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 28 September 2015 at 2.30 p.m.

PRESENT:-

Mrs Margaret Davidson (Co-Chair)
Mr Bill Alexander
Mrs Jan Baird
Mr Steve Barron
Ms Myra Duncan
Mr Bill Fernie
Ms Deborah Jones

Mr Bob McGlashan (by tele-conference)
Ms Elaine Mead
Mr Adam Palmer
Mrs Fiona Robertson
Ms Sarah Wedgwood
Ms Mhairi Wylie
Mr Hugo Van Woerden

Officers Present:-

Mr Nick Kenton, Director of Finance, NHS Highland (NK) Ms Anne Macrae, Committee Administrator, Highland Council (AM)

Ms M Davidson in the Chair

Item Subject/Decision Action

1. Apologies for Absence

No Action Necessary

Apologies for absence were intimated on behalf of Mr G Coutts, Ms A Darlington, Ms M Macrae, Mr D Millar, Mr S Pennington, Ms M Smith and Mr D Yule.

2. Declarations of Interest

No Action Necessary

There were no declarations of interest.

3. Presentations

BA/JB

Presentations were made as follows:-

i. Children's Services Improvement Group

Mrs Sandra Campbell, Head of Children's Services and Chair of the Looked After Children Improvement Group gave a presentation on the work of the Group. She advised that the Group's aim was that all care-experienced young people in Highland reached their potential. She proceeded to outline the membership of the Group and provided statistics in relation to the numbers of looked after children in Highland

and Scotland. She outlined the successes achieved by the Group to date and also the main challenges it faced. She also provided a summary of the main outcomes and performance measures in terms of Looked After Children and the improvement methodology being used specifically with the aim of increasing the numbers returning from out of authority placements and also reducing the numbers entering residential care. In conclusion Mrs Campbell advised that the integration of health and social care supported the aims of the Group through improved partnerships, shared performance management and collaborative problem solving.

Following the presentation, the following points were raised:-

- concern at the barriers which continued to exist in regard to the continued high number of young people in residential care, in the context of a growing awareness and diagnosis of children and young people with a mental health issue;
- in regard to the above that consideration was being given to the appropriate age at which to pitch specific interventions with the current focus being on early interventions and reference was made to the work ongoing in this regard;
- it was suggested that the membership of the Looked After Children Improvement Group should include a representative at an operational level such as a paediatrician or school doctor to provide practical support in taking interventions forward;
- it was suggested there was a need to focus on providing more Kinship care in Highland;
- that a main issue was that too many children were being placed into residential care and therefore the challenge was to focus on breaking this cycle, which involved putting alternative services in place in the community;
- that work was also ongoing with the Children's Panel and the early years collaborative to reduce the numbers entering residential care and in out of authority placements;
- in regard to the above that it was also important to consider the issues around the options that were being presented to the Children's Panel:
- a point in regard to whether monitoring was carried out in regard to the number of looked after children who had spent their early years living outwith the area, particularly in regard to out of authority placements; and
- discussion around the action being taken to shift the balance from residential care to alternative community provision, including the incremental reduction of residential beds while exploring the provision of additional alternative support.

The Group **NOTED** the presentation.

ii. Adult Services Improvement Group

Ms K Stapleton and Ms J Liddle, NHS Highland Deaf Services proceeded to give a presentation on the work of the See Hear Improvement Group. During the presentation information was

provided on the numbers of people in Scotland with either hearing and/or significant sight loss and the fact that these numbers were expected to double over the next twenty years. In response a strategic framework, See Hear had been developed with the aim of meeting the needs of people with a sight/hearing/combined loss in Scotland. This involved a new ten year plan with funding which had been launched in March 2015. This would be delivered in Highland through the Improvement Group with the main focus being on transitions, earlier intervention and promoting self-management and training. Examples of this work include basic screening checks and better planned services, robust systems for sharing information on affected individuals and ensuring compliance with legal duties. Reference was also made to the need to raise awareness across all sectors in Highland and the need to promote and facilitate specialist training in conjunction with the Scottish Government.

Following the presentation, the following points were raised:-

- it was noted that training in British Sign Language was available in conjunction with Scottish Union Learning for people with either a professional or personal interest;
- that improved links in terms of diabetic screening were being progressed through the Adult Services Improvement Group and consideration given to how to improve these links further;
- that arrangements be made for relevant parts of the presentation to be circulated to the Ward Managers as the District Partnership leads for distribution to community representatives, with a particular focus on helping people stay in their communities safely and adding in information in regard to the existing drop in centres in localities.

The Group **NOTED** the presentation and **AGREED** that a copy of the presentation and supplementary information be circulated to Ward Managers for distribution to the appropriate community representatives.

