

**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 2, Council Headquarters, Glenurquhart Road, Inverness on Monday 10 March 2014 at 2.30 p.m.

PRESENT:-

Mr Garry Coutts (Co-Chair)
Mr Drew Hendry (Co-Chair)
Mr Bill Alexander (BA)
Mrs Jan Baird (JB)
Mr Steve Barron (SB)
Mr Alasdair Christie
Ms Ann Darlington
Ms Jaci Douglas

Ms Myra Duncan
Mr Dave Fallows
Ms Margaret Macrae
Ms Elaine Mead (EM)
Mr Adam Palmer
Mr Stephen Pennington
Ms Sarah Wedgwood

Also in attendance:-

Dr David Alston

Officers Present:-

Mrs Alison Hannan, Programme Manager, Highland Council (AH)
Mr Nick Kenton, Director of Finance, NHS Highland (NK)
Dr Margaret Somerville, Director of Public Health and Health Policy, NHS Highland (MS)
Mr Derek Yule, Director of Finance, Highland Council (DY)
Mrs Lorraine Dunn, Principal Administrator, Highland Council (LD)

Mr D Hendry in the Chair

Item	Subject/Decision	Action
1.	Apologies for Absence Apologies for absence were intimated on behalf of Mr Hugh Fraser and Ms Deborah Jones.	No Action Necessary
2.	Declarations of Interest There were no declarations of interest.	No Action Necessary
3.	Minutes of Previous Meeting There had been circulated Minutes of Meeting of the Highland Strategic Commissioning Group held on 23 August 2013, the terms of which were APPROVED .	No Action Necessary

4. Minute of Variation

JB

There was a verbal update by the NHS Highland Director of Adult Care during which she reported that work was being progressed in respect of a Minute of Variation to include the performance indicators that had been agreed at the last meeting and an assurance was provided that that this would be added to the Partnership Agreement prior to the next meeting.

The Group **NOTED** the update.

5. District Partnerships

BA

The Highland Council Director of Health and Social Care gave a verbal update during which he reported that the District Partnerships had a continuing role which was now part of the Public Bodies (Joint Working) (Scotland) Bill. Prior to the end of 2013, a seminar had been held with District Partnership Chairs and a report on the outcome of this had been submitted to the Highland Council Adult and Children's Services Committee and a further meeting was being held with the Chairs on 11 March 2014.

In parallel to this, discussions had been held at the Community Planning Partnership in respect of Locality Planning and it was their view that the District Partnerships was a good fit with the Community Safety theme.

As a result of the seminar and other discussions with Police Scotland and Scottish Fire & Rescue, the Highland Council Director of Health and Social Care would be proposing a number of revisions to the District Partnership Guidance document at the meeting on 11 March 2014 with the District Chairs. Following discussion at the Chief Officers Group, the proposed revisions would then be reported to the next meeting of the Community Planning Partnership. Revisions included a change of name and it was proposed that this now be renamed as the Health and Care Forum.

During discussion, it was highlighted that these forums would have a significant role, particularly in view of the new legislation emerging in respect of integration, and there was a clear steer from Scottish Ministers that this should be a bottom up approach examining needs and then building up the way to configure and deliver the relevant services. However, concern was expressed regarding the capacity and capability of the District Partnerships to deliver this role as they had originally been set up as local engagement units and not planning units. Therefore, in view of the change in their role as planning units, it was suggested that further consideration should be given as to how the Council and NHS Highland could be assured that they were capable of undertaking the new job they had been tasked with.

In addition, it was reported that a number of Chairs had expressed concern with the suggestion that District Partnerships should be used to deliver the safety theme and particularly as they had indicated that they were not yet fully grounded on the work required in respect of Health and Social Care for both Adult and Children's Services. Therefore, concern was expressed that they might become overloaded and unable to deliver their role.

The Group acknowledged that there was a need to support the District Partnerships in their new role to ensure that they were fit for purpose and able to fully deliver the functions they had been charged with.

In response, the Highland Council Director of Health and Social Care advised that these issues would be teased out carefully and explained that there was a significant amount of cross over in respect of community safety and that this would be further progressed through the Community Planning Partnership.

It was highlighted that there would be a reluctance to give up local meetings unless adequate assurance was provided that all local issues would be addressed through the new forum.

It was further suggested that it would be helpful if further clarity was provided in respect of the expectations and role of the Forum, their reporting lines and also accountability mechanisms.

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

6. Adult Services

SB/BA

i. Commission

There had been circulated Report No HSCG/01/14 by the Highland Council Chief Executive which provided an update regarding the assurance that was being provided to Highland Council about the delivery of Adult Social Care Services.

