

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

Minutes of the Meeting of the Highland Council/NHS Highland Highland Strategic Commissioning Group held in Council Headquarters, Glenurquhart Road, Inverness on Monday 8 September, 2014 at 2.30 p.m.

PRESENT:-

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

Ms Myra Duncan (by video conference)
Ms Deborah Jones
Ms Margaret Macrae
Ms Elaine Mead (EM)
Mr Adam Palmer
Ms Sarah Wedgwood
Ms Mhairi Wylie

Officers Present:-

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)
Mr Jean Pierre Sieczkarek, Area Manager (South), NHS Highland
Mrs Sandra Campbell, Head of Children's Services, Highland Council
Mr Ian Kyle, Children's Planning Manager, Highland Council
Mrs C King, Health Improvement Policy Manager, Highland Council
Mr Dan Jenkins, Health Promotion Specialist, NHS Highland
Mr George McCaig (GM), Head of Care Support, Highland Council
Mr Alasdair MacInnes, Administrative Assistant, Highland Council

Mr G Coutts in the Chair

Item	Subject/Decision	Action
1.	Apologies for Absence	No Action Necessary
	An apology for absence was intimated on behalf of Mr Drew Hendry.	
2.	Declarations of Interest	No Action Necessary
	Declarations of Interest – Ms J Douglas declared a non-financial interest on item 6ii on the agenda as she was a Director of High Life Highland and also any other items on the agenda where Highlife Highland was concerned, but having applied the test outlined in Paragraphs 5.2 and 5.3 of the Councillors' Code of Conduct, concluded that her interest did not preclude her from taking part in the discussion.	

3. Presentations

Children's Services

Mrs C King, Health Improvement Policy Manager, Highland Council and Mr Dan Jenkins, Health Promotion Specialist, NHS Highland were in attendance and gave a presentation on progress with the Child Healthy Weight heat target.

It was advised that to date North Highland had achieved 796 Child Healthy Weight Interventions that met the HEAT target criteria. The target was 641. Around 10,000 Highland children participated in school based interventions, therefore apart from the target group of children, lots of other children benefited also.

The criterion to qualify for the HEAT target was detailed and included the age group for children of 2 to 15 years inclusive; the child requiring to attend 75% of interventions or more; Group interventions where programmes should comprise a minimum of six sessions; School based interventions where programmes should comprise a minimum of six sessions; Height and weight measurements to be recorded at the beginning of the programme and on completion. It was advised that all the above criteria had been met and there had been significant partnership working in order to achieve the healthy weight target.

Key points from the Scottish Public Health Obesity Specialist Interest Group Report to the Minister in the Scottish Government were highlighted. In particular it was noted that against the background of Scotland's continuing obesity epidemic, the need to promote healthy weight in children remained; there were widening health inequalities in terms of childhood obesity; child healthy weight programmes could not be delivered in isolation; surveillance needs to improve in order that better monitoring and evaluation of programmes can be achieved; and partnership working was vital to delivery of child healthy weight programmes.

In terms of what this meant for Highland, it was advised that the child healthy weight target ended in March and the above specialist interest group may well give additional targets to meet. Therefore there was a need to maintain the uptake of High 5 Programme in primary schools and develop equivalents for nursery and secondary schools; explore opportunities in new Family Teams to identify the best way to deliver interventions through group work; develop work with Health Visitors to carry out individual and family interventions and improve pathways between tier 2 and 3 of the integrated systems approach to child overweight and obesity prevention and management.

In discussion, the following points were raised by the Group:-

- In terms of family interventions, it was queried how the work done in schools in tackling child obesity was also brought into

the home. It was advised that homework type activity was imbedded in the child healthy weight programme; presentations and parents evenings were other types of family interventions. It was an ongoing process on how to make the work done in school and link this into the home;

- It was queried what needed to be done to carry on the good work to tackle child obesity. It was advised that keeping the momentum going was key to continuing the good progress and exploring further opportunities for partnership working;
- In terms of the alarming statistics of widening health inequalities of childhood obesity, with levels of obesity in children in Scottish Index of Multiple Deprivation (SIMD) 5 decreasing whilst those for children in SIMD 1 increasing, it was questioned what was the plan to target those people who were most vulnerable. It was advised that more work with Childrens Services teams to target those most vulnerable and links to other community based staff such as Community Health Practitioners and Community Health Co-ordinators who were key staff in those communities that were linked to those people in most need.
- There was a need to promote a healthy diet and better health which would reduce obesity. Obesity was an issue for families and targeting individuals would not realise the ideal outcome of reducing obesity overall.

Thereafter, the Group welcomed progress in the child healthy weight programme; the partnership work that was being undertaken and extended their appreciation to staff involved for excellent work.

