

**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 16 March 2015 at 2.30 p.m.

PRESENT:-

Mr Drew Hendry (Co-Chair)
Mrs Jan Baird
Mr Steve Barron
Mr Alasdair Christie
Ms Jaci Douglas
Ms Deborah Jones
Ms Elaine Mead

Mr Adam Palmer
Mr Stephen Pennington
Ms Maxine Smith
Ms Sarah Wedgwood
Ms Mhairi Wylie
Mr Derek Yule

Officers Present:-

Mr Nick Kenton, Director of Finance, NHS Highland (NK)
Ms Bernadette Cairns, Head of Additional Support Services, Highland Council (BC)
Ms Fiona Palin, Head of Social Care, Highland Council (FP)
Mr Mike Flavell, District Manager, Caithness, North and West Operational Unit, NHS Highland (MF)
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 G Coutts, Mr B Alexander, Ms M Duncan, Ms M Macrae and Dr H Van Woerden.	No Action Necessary
2.	Declarations of Interest There were no declarations of interest.	No Action Necessary
3.	Presentations Presentations were made as follows:- i. Children's Services Improvement Group The Highland Council Head of Additional Support Services gave a presentation on the Additional Support Needs Improvement Group during which she gave an overview of the structure and membership of the Leadership Group and	

Improvement Groups. She gave a summary of the key improvement priorities; explained the importance of early intervention; outlined the actions undertaken to support positive outcomes; and described the tools used on an ongoing basis to measure and track progress of outcomes. In conclusion, she advised of the importance of having good planning systems and explained how the number and quality of plans were being tracked.

During discussion, the Group commended the developmental overviews that had been undertaken for all 4 year olds (2,500) entering school in August 2014. Responding to a question, it was explained that it was intended that the overview would help to identify children that had not developed/reached the expected level in a number of specific areas. The developmental overview would provide a fuller child profile which would allow their needs to be addressed in a more coherent and holistic manner.

With regard to the 18 month milestone and early intervention, it was explained that now that more two year olds, particularly Looked After children, were in nurseries this age group was being profiled which would provide more detail than the 27 to 30 month check. Therefore, if any concerns were raised at this stage, then a more comprehensive check would be undertaken which would provide a wider profile at an earlier stage.

In response to a question, it was explained that nothing unexpected was uncovered as result of the developmental overviews. It was further clarified that 90% of children would achieve developmental milestones by school entry was a national stretch aim and this would be used as a tool to measure against on an ongoing basis.

The Group **NOTED** the presentation and commended staff for the work being undertaken.

ii. Adult Services Improvement Group

The NHS Highland Director of Adult Care gave a presentation on the Older People's Improvement Group during which she set out the generic role and remit of the Group; explained the Commissioning Priorities; gave an outline of the work being done with partners; ensuring impact was being made through measuring Key Performance Indicators to demonstrate improvement, engaging with users and signing up to improvement standards; implementing innovative approaches; and building for the future through maximising technology and generating community capacity.

During discussion, the Group recognised the importance of using technology enabled care and it was requested that further information be provided at a future meeting on telecare.

Responding to a question on planning for decommissioning of services, the Director of Adult Care explained that although some of this could be opportunist, a planned approach was needed to establish what could be done differently and the impact of this. There was a need to remodel the more traditional services and to free up the communities to enable them to contribute and provide support work. However, despite the appetite to provide services differently and working to shift the balance of care, the demographic continued to grow. Therefore, the need for data around this demographic was essential to inform costs and remodelling of services.

The Group **NOTED** the presentation and **AGREED** that an overview of telecare be provided at a future meeting.

4. Minutes of Previous Meeting

LD

There had been circulated Minutes of Meeting of the Highland Strategic Commissioning Group held on 8 September 2014, the terms of which were **APPROVED**, subject to the inclusion of Ms Maxine Smith as being in attendance.

Arising from the Minutes, it was confirmed that the staff bank for care at home services was now up and running but that it would take some time for it to bed in and be fully effective. It was further explained that there was also a need for time to be given to allow staff to gain experience/knowledge of working in different environments.

The Group **NOTED** the update.

5. Adult Services

SB/BA

i. Commission

There had been circulated Report No HSCG/01/15 by the Highland Council Chief Executive which provided an update regarding the assurance that was being provided to Highland Council regarding the delivery of adult social care services.