4. Minutes of Previous Meeting

ΑM

There had been circulated Minutes of Meeting of the Highland Strategic Commissioning Group held on 16 March 2015, the terms of which were **APPROVED** subject to the second paragraph of Item 5iii being amended to read:-

"During discussion it was clarified that the Strategic Commissioning plan was already in place and the Strategic Plan as required by the new legislation 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."

5. Integration Scheme

JB

There had been circulated Report No HSCG/11/15 by the NHS Highland Director of Adult Care which presented The Highland

Partnership Integration Scheme April 2015 – March 2020. It was clarified that the Integration Scheme had been approved by the Scottish Government on 25 June 2015 and could not be changed without public consultation or ministerial approval.

The Group **NOTED** the Integration Scheme.

6. Highland Partnership Joint Monitoring Committee

There had been circulated Report No HSCG/12/15 by the NHS Highland Director of Adult Care which sought agreement of the role, remit and membership of the Joint Monitoring Committee and Strategic Planning Groups as required under the Public Bodies (Joint Working) (Scotland) Act 2014.

In presenting the report the Director of Adult Care, NHS Highland provided further clarity in regard to the structures required under the new legislation as set out in Appendix 4 of the report.

During discussion, a number of comments were raised as follows:-

- it was suggested that the roles and functions of the Strategic Planning Adult Services and Children's Services Sub Groups as detailed in the appendices in the report should replicate each other;
- a query in regard to why the role and functions for The Highland Partnership Joint Monitoring Committee as set out in Appendix 3 made no reference to monitoring outcomes; the Director of Adult Services advised that this information was included in the Integration Scheme but that she was content to add this to the role and functions of the Committee for clarity;
- that further clarity was required in regard to the governance arrangements for the two commissioning groups in terms of reporting to the Education, Children's and Adult Services Committee and the Health and Social Care Committee; the Chair requested that this matter be considered as part of the ongoing governance review and that in the meantime the role and remit of both groups be reviewed to ensure they were the same and that the reporting arrangements were being actioned as described:
- in terms of the membership of the Groups it was important that where a person was to be appointed to the Committee to represent the third sector, he/she be described as such and not as a representative of their individual organisations so that their role was described accurately;
- that there was no reference in the role and remit to the transition from Children's to Adult Services; it was reported that the Strategic Commission placed the responsibility for transitions equally between both Adult and Children's Services and that a Transitions Group had been established which would report directly to the Joint Monitoring Committee; it was requested that reports on transitions should be included

JB

in future Adult Commission and Children and Young People's Services Commission reports to the Joint Monitoring Committee.

The Group **AGREED**:-

- i. the role, remit and membership of the Joint Monitoring Committee subject to the additions and amendments referred to in discussion and detailed above;
- ii. the role, remit and membership of the Strategic Planning Groups subject to the additions and amendments raised in discussion and detailed above;
- iii. that Highland Strategic Commissioning Group would now become the Joint Monitoring Committee;
- iv. that the governance arrangements for the Strategic Commissioning Groups be considered as part of the ongoing governance review; and
- v. that reports on transitions be included in future Adult Commission and Children and Young People's Services Commission reports to the Joint Monitoring Committee.

7. District Partnerships and Community Planning Partnerships

There had been circulated a copy of the following Reports by the Highland Council Head of Policy and Reform:-

- i. Strengthening Local Democracy and Local Community Planning Arrangements; and
- ii. Strengthening Local Democracy: Developing Proposals

During discussion, a number of comments were raised as follows:-

- that if there was to be a change in the remit of the district partnerships in terms of their decision making powers then it was important to consider how this would fit in terms of governance structures;
- a query in relation to the recommendation in the reports that partnership business should not be taken in public, particularly given that district partnership meetings were held in public;
- in regard to the above it was suggested that this would be subject to further discussions and that it was a decision for partners to take in respect of each of the local forums; the rationale behind the proposal was that there would be the opportunity for more open and frank discussions and debate if the partnership element of meetings were not held in the public domain:
- it was noted that the NHS Highland Board had not yet had the opportunity to discuss the Head of Policy and Reform's reports and that it was on the Board's agenda for its meeting in November 2015;
- a point in regard to whether the proposals for strengthening local democracy would involve the public participating in some of the decision making;

- in regard to the above it was explained that there was a proposal to establish a Commission for Democracy in the Highlands comprised of members independent from the Council and NHS Highland who would be tasked with consulting and listening to the public across the Highlands in relation to how they wished to be involved in decision making; and
- it was important the new local arrangements be progressed at an appropriate pace to allow the options to be fully explored and to make sure that a range of voices in Highland were heard; in this regard it was reported that these were experiments in local democracy which would have to be evaluated and thereafter recommendations brought to the new Council in 2017.

The Group **NOTED** the reports.

8. Strategic Commissioning Plan

There had been circulated a copy of the Strategic Commissioning Plan 2014-2019.