Adult Services

Mr Jean Pierre Sieczkarek, Area Manager (South), NHS Highland was in attendance and gave a presentation on care at home, specifically the development of this service, what the expectations and aspirations of the service were, and some of the current issues on how to change the service to improve quality and efficiency. To put matters in context, if the development of care at home was not done correctly then this would have a severe impact on other NHS services.

Information was provided on the current NHS Highland delayed discharge position and the care at home position for 2013/14. There had been 40 people in hospital and 246 people in the community waiting for care at home. This showed how much of a problem there had been with the high number of people in hospital and in the community waiting for care at home services. Other issues which showed the scale of the problem were highlighted as:- the estimated cost of current unmet need was £2.3m p.a.; in-house provision was more expensive; competition between providers to recruit; not all geographical areas of operation were sustainable and there was inconsistent and some poor quality provision.

So addressing these problems meant identifying why the in-house service, which was more expensive, was producing a lower level of

care and to bring the standard of care to a higher level. Therefore the following changes had been introduced in 2014:- care at home was commissioned across sectors, with no in-house service protection; collaborative zoning, where providers could access cost effective “runs”, not scattered provision; ensuring a living wage was paid; and developing a single tariff for all providers which could be enhanced for rurality and complexity.

In discussion, the following points were raised:-

- it was felt that there was urgency and optimism around resolving the care at home problems which was welcomed. However, it was acknowledged that work on the improvements was at an early stage;
- in relation to when the changes would start to be rolled out, it was advised that changes were already being rolled out in Badenoch and Strathspey area through Boleskine Care in conjunction with Highland Home Carers. This was an innovative scheme which would hopefully encourage other communities to come up with their own ideas to meet care at home needs of people in their community. Also a three tier tariff system was being looked at for all providers, in order to create a more sustainable service.
- there was a wish for change in the in-house sector, where staff were not content with the way the service was organised and with the service that they were able to provide at present. There was a willingness and urgency for the in-house service to change and evolve also.
- in terms of the equality scores, it was not felt there was a level playing field in terms of how services were inspected and there was an inevitability in some cases that smaller providers targeting a particular client group or need, were going to be able to achieve a higher score than a catch all service that took everyone irrespective of need, condition, location etc. It was advised that if this was an issue then there needed to be some evidence of this provided and thereafter liaise with the Inspection Service about it.
- promoting careers in the carer sector was getting better and this would address some of the resource issues that the care sector had, such as not having enough applicants and people for jobs;
- it was hoped that if care at home assessments were being made on the basis of a client’s best day, this did not transfer across to the work of the Citizen’s Advice Bureau who asked clients to fill in forms as if it was their worst day of their lives. It was noted that the right balance had to be struck in terms of the support offered to clients seeking care at home support, as if there was too much support, people became very dependent

on this.

Thereafter, the Group welcomed that the problems with the care at home service were being identified and that plans were in place to make improvements.

4. Minutes of Previous Meeting

There had been circulated Minutes of Meeting of the Highland Strategic Commissioning Group held on 10 March, 2014 the terms of which were **APPROVED**.

Arising from the minutes the following matter was raised:-

Item 8 Financial Framework – it was queried when the update report on the Adult Services Resource and Commissioning Group would be submitted to the Highland Strategic Commissioning Group. In this respect, it was **AGREED** that:-

- i the Chief Executive of NHS Highland and the Chief Executive, The Highland Council review the position and if there were any issues that required immediate consideration these be submitted to the respective Committees of NHS Highland and Highland Council; and
- ii an update report would be submitted to the next meeting of this Group.

EM/SB

NK/DY

5. Adult Services

i Commission

There had been circulated Report No HSCG/06/14 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.

SB/BA

In particular, the five year strategic commissioning plan approved by the NHS Board was welcomed. The first meeting of the Adult Services Resourcing and Commissioning Group had taken place. This noted a projected overspend in the adult social care budget in 2015/16 of £1.2m. The next report to the Group would highlight the actions to address the budget position and the associated service implications. The report also noted the challenges to delayed discharge performance and work to introduce Social Care Self Directed Support. Further, an updated Change and Improvement Plan would be submitted to the Education, Children and Adult Services Committee in November, 2014.

In discussion, the following points were raised:-

- it was advised that the updated figure on the overspend in the

adult social care budget in 2015/16 was now £2.6m which included budget pressures and a savings shortfall. Work was ongoing to address this; and

- it was noted that a staff bank for care at home services was under development and was about to go operational.

The Group **NOTED** the report.

ii Adult Services Change and Improvement Plan

JB

There was circulated Report No HSCG/07/14 by the NHS Highland Director of Adult Care which presented the draft Change and Improvement Plan. The draft plan outlined progress to date and expected outputs over the final 3 years of the Partnership Agreement.