During discussion, the following main points were highlighted:-

- The Chairman expressed appreciation on behalf of the Group for the help and support from NHS Highland staff with the inspections. It was confirmed that the outcome of the mid and south in house Care at Home Service inspection was still awaited;
- In terms of the 2015/16 financial gap of around £6m, the need for transparency around the dialogue that would be undertaken with the Council to address this situation was emphasised; and

- Further information was sought on the process in respect of accessing the Integrated Care Fund (ICF) and assurance was sought that this would be an inclusive system, particularly if this did not involve a bidding process.

Thereafter, the Group **NOTED** the report.

ii. **Adult Social Care Financial Projections Month 10 2014/15**

NK

There had been circulated Report No HSCG/02/15 by the NHS Highland Director of Finance which presented a summary of the financial position to 31 January 2015.

In presenting the report, the NHS Highland Director of Finance explained that a budget overspend of £0.793m was projected and work would continue to bring this back into line. A savings plan had been identified of £4.6m and although significant progress had been made with this a further £1.6m of savings had yet to be realised. He advised that there were pressures from the independent sector care packages and also packages transitioning from Children's Services but these were being managed within the totality of the budget. It was further reported that this report was considered in detail at the Adult Services Commissioning Group, which met on a quarterly basis, whereby Operational Managers explained the savings being made and the implications of these.

During discussion it was suggested that consideration should be given to putting an appropriate mechanism in place to give this Group sight of the minutes of the Adult Services Resources and Commissioning Group and the Children's Services Resources and Commissioning Group in order that they could seek assurance of the financial position and their impact on services.

It was further highlighted that although the report stated "the quantum", it should indicate that this contribution came from the Highland Council, along with the NHS Highland investment to form the partnership quantum.

In terms of managing the overspend with less than a month to the end of the financial year, it was explained that as well as the Council, this was also reported to the NHS Highland Improvement Committee as part of their own internal assurance processes. In addition, there was separate reporting to the relevant operational units and also to the Highland Health and Social Care Partnership which included Member representation. It was explained that work continued to reduce the overspend as much as possible and, for example, although progress had been made with care packages this had not generated the required level of savings.

With regard to visibility of data, it was highlighted that it had recently been agreed to undertake a governance review to make sure that the correct information was reported in the right places and it was anticipated that a mechanism to ensure correct data flow would be implemented following this process. It was explained that the Adult Services Commissioning and Resources Group had been formed to bring financial aspects together at an operational level but that there was a need to put appropriate governance arrangements in place that provided assurance to this Group, not just financially but also in terms of service delivery.

The Group **NOTED** the report.

iii. Adult Services Change and Improvement Plan in the context of the Public Bodies (Joint Working)(Scotland) Act 2014

JB

There had been circulated Report No HSCG/03/15 by the NHS Highland Director of Adult Care which gave an update on the Adult Services Change and Improvement Plan in the context of the Public Bodies (Joint Working)(Scotland) Act 2014.

During discussion, it was clarified that the Strategic Commissioning plan was already in place and the Change and Improvement Plan would be a composite of many of the existing plans, a number of which would have to be refreshed, to reflect a three year period from 2016.

It was further suggested that it would be useful to implement a system indicating who would be responsible for monitoring and assurances.

The Group **NOTED** the report.

iv. See Hear Strategic Framework Scotland

JB

There had been circulated Report No HSCG/04/15 by the NHS Highland Director of Adult Care which set out the See Hear Strategic Framework Scotland performance Indicators to be incorporated into the Balance Scorecard.

During discussion, it was suggested that a request be made to the Community Planning Partnership to offer some work place opportunities for those in transition. This was welcomed and it was further highlighted that some initial training/awareness raising could be provided to help employers feel supported.

The Group:-

- a. **APPROVED** the key performance indicators to be incorporated into the Balanced Scorecard from April 2015 and reported through the Partnership governance structure;

and

- b. **AGREED** that a request be made to the Community Planning Partnership to provide work place opportunities for those in transition.

6. Children's Services Commission

EM

There had been circulated Report No HSCG/05/15 by the NHS Highland Chief Executive which provided assurance to NHS Highland regarding the delivery of child health services.

