

**HIGHLAND COUNCIL/NHS HIGHLAND
HIGHLAND STRATEGIC COMMISSIONING GROUP**

Minutes of the Meeting of the Highland Council/NHS Highland Highland Strategic Commissioning Group held in Committee Room 1, Council Headquarters, Glenurquhart Road, Inverness on Friday 23 August 2013 at 10.30 a.m.

PRESENT:-

Mr Garry Coutts (Co-Chair)
Mr Drew Hendry (Co-Chair)
Mr Bill Alexander
Mrs Jan Baird
Mr Steve Barron
Mr Alasdair Christie

Ms Deborah Jones
Ms Margaret Macrae
Ms Elaine Mead
Mr Adam Palmer
Ms Sarah Wedgwood
Ms Mhairi Wylie

Officers Present:-

Ms Jackie Stephens, Supervisor, Family Health Partnership
Ms Donna Ross, Midwife, NHS Highland
Ms Jennifer Stariski, Family Nurse, Highland Council
Ms Margaret Pearson, Social Work Team Manager, Highland Council
Mrs Alison Hannan, Programme Manager, Highland Council (AH)
Mrs Lorraine Dunn, Principal Administrator, Highland Council (LD)

Mr G Coutts in the Chair

Item

- | | |
|--|----------------------------|
| 1. Apologies for Absence | No Action Necessary |
| Apologies for absence were intimated on behalf of Mr D Fallows, Mr H Fraser and Mrs C Wilson. | |
| 2. Declarations of Interest | No Action Necessary |
| The Commissioning Group NOTED that Mr G Coutts declared a non-financial interest as Convener of the Scottish Social Services Council but concluded that his interest did not preclude his involvement in the discussion. | |
| 3. Minutes of Previous Meeting | LD |
| There had been circulated Minutes of Meeting of the Highland Strategic Commissioning Group held on 18 February 2013, the terms of which were APPROVED subject to the words "third sector" in the first paragraph being replaced with "Highland Third Sector Partnership". | |

Arising from the minutes, it was confirmed the issue of which organisation would have control of the £0.44m for enhanced health improvement services would be addressed as part of the budgetary discussions.

4. Minute of Variation

JB

A verbal update was provided by the Director of Adult Services who advised that amendments to the Partnership Agreement were currently being progressed as minutes of variation by Burness Solicitors as agreed at the last meeting.

The Chairman recommended that once finalised the minutes of variation be submitted to the Highland Council and NHS Highland Board for formal approval and this was **AGREED**.

5. Presentations

**No Action
Necessary**

Presentations were made as follows:-

i. Children's Services

A joint presentation was made by Ms Jackie Stephens, Supervisor Family Health Partnership; Ms Donna Ross, Midwife, NHS Highland; Ms Jennifer Stariski, Family Nurse, Highland Council; and Ms Margaret Pearson, Social Work Team Manager, Highland Council on the Family Nurse Partnership (FNP) and provided a case example of integrated working.

It was explained that the FNP was a client programme for first time mothers aged 19 years or younger within a 40 mile radius of Inverness. The process started with the Midwife during which face to face appointments were held to gather all the relevant background knowledge which would help identify the client's needs, which could often be wide-ranging (e.g. housing, GP/mental health, criminal justice, assistance with budgeting and benefits, etc) and enable appropriate support services to be put in place. This also allowed for early notification to the Family Nurse who would continue to work with the client until the baby was two years old during which time their role was to empower the client to make choices; address attachment and keep focus on the unborn baby; help develop a maternal role; development of appropriate plans through liaison with relevant professionals, e.g. ante-natal and child plan; and overall ensuring good relations with all agencies and communication between Health and Social Work.

It was explained that this level of integrated services had enabled the Family Nurse to work intensely with the client through frequent home visits which also helped to provide continuity. In addition, the FNP was an invaluable conduit to multi-agency working and integrated working had been crucial

to health being able to provide an immediate link to Social Work. Integration had enabled real team working which resulted in the smooth delivery of joined up services to ensure that all the client's needs were met. In addition, it was further highlighted that as all professionals had signed up to the Highland practice model they were using the same language and tools which was particularly helpful for the client.

During discussion, the Group expressed their appreciation of the presentation which they felt had been most informative and was a clear model of good practice. It was also felt that this case example exhibited the benefits being achieved as a result of a co-ordinated approach and demonstrated the impact of the lead agency model.

Responding to a number of questions, it was clarified that once identified, eligible candidates were invited to join the voluntary programme, and that there was a total of 37 clients currently participating, which had resulted in an uptake rate of 86%. With regard to the ability to extend the model across the whole of the Highlands, it was explained that providing the intense home visits, which was a critical element of the programme, in rural areas would be difficult but that it might be feasible to replicate aspects of the model in other areas.