In particular, the Highland Council Director of Health and Social Care drew attention to reference within the report to the Change and Improvement Plan which provided assurances into the future that milestones towards improvement outcomes would be tangible and could be recognised.

In response to a question it was confirmed that the Change and Improvement Plan would include a solution in respect of the Care at Home in-house service.

The NHS Highland Director of Adult Care indicated that she welcomed the report, there was an expectation to progress the care groupings within the strategic plan and the Improvement Groups were well set to gather the relevant information.

In terms of the plan, she further highlighted that it might not be appropriate for the Quantity of experienced and trained care staff (as referred to in paragraph 2.3 of the report) to be included as this was an operational issue but that the plan would describe new models of care and be outcome focussed.

The Group **NOTED** the report.

ii. Strategic Commissioning Plan and Change & Improvement Plan

JB

The NHS Highland Director of Adult Care gave a verbal update during which she explained that the Strategic Commissioning Plan and Change and Improvement Plan were two separate documents but efforts were being made to ensure that these were aligned with the outcomes to be achieved.

In terms of the Strategic Commissioning Plan, she explained that this was being progressed in partnership with the Independent and Third Sector and the Board had agreed strategic commissioning direction and the detail around this was now being developed through the Adult Services Commissioning Group (comprising representatives from Independent and Third sector and users and carers). Once completed, the plan would be submitted to the NHS Highland Board meeting in April 2014 for sign-off. She further reported that through engaging with the Independent and Third sector Highland was working uniquely from the rest of Scotland and this had been welcomed.

With regard to the Change and Improvement Plan (CIP), the NHS Highland Director of Adult Care explained that this was a three year plan to coincide with the remainder of the Partnership Agreement although it would reflect progress of first two years of the Partnership Agreement. The plan was well underway and would focus on outputs over the three year period including timelines of what was to be achieved; reflect the impact of this; and give details of the financial implications. It was anticipated that the plan would be drafted by the end of March 2014.

Continuing, she explained that the Scottish Government had changed the reporting for all Health Boards on Local Delivery Plans (LDP) to three years and the CIP would also reflect LDPs and fit in with this cycle.

Responding to a question, the NHS Highland Director of Adult Care explained that the Change and Improvement Plan was a vehicle recommended by the Scottish Government for integrated services. Every partnership was required to have a Strategic Commissioning Plan setting out the implementation aspects and the Change and Improvement Plan would set out what would be achieved as a result of realising this vision. It

was further highlighted that the Improvement Groups had now set their commissioning priorities and allocated performance indicators in this regard which would continually be monitored.

Thereafter, the Group **NOTED** the update.

7. Children's Services

EM/MS

i. Commission

There had been circulated Report No HSCG/02/14 by the NHS Highland Chief Executive which provided assurance to NHS Highland regarding the delivery of integrated children's services.

During discussion, the Highland Council Director of Health and Social Care highlighted that paragraph 1.5 of the report proposed that the mechanism used to align the processes for scrutiny and agreement of Adult Services be adopted for Children's Services. He indicated that this proposal had not been discussed and he did not see the validity for this approach. He explained that there were separate processes for both Adult and Children's Services and he did not want Children's Services to be compromised as a result of this proposal. He indicated his preference for further discussions on the budget processes for Children's Services and he suggested that a different format should be adopted in this regard.

It was suggested that this issue would be addressed under Item 8, Financial Framework, of the agenda.

Thereafter, the Group considered the issues raised in the report and:-

- a. **AGREED** that progress in aligning the assurance processes between the Highland Council and NHS Highland, specifically the inclusion of children's services budgets in the Finance and Commissioning Group's remit be discussed at Item 8, Financial Framework, of the agenda; and
- b. **NOTED** developments in the commissioning process for children's services.

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

BA

There had been circulated Report No HSCG/03/14 by the Highland Council Director of Health and Social Care which provided an update on progress made in developing the integrated Children's Services plan.

The Highland Council Director of Health and Social Care explained that the Children's Services Inspection reports were still awaited and consequently the Highland's Children 4 plan had not yet been published. During the interim period the framework had been rationalised but that this could not be released until the detailed findings of the Inspection reports had been received. Therefore, rather than waiting until the next meeting of this Group in September 2014, it was proposed that the new outcomes framework should be submitted to the next meeting of the Highland Council Adult and Children's Services Committee on 21 May 2014 and at a similar time to the Board of NHS Highland for approval.

The NHS Highland Director of Public Health and Health Policy reported that they had substantial input into the new framework and that she hoped that subsequently in time the health element would be extracted from the overall Children's Services plan.

Following consideration, the Group considered the report and **AGREED** to use the new measures identified within the For Highlands Children 4 Performance management framework when it was published, further to agreement within Highland Council and NHS Highland.