In particular, regulations supporting the implementation of the Public Bodies (Joint Working)(Scotland) Act were currently out for consultation and include requirements for Partnerships to produce a 3 year Strategic Plan. It was proposed that this Strategic plan will comprise the Change and Improvement Plan along with other strategic planning documents for services to Children and Adults.

Recognising the need to support the programme of change and improvement, the plan had been completed in a similar format at District level indicating progress.

There were still gaps in the draft plan and more input on the financial impact would be inserted in the plan as well as contributions in relation to outcomes.

It was queried what the governance route for the approval of the plan would be. It was advised that the plan would go to the NHS Highland Health and Social Care Committee and the Education, Children and Adult Services Committee of the Highland Council. It was requested that a summary sheet be included in the plan on the financial detail, the pressures and demands over the period of the plan.

The Group **NOTED** the:-

- a. draft Change and Improvement Plan; and
- b. proposals to incorporate this in to the Strategic Plan required by the Public Bodies (Joint Working) (Scotland) Act 2014.

iii Performance Indicators

GM

There was circulated Report No HSCG/08/14 by the NHS Highland Director of Adult Care which detailed how the

Performance Indicators for Adult Social Care which are the responsibility of NHS Highland are reviewed and developed. It detailed the reporting and review arrangements and the actions underway to address those areas where reporting was incomplete. It also recommended change, additions or removal of performance indicators from the adult social care balanced scorecard as a result of that on-going review and development process.

In discussion the following points were raised:-

- the added value that the Head of Care Support and his team brought to the Performance Indicator Improvement Groups was recognised;
- reference was made to the proposal to remove from the scorecard indicator 11 relating to 'the number of people who are in urgent need who are able to access 24x7 response co-ordination through NHS Highland's out of hours hub'. It was felt that this indicator should not be lost, as someone in urgent need may not be able to gain access and it was important to know this. It was suggested that the proposal to remove this indicator be reviewed by the Improvement Group.
- in terms of the indicator – 'increase the number of people with learning disabilities who are in paid employment' the outturn for this indicator was 'to increase from the baseline level'. It was queried if there was a baseline level, as the information in NHS Highland was very limited in terms of what disabilities people have or are prepared to declare in the workforce. It was advised that there was a baseline level for this.
- there were a large number of indicators and it was requested that a summary of indicators which would give an broader health check for Adult Social Care be submitted to a future meeting.
- It was requested that a copy of the targets for performance indicators be submitted to a future meeting of the Group.

The Group:-

- a. **NOTED** the process for the ongoing review and development of the performance indicators;
- b. **NOTED** that responsibility for these indicators has been delegated to the relevant Improvement Groups which are now all fully engaged;
- c. **AGREED** the recommended changes in Performance Indicators where requested, subject to the proposal to delete indicator 11 being reviewed by the Improvement Group;

- d. **AGREED** that a summary of indicators which would give a broader high level health check for Adult Social Care be submitted to a future meeting; and
- e. **AGREED** that a copy of the targets for performance indicators be submitted to a future meeting of the Group.

6. Children's Services

EM/MS

i Children's Services Commission

There had been circulated Report No HSCG/09/14 by the NHS Highland Chief Executive which provided a statement regarding the assurance that was being provided to NHS Highland regarding the delivery of integrated children's services; an update on the children's services performance framework; an update on the previous assurance report of March, 2014; and a brief description of future developments in the partnership agreement and commissioning arrangements.

The Group **NOTED**:-

- a. progress in establishing the Resource and Commissioning Group; and
- b. the production of the assurance report.

ii Children's Services Plan: For Highlands Children 4

BA

There had been circulated Report No HSCG/10/14 by the Highland Council Director of Care and Learning which presented the final draft integrated Children's Service Plan. A copy of the final draft of the Integrated Children's Services Plan, For Highland's Children 4 was circulated separately.

The plan identified outcomes for children and their families and improvement priorities for the next five years. The plan incorporated and built upon outcomes identified within existing policy commitments of Highland Council.

In particular, it was intended that local delivery plans would be produced, but work on this was at an early stage.

During discussion the following points were made:-

- it was advised that child health profiles by districts were produced, as there were for adults, and there was an expectation to see this reflected in due course in local delivery plans as they were developed. This would give additional information as to how local teams should be directed to work.

- in relation to the participation of children and families in self evaluation, it was advised that it was mixed in relation to the different improvement groups. There were structures in place around some groups of young people such as looked after children that were very easy to access, but however for others such as young offenders it was much more difficult. It was a constant theme to look at participation in a better way. A number of the representative groups were involved in improvement group activity.
- there was a need for a presentation on the Community Planning Partnership in order to consider the early years collaborative within the childrens plan;

The Group **APPROVED** the final draft of the Integrated Children's Services Plan, For Highland's Children 4.

iii For Highlands Children 4: Performance Management Framework

BA

There had been circulated Report No HSCG/11/14 by the Highland Council Director of Care and Learning which outlined the development of the For Highlands Children 4 (FHC4) Performance management framework and the intention to replace this with the Framework developed as part of the partnership agreement.

