

**HIGHLAND COUNCIL/NHS HIGHLAND
JOINT MONITORING COMMITTEE**

Minutes of the Meeting of the Highland Council/NHS Highland Joint Monitoring Committee held in Committee Room 3, Council Headquarters, Glenurquhart Road, Inverness on Wednesday 25 April 2018 at 2.00 p.m.

PRESENT:-

Highland Council

Mr B Alexander
Mr S Barron
Mr A Baxter
Mr A Christie (Substitute)
Ms M Cockburn (Substitute)
Mr D Yule

NHS Highland

Dr D Alston (Co-Chair)
Mr D Garden
Ms J Macdonald
Mr D Park
Dr H Van Woerden
Ms C Wood

Staff Representatives

Ms M Macrae (Highland Council)
Mr A Palmer (NHS Highland)

Third Sector, Carer and Service User Representatives

Mr S Pennington (Scottish Care)
Ms M Wylie (Highland Third Sector Interface)

Officers Present:-

Mr S Steer, Head of Strategic Commissioning, NHS Highland
Mr B Porter, Head of Resources, Highland Council
Ms J Hodges, Service Improvement Lead, Highland Council
Ms K Murray, Principal Officer, Allied Health Professional, Highland Council
Mrs L Dunn, Principal Administrator, Highland Council

Dr D Alston in the Chair

Item	Subject/Decision	Action
	The items are recorded in the order that there were discussed at the meeting.	
1.	Apologies for Absence Apologies for absence were intimated on behalf of Mrs M Davidson, Mr A Mackinnon, Ms M Smith, Ms E Mead, Ms N Newdick, Mr D Macleod, Mr I McNamara and Ms G Newman.	No Action Necessary

2. Declarations of Interest

**No Action
Necessary**

Mr A Christie declared a non-financial interest as a director of Highland Third Sector Interface Ltd and a financial interest as a Non-Executive Director of NHS Highland but, having applied the test outlined in Paragraphs 5.2 and 5.3 of the Councillors' Code of Conduct, concluded that his interest did not preclude his involvement in the discussion.

3. Minutes of Previous Meeting

**No Action
Necessary**

There had been circulated Minutes of Meeting of the Joint Monitoring Committee held on 6 November 2017, the terms of which were **APPROVED**.

7. Financial Update

DY/DG

There was a verbal update by the Highland Council Director of Corporate Resources during which he explained that although the end of year figures for 2017/18 had not yet been finalised it was anticipated that there would be a year-end overspend of £1.6m in regard to Children's Services which mainly related to out of authority placements for Looked After Children but otherwise there had been no material change to that reported previously. Regarding future arrangements, it was intended that a multi-year financial plan which linked to the service strategy would be developed.

The NHS Interim Director of Finance also gave a verbal update on the current financial position during which he advised that it was currently forecast that the year-end position for 2017/18 would be an overspend of £14.3m. The Scottish Government had provided brokerage of £50m which would be required to be repaid and subject to terms and conditions which had yet to be finalised. The main components of the overspend, which was still subject to final audit, related to £3.5m for additional costs for employing locums; £12.7m for savings that had not been achieved or identified; and £3m for drugs. In addition, despite an investment of approximately £7m, there was a significant overspend of £6.4m in Adult Social Care.

Responding to a question on the total Adult Social Care budget for 2017/18, it was clarified that there was a total resource allocation of £126m which included a resource transfer of approximately £105m from the Council and recurrent budget investment of £11m from NHS Highland and £15m from the Scottish Government.

The Committee **NOTED** the update.

5. Review of Partnership Arrangements between NHS Highland and Highland Council

BA/DP

There had been circulated Report No. JMC/01/18 which reviewed the Partnership arrangements and the Highland Council Director of Care and Learning and the NHS Highland Chief Officer presented the report in detail.