8. Financial Framework

JB

There had been circulated Report No HSCG/04/14 which set out proposals in respect of establishing a Resources and Commissioning Group.

It was proposed that a Resources and Commissioning Group (RCG) be established which would meet on a quarterly basis (although to get this initial process underway and developed into an effective planning and budgeting function it was suggested that this group should meet bi-monthly for the first twelve months) with the following remit:-

- To discuss budget demands and solutions to meet those demands;
- To share efficiency approaches in the NHS mindful of the need to focus on outcomes;
- To consider influence of the independent market in commissioning services of the future;
- To jointly monitor and understand changes in budget spend and pressures; and
- To agree a risk sharing approach as set out in the protocol.

It was recommended that the Group would report to the Adult Services Commissioning Group and should comprise:-

- NHS Highland Director of Finance
- Highland Council Director of Finance
- Director of Operations – North and West

- Director of Operations- Mid and South
- NHS Highland Head of Financial Planning
- NHS Highland Head of Highland Strategic Commissioning
- Highland Council Head of Adult Care

The proposal also recommended that a similar arrangement be set up for Children's Services and that this should be considered by the Council and NHS Highland Lead officers. As discussed at Item 7.i, it was proposed that the RCG examine developing an appropriate mechanism to align the processes for scrutiny and agreement of Children's Services and the Group was supportive of this approach.

In conclusion, the proposal indicated that the protocol had been designed to articulate how the Highland Council and NHS Highland would share the financial risks in relation to Adult Care Services and on that basis set out principles to underpin the protocol.

During discussion, it was requested that the Risk Sharing protocol principles should be refined to include timeframes and that further information in respect of governance of the Group was required. There was a need to clarify if this was a decision making group or if it was making recommendations, and if so, to where these would be escalated for the final decision.

Responding to a question on the remit, it was clarified that this group would not be responsible for examining/discussing the future role of the independent and voluntary sector or service redesign. It was further suggested that it would be very beneficial if the group could devise a mechanism for recognising the impact of demographic or policy change in relation to commissioning and the development of some principles to address this would be welcomed.

It was explained that a gap had been identified in terms of the Partnership arrangements and focussing on outcomes and there had been considerable debate at the end of the year in respect of additional funding. Therefore, to avoid this in future, this group would monitor progress throughout the year to establish if there were any demand led pressures which would be flagged up allowing early intervention and decisions to be made on how best to manage.

The proposal also made reference to the need for Councillors to receive information and an assurance was requested that this was being fulfilled.

Following discussion, the Group **APPROVED** the Financial Framework and **AGREED** that:-

- i. further work be undertaken to:-

- a. clarify the governance and decision making processes;
 - b. examine the feasibility of devising a mechanism for recognising the impact of demographic or policy change in relation to the commission and developing principles to address;
 - c. refine the Risk Sharing protocol principles to include timeframes;
 - d. develop an appropriate mechanism to align the processes for scrutiny and agreement of Children's Services; and
- ii. a further update report be submitted to a future meeting.

9. Status Report on Integrated Care in the Highlands: Corporate Support Services (Phase 1)

AH

There had been circulated Report No HSCG/05/14 by the Programme Manager which gave an update on Phase 1 outstanding implementation issues for Corporate Support Services.

The report gave a detailed update on each of the work streams relating to Phase 1 of the Integrating Care Highlands (ICH) Programme which included Human Resources; Property; Finance; Transport; and ICT. The report also advised that the ICH Staff Partnership Forum continued and explained that Phase 2 included a programme of works comprising Staff Travel; Fleet Management; and Logistics.

In regard to the reference made within the report that the Scottish Government would prefer to address the NHS Highland finance lease issue at the same time as the rest of Scotland, the NHS Highland Director of Finance confirmed that he was content with this approach. He explained that this would not impact on future plans, an operating lease was currently being progressed which was not required to be disclosed on the Balance Sheet, and although this would change in time to a finance lease it was anticipated that UK Treasury support would be provided at this stage for both Capital and Revenue costs.

In response to questions, it was explained that work continued in respect of resolving access for social care staff to ICT systems and it was confirmed that the sum to be transferred in respect of the annual Revenue Budget for routine maintenance and repairs would be agreed by the end of March 2014.

Responding to a question, the Programme Manager clarified that the Phase 2 Programme had been designed with a view to a number of projects being delivered corporately, i.e. not only to Adult and Children's Services, which would result in financial savings for both organisations.

The Group **NOTED** the progress with Corporate Support Services for Adult and Children's Services Integration.

10. Date of Next Meeting

**No Action
Necessary**

The Group **NOTED** that the next meeting would be held on Monday 8 September 2014 at 2.30 pm in Committee Room 2, Council Offices, Inverness.

The meeting was closed at 3.20 pm.