In presenting the Plan, the Director of Adult Care reported that the next stage was to sense check the Plan with the Scottish Government prior to its submission to meetings of the full Council and NHS Highland Board early in 2016 as a final draft for approval before being finalised and signed off by the Scottish Government by 31 March 2016.

The Chair clarified that in view of the process and timescales outlined above there was an opportunity for additional input to included in the Plan up until the end of November 2015.

During discussion, a number of comments were raised as follows:-

- that there should be more reference to carers within the Plan, in addition to the extract from the Carers Strategy which had already been included; the Director of Adult Care undertook to progress this matter further;
- that it would be helpful for the District Partnerships for more detailed information to be included in the Plan on the commissioning priorities for Children's Services; it was noted that officers were aware of this issue and this information would be included in the Plan;
- that the Plan should contain reference to issues of community sustainability when either building or disinvesting in services;
- it was also important that reference be made to workforce planning within the Plan;
- in terms of the commissioning priorities a query in regard to the timescales and process to update and amend performance indicators to reflect the information required at a local and

Highland wide level on the basis that currently there was a lack of clarity around this issue;

- a point in regard to whether there should be a statement contained in the Plan in regard to the responsibility for forming and changing performance indicators; it was reported that this was included in both the Partnership Agreement and Integration Scheme and confirmation was provided that this would be copied over to the Plan; and
- it was important that the Joint Monitoring Committee agreed a core set of indicators to ensure that comparisons could be made across the Districts.

During further discussion it was suggested that in being called a 'Plan' there may be an expectation that the document included a financial plan where in fact it could more appropriately be described as a strategy/vision document. It was confirmed that in terms of the legislation the document was required to be a high level strategic plan and an umbrella for the local implementation plans. It was explained that the financial plans going forward would be contained in the local implementation plans. It was also suggested that the Plan be renamed the Highland Commissioning Strategy (Plan) 2014-2019 to more appropriately reflect the nature of the document.

The Chair questioned when a financial plan would be made available and the Director of Care and Learning reported that as yet the budget for both organisations for the next financial year had yet to be confirmed and that it was difficult at this stage to provide specific details until both organisations had completed their budget setting process.

The Chair referred to the need as a result of integration to shift resources to where the spend was being incurred and expressed concern that going forward this could not be done on a year by year basis and further discussions were required on this matter. The Director of Care and Learning reported on the challenges in this regard, for example the fact that there was to be significant disinvestment in Children's Services in the next financial year but that the details had yet to be confirmed.

Following further discussion, the Group **AGREED** that the Plan be renamed the Highland Commissioning Strategy (Plan) 2014-2019.

The Group further **AGREED** that arrangements be made for the additions referred to in discussion and detailed above to be incorporated into the Strategy

9. Financial Outturn 2014/15 and Budget Proposals 2016/17

BA/DY

i. Child Health: 2014-15 Financial Outturn

There had been circulated Report No HSCG/13/15 by the Highland Council Director of Finance which provided information on the provision of Child Health Services within Highland Council, the

practicalities of reporting on child health spend in the post-integration environment, gave a summary position of child health spend for 2014/15 and looked ahead to financial year 2015/16.

In discussion, it was noted that the report sought to make the link between funding and outcomes where this was possible. This was welcomed on the basis that it helped to provide a greater understanding around the need following integration to direct resources to where the spend was being incurred.

A point was also raised in regard to the need for periodic overviews to be undertaken in regard to staff vacancies across the Care and Learning Service with a view to addressing those areas where the Service was experiencing recruitment difficulties, for example through measures such as the organisations growing their own staff.

Thereafter and in response to a question the Director of Care and Learning advised that the underspend on 'child health activity' budget would be used to offset overspends across the full Care and Learning Service and would not be available to be carried forward to the next financial year.

The Group **NOTED** the report.

ii. Adult Social Care Year End Outturn 2014/15 & Forward Look to 2016/17

JB/NK

There had been circulated Report No HSCG/14/15 by the NHS Highland Director of Finance which summarised the Adult Social Care year end outturn for the previous year (2014/15) and included a forward look to the next financial year (2016/17).

In discussion the Chief Executive, Highland Council advised that the final paragraph of the report made reference to a Council decision to move away from the Three Year Agreement. He clarified that the Council had not taken any formal decision in this regard and that at this stage it remained a proposal until such time as it was considered at an appropriate meeting of the full Council.

Discussion then followed on the overspends shown under the budget headings of 'People with a Learning Disability' and 'Self Directed Support (SDS)'. In response to questions the Director of Adult Care explained that an incremental approach was being taken in regard to the implementation of SDS given the potential impact on NHS Highland's services and the independent sector particularly in remote and rural areas. She confirmed that while there was currently no planned financial approach to investment in SDS, it was being encouraged at a local level in the assessment of clients for community care services.