In presenting the report, the NHS Highland Chief Executive emphasised the need for robust data, particularly for the required HEAT targets. Although it was recognised that there would be a level of disruption from the team reorganisations, concern was expressed at the number of vacancies, particularly where there were long term gaps in service, and the impact of this on service delivery. The establishment of a data performance management group was welcomed and highlighted that the commissioning intentions that were being drafted for May 2015 and would be influenced by the Children and Young People's Bill (Scotland) 2014. It was further recommended that a financial monitoring report be submitted to future meetings in respect of Children's Services.

Following consideration of the report, the Group:-

- i. **NOTED** the actions taken to improve performance reporting;
- ii. **NOTED** the progress and actions taken in relation to achieving targets and outcomes; and
- iii. **AGREED** that a financial monitoring report be submitted to future meetings in respect of Children's Services.

7. Progress with Integrated Teams

SC

i. Family Teams in Care and Learning Service

There had been circulated Report No HSCG/06/15 by the Highland Council Head of Children's Services which outlined the development of the Family Teams in the Care & Learning Service and the implementation to date.

In presenting the report, it was explained that the teams were formally established on 1 October 2014 and each team was divided into three functions, namely Universal Services and Early Intervention in Early Years; Universal Services and Early Intervention in School Age Children; and Care and Protection. Each team was headed by a District Manager and each function had a Practice Lead. There were ten Family Teams across Highland, largely based on the Districts and the corresponding Associated School Groups, with the exception of

the South Area, where a Health and Disability Team had been established due to the larger population and geography.

Within the Family Teams there were pressures due to the vacancies within the health visitor and school nursing teams and there were a number of trainees in a bid to create capacity through growing our own.

The Group welcomed this more streamlined approach and it was suggested that a further update could be provided on the impact of the new structure once the teething problems had been worked through.

The Group **NOTED** the progress to date.

ii. Integrated Teams in Adult Service

JB

There was a verbal report by the NHS Highland, District Manager (Caithness, North and West Operational Unit) during which he gave an update on the following areas:-

- **Co-location:** progressing across the area with West team co-located in Thurso Community Health Centre and East team moving to the Trust Wing, Medical Centre, Wick in May 2015. Teams included Community Nursing, Social Work, Allied Health Professionals, Community Occupational Therapy and Midwives. The Care at Home teams would also be colocated in these teams. Recruitment had been completed for Leadership roles such as Integrated teams leads, Advanced Practitioners and Professional Leads;
- **Health and Social Care Co-ordinator:** currently based in Caithness General Hospital, the postholder would move with the East Integrated team. This model was expected to be extended to the West team in due course.
- **Integration:** The District IT leadership group had met on a number of occasions to develop a vision and a plan for integration and three workshops had been held across the county for both teams. One of the developments had been an invitation to the Integrated team members to attend the Multi-disciplinary Team meetings at the GP practices. This created an opportunity to discuss vulnerable people in the community and how to help the GP's keep them at home. It was also the start of developing a community ward;
- **Training:** North & West unit were rolling out the *Integrating for the Future* training package to all Integrated Team Leads, Advanced Practitioners, professional Leads and Care at Home Officers. *Right Call for a Fall* led by the Scottish Ambulance Service and piloted in Wick was now being rolled out across Caithness. This work involved close liaison with the

Third sector, British Red Cross, and communities to ensure all options to keep someone safely at home were explored. Data continued to be collected on hospital admission and alternatives for admission;

- **Pharmacy development:** Community pharmacists working in GP practices were increasing the number of medication reviews recognising the falls risk associated with even one medicine. Close liaison with the GP practice enabled any changes to medication to be taken forward quickly and reduce the falls risk;
- **Care at Home:** The Care at home service now devolved to the Operational Unit had been considering with colleagues across the multi-disciplinary team the role of enablement. All care at home packages now considered “enablement” for first six weeks. This was a significant change for Care at Home staff and officers requiring them to reconsider the scheduling of visits and the ethos and communication with clients and families. It was recognised that this approach was necessary to meet demand and reduce waste and would enable targeting of intensive care at home where and when it was truly needed. Ongoing training was being delivered to officers and staff. Since adopting this approach, 69% of care packages had been completely reduced over the six week period with no residual care package required. The weekly District Care Panel considered all proposed care packages, people in the community at risk of admission and people in hospital who would need community services in order to return home; and
- **Redesign:** Intermediate care options were being explored with the establishment of a Step down bed in Bayview Care Home. The Multi-Disciplinary Team, including GP and community staff, oversee the use of this facility and would collate the effectiveness to inform rollout of the model across the area. A number of other groups were taking forward redesign across Caithness aimed at reducing duplication and sharing pathways. Some Telehealth monitoring with patients who had a long term condition was also being explored. It was hoped this would prevent exacerbations of their disease, provide early warnings to community staff and enable the patient and their family to be more in control of the management of their disease.