Following discussion, the Group **NOTED** the presentation.

ii. **Adult Services**

**No Action
Necessary**

The Director of Adult Care gave a presentation during which she gave an update on progress that had been made over the past year within Adult Services by providing an overview of the key activities which included the following:-

- Care Homes & Day Care
- Teams
- Respite
- Communities

The Director of Adult Care explained that as a result of integration a number of benefits were being achieved which included opportunities for more flexible working; sharing of information; increased joint working; less duplication; and co-location of services, all of which had led to improved service delivery. Continuing, she advised that staff had felt more empowered and they were being encouraged to be creative which was leading to them being more innovative and taking opportunities to directly resolve issues or make improvements. In addition, she also reported that connections with the third and independent sector had improved and that there was on-going project evaluation which included feedback from clients. In terms of client feedback, she further advised that patient experiences were currently being collated and would be

compiled on a DVD which would help document the progress and demonstrate the real impact as result of the redesign of service delivery.

The Group **NOTED** the presentation.

6. District Partnerships

BA/JB

During a verbal update it was reported that a commitment had previously been given to undertake a review of the District Partnerships following the first year of operation. Therefore, a seminar had been scheduled for 27 September 2013 which would be used as a basis to take stock of the current position with District Partnerships and to determine the best method to continue and to take them forward.

It was further reported that the District Partnership model had been imbedded in the new Integration Bill, although it was referred to as Locality Planning within the Bill, and the Scottish Government had prepared a paper regarding this entitled "All Hands on Deck".

It was explained that there were a still a number of challenges to be overcome including how local managers were supported to use the Partnership as an effective tool towards implementation of Adult and Children's Services.

The desire for Partnerships to become more proactive was highlighted and it was intended that the seminar would be used as an opportunity to encourage them to be innovative with a view to Partnerships being used as a platform to put forward sustainable solutions which would have a real impact on change.

During discussion, the Group acknowledged that the development of the District Partnerships was still at an early stage and noted that the Scottish Government had identified the need for them to be resourced. However, it was highlighted that managers were supporting these Partnerships and therefore there was a need to ensure that they were appropriately supported and trained to enable them to undertake this role effectively. In addition to this, it was also felt that there was a need to facilitate support to enable better public engagement.

The Group **NOTED** the update.

7. Adult Services

SB/BA

i. Commission

There is circulated Report No HSCG/09/13 by the Highland Council Chief Executive which provided assurance to the Highland Council regarding the delivery of adult social care services and set out proposed amendments to the Performance Framework for Adult Services from 2013/14.

The Director of Health and Social Care reported that although there was still some challenges to be overcome and areas of duplication to be addressed the level of overall progress that was being made was significant. He explained that Highland Council Members were represented on three NHS Highland Committees which considered the delivery of adult social care services and following contributions to this process they had felt assured in respect of finance and officer engagement. However, there were still a number of issues to be addressed including the sequencing of meetings to ensure that matters came to the SCG once they had been considered at the necessary strategic forums.

During discussion, the Group welcomed the commitment to improve the governance arrangements, particularly the reporting mechanisms to ensure they provided the required assurances in respect of service delivery, and it was suggested that this should be addressed within the next few months.

The Director of Health and Social Care then presented the proposed amendments to the Performance Framework for Adult Services and discussed each of these in detail.

The Group considered the report, and subject to confirmation by the Adult Services Commissioning Group and Adult Services Scrutiny and Development Sub-group, **AGREED** to recommend to the Council and the Health Board the proposed amendments to the Adult Services Performance Framework subject to the following revisions:-

- a. Indicator 10 required further development to demonstrate the impact of the plan; and
- b. Indicator 31 be considered further.

ii. **Adult Services Plan**

JB

There had been circulated Report No HSCG/10/13 by the NHS Highland Director of Adult Care which provided an update on the five year plan for Adult Services.

The plan set out in detail the outputs that would be expected on a year-on-year basis and how these must evidence improvements in outcomes. The plan set the Highland context which was driven by national and local policy and reiterated the outcome and performance frameworks established in the Partnership Agreement.

The plan also included illustrations as to how inputs, outputs and outcomes could be linked along with some examples that had been captured from the first year.

It was further explained that the plan involved many strands to make the improvements, each of which made a valuable contribution, but there were also certain interdependencies and the difficulty in splitting off any one of these strands for the purpose of evidencing attributable improvements was highlighted.

During discussion, concern was expressed that there was no reference within the Role and Remit that the Improvement Groups had been tasked with determining appropriate Key Performance Indicators and performance measures. The Director of Adult Care explained that this was reflected within the third last bullet point which referred to developing a strategic improvement plan but acknowledged that this could be made more explicit.

