Chair explained that she and the Chief Executive were approached in the summer by the Department of Health (DH) to ask if SCIE would consider absorbing the care services improvement programmes into its work. Amanda Edwards, Victoria McNeill and Don Brand have looked at the pros and cons of this arrangement. Since this proposal was introduced to the trustees at the 9 September 2004 board meeting, extensive discussions had been held with DH and SCIE has sought legal and other independent advice on different aspects of the proposal.

Amanda Edwards was invited to provide the history and context to the Care Services Improvement Partnership proposal.

Stephen Ladyman wished to increase the profile of SCIE and had approached officials at the DH in this regard.

The seven improvement programmes within the Care Services Improvement Partnership were Department of Health programmes with no separate organisational form. The employment circumstances of those in the seven programmes were many and varied. Some were employed by the DH but many were employed by a variety of different organisations and seconded to the DH or to one of the host organisations for NIMHE.

Details of the current and future funding arrangements for the programmes were given in annex 1. Where a recurrent reduction was noted this meant that the reduction would be made once and then the funding would remain at this reduced rate. The funding was included in the DH's base budgets and would be restricted funds for these projects.

The DH discussed SCIE taking on the central management of the CSIP and the responsibility for the overall budget. Under this arrangement SCIE would be responsible for commissioning improvement work from the regional arms. Most of the improvement programme employees would remain in their host organisations, but SCIE had been asked to employ the central employees. It was felt that the funding arrangements as given would not prevent SCIE from bidding for more funds if necessary. Some of the improvement programmes had only been created on a short-term basis. The budgets suggested that the funding for these would continue but the programme staff might change.

The DH hoped that creating an integrated Care Services Improvement Partnership would mean that resources would be better utilised, the work would be more locally effective and would enable the Care Services Directorate to fulfil some of its cost-cutting commitments.

SCIE had identified four key strategic issues for the Board to consider:

The benefits (and risks) to SCIE and its stakeholders;

The possible compromise to SCIE's independence and reputation;

The implications of the possible conflict between health and social care;

The implications for SCIE's governance and management.

The Board were asked to note an amendment to page 1 of annex 1: NIMHE staff totalled circa 250, not 50.

The views of the Board and staff:

All Board members and the staff representatives were asked to give their views. Those Board members not present had sent emails expressing their views and these were read out.

The proposal was seen to offer the following benefits:

An opportunity to develop a greater voice for social care, with increased opportunities for dissemination

An opportunity to develop a greater regional focus and presence

An opportunity to create a constructive and active link between the knowledge base for social care and service improvement activity - and an opportunity for user and practitioner knowledge of what works to influence policy and practice

An opportunity to work at the interface between health and social care and gain a better understanding of social care within a health context

An opportunity to develop a greater regional focus and presence

An opportunity to tackle cross-cutting issues such as education, housing, employment and ethnicity that affect people across user/patient groups

The performance driven improvement sector could be liberated by SCIE's service user focus

The following risks were identified:

SCIE must not compromise its independence - as an independent charity SCIE needed to set the terms of any agreement with DH

Crucial that Wales and Northern Ireland were not sidelined by the English focus of the improvement programmes

Concern that the inclusion of some health improvement agencies in CSIP might lead to a dilution of SCIE's focus on social care

Concern that SCIE is not yet well enough established to take on a new role

Vital that SCIE maintains its unique culture - particularly its service user focus - it was important that those who joined SCIE understood SCIE's culture

Danger of SCIE's core work being swamped by CSIP

SCIE must not be distracted from its core of "better knowledge for better practice"

SCIE would need to ensure the following operational issues were carefully dealt with:

Clear and proper controls would need to be established to maintain SCIE's independence and user focus

SCIE would need to carefully consider how it would manage an integrated central improvement programme workforce without having direct control over the devolved structure

A clear communications strategy would need to be established to explain these changes to the field

SCIE would need to ensure that service improvement programmes did not lead to SCIE becoming part of the performance driven culture

SCIE would need to ensure that its work, whether core work programme or CSIP, remained evidence-focussed

Maintaining staff morale with regard to pay and conditions was vital, and staff would wish to be involved in the change programme

SCIE's consultative structure would need to be adopted by CSIP

It was agreed to accept the proposal but with a list of criteria which would need to be met for SCIE to take on the proposal. This would be seen as a positive move by both DH and SCIE's stakeholders.

The following were agreed:

ensuring SCIE's ability to maintain its independence (already enshrined in SCIE's existing SLA with DH), and the distinction between its role and that of the regulators, monitors and others with powers of enforcement;

ensuring SCIE's commitment to knowledge building to improve practice is not reversed by the possibility that improvement programmes will dominate SCIE's primary purpose;

keeping SCIE's emphasis on putting the service user at the centre of its work and promoting user-independence and participation;

supporting SCIE's distinctive social care focus (broadly defined), including bridge-building at the key interfaces with the whole system of public services - health, community, housing, education and regeneration - but not being hi-jacked by primarily health service agendas;

reinforcing and not diluting the parts of SCIE's core remit about synthesising, building and disseminating knowledge for practice;

acknowledging SCIE's remit for children's as well as adults' services, and for Wales and Northern Ireland as well as England, and adopting an inclusive approach to learning and improvement across the spectrum;

achieving clarity about the liabilities which would pass to SCIE with CSIP and the indemnity provisions.

It was agreed to establish a four-person Board sub-committee which would have an integral role in the implementation plans for CSIP. This would consist of the following people: Jane Campbell, Gail Tucker, Shokat Babul and Roy Taylor.

The sub-committee would report back to the Board on a regular basis and would take into account matters relating to all of SCIE's stakeholders.

SCIE would meet with Stephen Ladyman, Minister for Community on 13 October and it was hoped that a joint statement would be made by SCIE and the DH prior to the National Social Services conference.

(Secretary's note: Following the meeting with the Minister for Community it was agreed that Stephen Ladyman would make written statement to Parliament on 21 October. Public announcements would follow this).

4) Next meeting

The next Board meeting would be held on 25 November 2004 at SCIE.