The Director of Adult Care also referred to the risks associated with SDS should clients choose to disinvest in existing NHS Highland services which would leave the organisation in a deficit position having

to fund the alternative service while at the same time continuing to meet existing staff costs.

A point was also raised in regard to whether the projected overspend for SDS was anticipated to be more than £320k. It was explained that a report was being prepared for the Adult Commissioning Group in regard to the likely position at the end of the financial year and also the risks associated with the uptake of SDS as detailed above and given the implications for providers in terms of the changing market. It was confirmed that the Group's report would be submitted to the Health and Social Care Committee in due course.

The Group **NOTED** that the:-

- a. final outturn for 2014/15 on Adult Social Care was an overspend of £0.487m;
- b. anticipated outturn for 2015/16 was a break-even position; and
- c. outlook for 2016/17 was still being quantified and the implications of any Council proposal to move away from the Three Year Agreement would need to be fully assessed.

10. Proposed Amendments to Key Performance Indicators

There had been circulated Report No HSCG/15/15 by the Highland Council Director of Care and Learning which outlined a number of proposed amendments to the Performance Management Framework detailed in For Highlands Children 4 (FHC4).

The Director of Care and Learning tabled an updated Appendix to the report which he advised provided more substantive wording in terms of the amendments proposed. In response to a question he advised that the changes had been agreed by the Children's Services Improvement Groups and Highland Children 4 Group and had been discussed with the Child Care Commission.

In discussion, the following points were raised:-

- that performance measure number 37 (maintain the 95% uptake of primary immunisations by 12 months) be retained within the Framework so that the Joint Monitoring Committee continued to have sight of this information:
- a query in regard to how to capture the effectiveness of performance measures 100-104 under the heading of "Families receive support, advice and guidance well-matched to their needs" on the basis that these measures were not outcome focused;
- in this regard it was suggested that evaluations be sought from parents attending courses to provide a more qualitative measure; the Director of Care and Learning reported that he would feed this point back to the relevant Improvement Group; and
- it was suggested that performance measure 29 (reduce % gap

between the most and least affluent parts of Highland for low birth weight babies) was ambiguous and that a specific percentage target and trajectory and timescale for achieving that target should be set; the Director of Care and Learning reported that he would feed this point back to the relevant Improvement Group.

During further discussion, the Chair requested that the Chief Officers at their next meeting discuss and agree how to accelerate the process to have the performance indicators revised/updated/amended as required. She specifically referred to the performance measures around care at home which she suggested was not capturing the information required. In response, the Director of Care and Learning advised that there was provision within the Integration Scheme and Partnership Agreement to make amendments without the prior approval of the Group but that any amendments would require to be formally ratified by the Joint Monitoring Committee.

The Chair also queried whether benchmarking was undertaken in regard to other areas of Scotland. In response the Director of Care and Learning reported that in the main these were not national indicators and that much of the information was only collected in Highland. The Chair suggested that a review be undertaken on an annual basis in regard to the measures that could be benchmarked on the basis that this process provided extremely valuable information.

The Group **AGREED** the amendments to the FCH4 Performance Management Framework as recommended in the report and also as detailed above.

11. Adult Services Commission

There had been circulated Report No HSCG/16/15 by the Highland Council Director of Care and Learning which provided an overview with regard to the delivery of the Commission for Adult Social Care Services by NHS Highland.

Arising from the report the Director of Adult Care provided an assurance that the Adult Services Commissioning Group would be monitoring in terms of performance the revised procedures which had been implemented in respect of Adults with Incapacity.

The Group **NOTED** the report.

12. Children and Young People's Services Commission

JB/BA

There had been circulated Report No HSCG/17/15 by the NHS Highland Chief Executive which provided assurance to NHS Highland regarding the delivery of Children and Young People's Services.

As a general point and in summary, the Chair requested that the agenda for the next meeting as Joint Monitoring Committee should include items in regard to SDS and Transitions. It was also requested

that an item be included on performance indicators and in particular how to accelerate the process to have them revised updated and amended as required and as referred to at item 10 above.

The Group **NOTED** the report.

13. Revenue Budget 2016/17

DY/NK

There had been circulated Report No HSCG/18/15 by the Director of Finance which provided an update on the Council's projected budget position for 2016/17, and considered the potential implications for Adult Care Services.

In discussion, it was proposed that an equivalent report be prepared in respect of NHS Highland's revenue budget for 2016/17 for circulation to the Group so that an update for both organisations was available.

The Group **NOTED** the implications of the report and the potential impact of service reductions and **AGREED** that an equivalent report for NHS Highland be prepared for circulation to the Joint Monitoring Committee.

The meeting was closed at 4.55pm.