It was further highlighted that there was no mention of risk in respect of the Improvement Groups achieving their required outcomes. The Director of Care explained that there were Operational Plans and Risk Registers for each unit. However, it was felt that these should be aggregated at a corporate level.

In response to a question, it was confirmed that a mechanism was in place to update Appendix 2, Stories from the Integration Journey.

The Group **APPROVED** the Five year plan for Adult Services reflecting commitments made during integration and in the Partnership Agreement subject to the following revisions:-

- the Role and Remit of the Improvement Groups be amended to reflect their requirement to determine appropriate Key Performance Indicators and performance measures; and
- the risk in respect of the Improvement Groups achieving their required outcomes be reflected at a corporate level.

8. Children's Services

EM/MS

i. Commission

There had been circulated Report No HSCG/11/13 by the NHS Highland Chief Executive which included a statement regarding the assurance that was being provided to NHS Highland regarding the delivery of integrated children's services; provisional amendments to the children's services performance framework; an update on the previous assurance report of February 2013; and a brief description of future developments in the partnership agreement and commissioning arrangements.

In response to the assurance sought of support from the Highland Alcohol and Drugs Partnership, the Director of Health and Social Care reported that the Highland Council's Adult and Children's Services Committee had approved the establishment of two Health Improvement posts on 22 August 2013.

The Director of Health and Social Care acknowledged the point raised within paragraph 1.2 of the report and he recognised that the Adult and Children's Services Committee was a public meeting with a broad and extensive agenda which constrained opportunities for challenge with regard to the detail of the Partnership Agreement. The Chairman recommended that this be further examined as part of the general governance review.

Overall the Group was supportive of the amendments to the Performance Framework which had been appended to the report. However, with regard to Indicator 29, which related to measuring placement moves, the Chairman requested that further information be provided in respect of the impact of this as, although some moves could be positive, in general the evidence indicated that those children which experienced multiple moves did less well than those who had stability. Therefore, there was a need to monitor this indicator to ensure that the placement move had a positive outcome and to challenge how the Children and Young People's Services Commissioning Group would report on improving outcomes for looked after children.

Responding to a question, it was clarified that the Transitions Group would be ensuring that appropriate performance indicators and reporting mechanisms were put in place in respect of this function.

Following consideration, the Group:-

i. **NOTED:-**

- a. the need to develop and align the assurance processes between the Council and NHS Highland;
- b. the developments in the commissioning process for Children's Services;
- c. the provisional amendments to the performance framework; and

ii. **AGREED to:-**

- a. implement an mechanism to enable detailed scrutiny of Children's Health issues; and
- b. continue to monitor the impact of performance indicator 29 to ensure that placements were positive and ensure that the quality of care was improved.

ii. Children's Services Plan: For Highland's Children 4

BA

There had been circulated Report No HSCG/12/13 by the Highland Council Director of Health and Social Care which provided an update on progress in developing the integrated Children's Services Plan.

In presenting the report, the Director of Health and Social Care advised that a seminar had been held in June 2013 at which the draft outcomes framework was published and each of the Improvement Groups had a work plan. However, subsequent to this, the Care Inspectorate had advised that they would be visiting from 28 to 29 October 2013 and consequently publication of the Children's Services Plan would have to be delayed until the outcome of the inspection had been received which was anticipated to be early December 2013. Although, a small number of position statements would require to be published for the inspection. In addition, he further reported that within the new Children and Young People Bill there was a requirement for partnerships to publish the outcomes of their interactions with children on an annual basis and a national framework, which might influence the final plan, was currently being developed.

In response to a question on service review/redesign, it was explained that practice developments would be included within the relevant group work plans. In terms of other elements including organisational changes, he explained that a Project Board, which included staff managers, had been established and following consultation a report would be submitted to the Adult and Children's and Services Committee either in September or December 2013. Assurance was sought that organisational changes were being influenced through appropriate consultations with service users, carers, young families, third sector, etc. It was requested that details of these consultations be reported to the Director of Public Health.

The Group **APPROVED** the development of the five year plan for Children's Services and **AGREED** that details of the consultations in respect of organisational developments be reported to the Director of Public Health.

9. Strategic Commissioning Plan: Development Schedule

JB/SS

There had been circulated Report No HSCG/13/13 by the Director of Adult Services which outlined the proposed developments and timescales in respect of the Strategic Commissioning Plan.

The report explained that the purpose was to produce a succinct plan which had a strong focus on services that impacted on keeping people in their own homes. Although the Plan would focus on Older People, Improvement Groups would be given the opportunity to

contribute. The plan would also therefore describe commissioning, de-commissioning and re-commissioning intentions with regard Care at Home and Care Home Provision based on an emerging understanding of forecast and unmet need profiles. In order to monitor progress, the Plan would include high level trajectories in terms of Resources; Metrics; and Risks. The Plan would also be written within the context of the global impact of Self Directed Support. The report also set out timescales in respect of progress.