The Group **NOTED** the update.

8. Update on District Partnerships

BA/JB

There had been circulated Joint Report No HSCG/07/15 by the Highland Council Director of Care & Learning, NHS Highland Chief Operating Officer and NHS Highland Director of Adult Social Care which provided an update on matters relating to the District Partnerships.

In introducing the report, it was explained that the District Partnership model had now been established for all Scottish health and care partnerships, within the Public Bodies (Joint Working) (Scotland) Act. Following consideration by the Highland's Community Planning Partnership, the Partnerships were currently discussing how to build on the District Partnership to include local plans for children and adult services and also community safety and community planning issues where no other such forum existed. The report also gave an update on the recent business of the District Partnerships and outlined opportunities for their developing role.

During discussion, it was highlighted that each Partnership was very different and there were emerging patterns based on local needs and services and how these were used to inform commissioning. It was explained that this would be a bottom up process which would be achieved through the Change and Improvement Plan to engage District Partnerships to see the benefits of working to together with Area and District Managers within a community. It was acknowledged that District Partnerships would evolve over the next 12 months and District Chairs needed to be allowed to develop this process but it was confirmed that the Group would be kept informed of progress. It was further highlighted that there was also a role for the Community Planning Partnership to support the development of District Partnerships.

The Group **NOTED** the report.

9. Integration Scheme: Public Bodies (Joint Working) (Scotland) Act 2014

JB

There had been circulated Report No HSCG/08/15 by the NHS Highland Director of Adult Care which introduced the Integration Scheme that was required to meet the new statutory duties, in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014.

The Group **NOTED** the draft Integration Scheme, subsequent to any necessary final changes which were delegated to the Chief Executives of Highland Council and NHS Highland.

10. Public Bodies(Joint Working) (Scotland) Act 2014: Strategic Planning Group and Joint Monitoring Committee

JB

There had been circulated Report No HSCG/09/15 by the NHS Highland Director of Adult Care which outlined the requirement to have a Strategic Planning Group and Joint Monitoring Committee and proposed that Strategic Commissioning Group fulfilled this function. A proposed role, remit and membership in line with the regulations had been appended to the report.

The NHS Highland Director of Adult Care explained that, subject to Scottish Government approval, the Strategic Commissioning Group would become the Joint Monitoring Committee at the time the Integration Scheme had been signed off (1 April 2015 or when Scottish Ministers approve the Scheme).

The Group:-

- i. **AGREED** that the proposal for the Strategic Commissioning Group to assume the role of the Joint Monitoring Committee in line with Scottish Government legislation be accepted;
- ii. **AGREED** that the suggested amendments to the membership of the Strategic Commissioning Group in order to fulfil the new role be accepted; and
- iii. **NOTED** the ongoing work to establish a Strategic Planning Group.

11. Financial Protocol

DY/NK

There had been circulated Joint Report No HSCG/10/15 the Highland Council and NHS Highland Directors of Finance which presented the revised financial protocol for consideration.

In presenting the report, the Highland Council Director of Finance explained that there was a need for the financial protocol to reflect changing circumstances, notably the requirement to replace the Partnership Agreement with an Integration Scheme, the consequent change in governance arrangements as well as the creation of an Adults Services Finance & Resources Commissioning Group and a Children's Services Finance & Resources Commissioning Group. The revised financial protocol would also address timing issues and enable indicative proposals to be discussed by the end of November each year.

Responding to a question, it was clarified that the financial protocol was being presented for approval and that the gap in reporting would be discussed and reported separately to a future meeting.

The Group **APPROVED** the Financial Protocol as presented.

The meeting was closed at 4.10 pm.