In terms of the aspirations for Highlands Children 4, the focus was on achieving better outcomes for Highland's children, their families and the communities in which they live. There were fourteen outcomes within the Children's Services plan. In terms of the Performance Management Framework, a new Framework would be designed around these outcomes. The FHC4 Performance Management Framework was designed to replace the Framework developed as part of the partnership agreement which established Highland Council as the Lead Agency for delivering services to children in 2012. The Performance Management Framework contained a number of quantitative measures built around the fourteen outcomes. Pre-existing measures from the framework developed as part of the Partnership agreement were either replicated within the new framework or had been subsumed within the new measures.

In discussion, the following points were raised:-

- in relation to The FHC4 Performance management framework measure - '95% of looked after children and young people referred for specialist CAMHS are seen within 18 weeks by December, 2014' this was a long time in a child's life and it was queried if the timescale could be shortened. It was advised that the 18 week

target was a national target and children requiring this service would not normally have to wait 18 weeks. Anyone requiring to be seen urgently, would be seen urgently.

- it was queried what was meant by validated parenting programmes. It was advised that there were different evidence bases for Parenting programmes and our use of that phrase, was to use Parenting programmes that have an evidence base of some significance behind it.
- there was a need to have a measure within the Framework to ensure that staff were properly trained. It was advised that within the Performance Management Framework there was a need to look at service improvement. Information on this would be shared with the Staff Side.
- that a summary of indicators which would give a broader high level health check for Childrens Services be submitted to a future meeting.
- it was requested that some measure of inequality should be in the indicators. It was important that not just indicators for vulnerable groups were looked at, but that the universal indicators were looked at and checked that we were targeting the most vulnerable elements of society.

The Group **AGREED**:-

- i the FCH4 Performance Management Framework to replace the Framework developed as part of the partnership agreement; and
- ii that a summary of FHC4 Performance Management Framework indicators which would give a broader high level check for Childrens Services be submitted to a future meeting.

7. Legal Commission

JB

The NHS Highland Director of Adult Care gave an update on legal services support work in respect of Contracts and Commissioning; Generation of Income; Advice to Social Work Practitioners.

Contracts and Commissioning included contract law and support and social care contracts where legal interpretation or advice on disputes was required.

Generation of Income related to work around non residential charges where there was an important legal element to this and staff needed guidance. Considerable work had been carried out with legal services to review and streamline the process around this financial assessment and this work was reaching a conclusion.

Work was ongoing to establish what legal advice was required to allow Social Work Practitioners to continue to do their daily work.

It was proposed to bring the legal commission for consideration to the next meeting of the Commissioning Group for formal signature.

The Group **NOTED** the position and that the legal commission would be submitted to the next meeting of the Strategic Commissioning Group.

8. Shared Support Services

BA

There was circulated Report No HSCG/12/14 by the Highland Council Director of Care and Learning which provided an update on the current review of specialist support services for health, social care and education.

It was advised that specialist business support services for health and social care were sustained within their pre-existing organisational structure, and transferred to NHS Highland, to continue to act as a single service across social care for children and adults. This decision was made to ensure consistency of support to front line services and so that benefits could be achieved to a common approach to these areas of activity across the two organisations.

NHS Highland had continued to review many of its systems and processes, and sought to achieve greater integration of these support services within NHS Highland structures. Similar processes had been taking place within Highland Council.

The new Care and Learning Service within Highland Council received some of its specialist business support through an internal team or from other colleagues in the Council, and the same service for other aspects of its business from the team located within NHS Highland. Both organisations required clarity about how these support services should be organised in future. Work had now commenced to understand the issues with a view to making recommendations for organisational arrangements from April, 2015.

The Group **NOTED** the report.

9. Draft Regulations relating to Public Bodies (Joint Working) (Scotland) Act 2014 – set 1

JB

There was circulated Report No HSCG/13/14 by the NHS Highland Director of Adult Care which outlined implications of the draft regulations relating to Public Bodies (Joint Working) (Scotland) Act 2014 for the Highland Partnership.

The regulations set out what was expected of Partnerships across Scotland. The report set out the detail from the Regulations, the impact on current arrangements in Highland and scopes the work needed to be progressed in order to meet the legislation deadline of 1st April, 2015.

The Group **NOTED** the:-

- i. implications of these regulations and the proposals; and
- ii work required to meet the expectations within the agreed timescale.

The meeting was closed at 4.20 pm.