During discussion, it was highlighted that Appendix 7b of Agenda Item 7.ii set out strong commitments and milestones in respect of the Adult Services Five Year Plan and that similar work was being developed with Children's Services. It was therefore requested that a similar format be adopted in respect of the Strategic Commissioning Plan, i.e. a succinct statement of objectives and timescales.

The Group **NOTED** the Development Schedule and **AGREED** that the Strategic Commissioning Plan include a succinct statement of objectives and timescales.

10. Financial Protocol

DY/NK

There had been circulated Joint Report No HSCG/14/13 by the Highland Council and NHS Highland Directors of Finance which proposed a Financial Protocol for agreeing and managing budgets between NHS Highland and The Highland Council.

The report explained the need for a more robust process to be implemented to formally establish how budgets would be set; reviewed; and managed and also to provide clarity around responsibility. Consequently the report set out proposals in respect of the Financial Protocol the key aspects of which included:-

- The Director of Finance to submit a report to the Group by the 30 September of each year highlighting the financial forecast and implications for the following year. The report would include details of anticipated resources; assumptions in respect of pay and price inflation; and demand led cost pressures. Separate proposals in respect of additional funding to enhance service delivery would be made by each organisation;
- Final proposals for the Budget Quantum for the following financial year would be reached by 31 December to allow each organisation to obtain for formal approval at their respective budget setting meetings;
- Each Director of Finance would submit a financial report to the Group at the end of each quarter outlining the annual budget; year to date performance against budget; forecast outturn against budget for the financial year; and any material variance against budget;
- Should a material budget variance be identified, the Director of Finance, in conjunction with the NHS Highland Chief Operating Officer and the Highland Council Director of Health and Social Care would prepare a report highlighting the proposed actions

- to address the situation; and
- a review of the previously agreed Budget Quantum would form part of any discussion to consider action to address a material budget variation.

In addition, the report also advised that the Bill for Integrating Health and Social Care that was progressing through the Scottish Parliament might have an influence on existing accounting regulations and practice and any impact would be reported to the Group.

In discussion, it was proposed that the word “*will*” in the last sentence of paragraph 3.3 of the report should be replaced with the word “*may*”. Concern was expressed regarding the timescale set out in paragraph 3.4 of the report of 31 December as it was felt that this did not provide sufficient time for discussion.

In addition, concern was also expressed in regard to paragraph 5.2 of the report, which although was acceptable in principle, it was felt that the wording should be improved and it was therefore proposed that authority be delegated to the Directors of Finance, in consultation with the Co-Chairman to revise this.

The Group **APPROVED** the Finance Protocol subject to:-

- i. the word “*will*” in the last sentence of paragraph 3.3 of the report be replaced with the word “*may*”;
- ii. further examination of the timescales to ensure these were sufficient; and
- iii. authority being delegated to the Directors of Finance, in consultation with the Co-Chairman in respect of the rewording of paragraph 5.2 of the report.

11. Phase One progress Report

AH

There had been circulated Report No HSCG/15/13 by the Programme Manager which gave an update on progress of Phase One of the Central Support Services Programme for Integrating Care in the Highlands.

The report gave a detailed update on each of the work streams relating to Phase One which included Human Resources; Property; Finance; and Transport and a list of the outstanding issues had also been appended to the report.

The report further advised that work had commenced in respect of Phase Two, which involved identifying further possible areas of integration, and initial work streams which had been reviewed indicated that there was scope beyond Adult and Children’s Services for further integration at a wider corporate level.

In response to a question on the Integrated Transport Project currently being piloted in Lochaber, it was explained that planning had commenced but that discussions were on-going in respect of funding.

The Chairman highlighted that the Integrating Care in the Highlands Programme Board included representation from elected Members and Non-Executive Members of NHS Highland and he questioned as to whether this provided any real added value as well as the way in which the group was being governed. However, it was highlighted that this group would be examining Phase Two which was potentially much more far reaching than integration of Health and Social Care and, on that basis, it was felt that there should be early Member/Non-Executive engagement of these significant issues. In response the Chairman highlighted that this would be achieved through reports being submitted to the Highland Council and NHS Highland for approval and, although this was acknowledged as being correct in terms of protocol, it was felt that there should be additional engagement at an early stage of the process. Therefore, the Chairman recommended that the Terms of Reference of the group be reviewed.

The Group **NOTED** the current progress of the Integrating Care in the Highlands Central Support Services Programme and **AGREED** the Terms of Reference of the Integrating Care in the Highlands Programme Board be reviewed.

The meeting closed at 12.45 pm.