During discussion the following key points were raised:-

- Clarity was provided that NHS Highland and Highland Council were corporate entities and it was further clarified that it was not yet known whether the sub-committees would require delegated powers and that this aspect would be subject to further review;
- In terms of process, it was clarified that the report would need to be approved by NHS Highland and the Highland Council and the next steps had been set out in the report along with timelines;
- It was highlighted that the role of the Committee was not to be involved in the design of the partnership arrangements but instead to confirm that the arrangements provided the required level of assurance;
- With regard to Point VII, it was clarified that the normal Council budget process would be followed, i.e. budget would be set in February for the forthcoming financial year April - March and following Council elections in May a new Council would inherit the budget set by their predecessors. However, the new Council could modify the budget provided it took full cognisance of any resulting consequences;
- Further information was sought and provided in regard Point IX and how the corporate bodies' commitment to public statements would be managed and it was also confirmed that politicians would be able to comment on an individual basis;
- The need for greater dialogue between both organisations was recognised and welcome;
- Regarding Point XI, it was felt that the contact by NHS managers should be strengthened to beyond ward meetings and it was suggested that this should be extended to Area Committees to enable public discussion at a local level. It was also felt that in regard to direct contact by NHS managers, the word '*should*' should be replaced with the word '*must*' to ensure that there was a greater synergy in terms of communication;
- It was clarified that this would not necessarily be a new plan but it would be linked to the financial framework and connected to shifts in delivery;
- It was assumed that the plan should be approved and implemented with effect from April 2019 to coincide with the start of the financial year and if so, it was suggested that this should be reflected in the timeline;
- Concern was expressed that once the joint strategic plan had been agreed it might be discussed at a number of different forums and it was therefore recommended that a single platform of engagement should be identified and specified within the plan.

It was suggested that the Community Planning Partnership was the most appropriate place for engagement;

- It was confirmed that, once the Adult Services Governance arrangements had been agreed, the model would be replicated for Children's Services;
- There was a need to agree the plan which would then indicate the level of resources required but there was also a need to establish that the determined level of funding required to deliver the plan was available. Therefore, there was a need for multi-year budgets to be developed based on financial assumptions. It was further emphasised that in addition to the financial envelope, the financial framework also needed to comprise a number of other components such as shared risk and that these different aspects had yet to be worked through; and
- Further information was sought and provided as to where/how the third sector would ascertain information and engagement arrangements regarding the development of the plan.

The Chairman then commended the work of the Joint Officers Group and thereafter, the Joint Monitoring Committee:-

- i. **APPROVED** the proposals for the partnership arrangements subject to Point XI being revised as follows:-
 - The words '*should have*' be deleted and replaced to read as follows '*NHS managers must have opportunities for direct...*'; and
 - The words '*or area level*' be inserted to read '*at ward or area level meetings...*';
- ii. **AGREED** that the partnership arrangements be presented to the Highland Council and the NHS Highland Board.

At this point, Mr A Baxter and Mr A Christie left the meeting (2.51 pm).

4. Presentations

**No Action
Necessary**

Presentations were made as follows:-

- **Children's Services: Allied Health Professional Services and waiting times**

A presentation was made by the Highland Council Principal Officer, Allied Health Professional (AHP) during which she gave an overview of the AHP staffing structure. She explained that the number of requests for assistance were increasing and provided a breakdown of these across the AHP services; advised that the number of requests impacted on waiting times and that the biggest effect on waiting times was staffing levels, which was currently down by 18%; and advised of the different types of initiatives that had been developed to reduce waiting times. The presentation also included information on caseload management

and changing culture and expectations to focus on outcomes and explained how this fitted within the transformational plan Ready to Act and the national drivers contained therein which linked to the AHP Action Plan 2016-2021. In conclusion, the Principal Officer highlighted the recent survey that had been undertaken of parent views which indicated that most were happy with AHP services and that the majority of negative comments related to waiting times and communication.

During discussion, the following main points were raised:-

- Assurance was provided that recruitment opportunities in respect of graduates had not been missed. It was explained that it could be difficult to recruit to rural areas and an initiative was currently underway with a view to providing dual placements, e.g. in Inverness and a rural community. It was hoped that in doing so it might entice longer term employment in rural areas;
- Data sharing between Highland Council and NHS Highland was essential and IT compatibility issues needed to be addressed to enable this;
- The Speech and Language Therapists were commended for their British Sign Language work; and
- With regard to staff levels and recruitment, it was explained that in certain circumstances it was easier to predict when staffing levels would reduce but there was no bank of staff that could be relied upon to help with staff shortages. Although recruitment was a national issue, Highland had the highest shortage which was mainly due to rurality. The Committee recognised the need for the Council and NHS Highland to work in partnership to address recruitment challenges.

Thereafter, the Committee **NOTED** the presentation.

- **Adult Services: My Home Life in Care Homes**

**No Action
Necessary**

A presentation was made by the NHS Highland Service Improvement Lead during which it was explained that it had been three years since My Home Life in Care Homes had been implemented in care homes, the purpose of which had been to ensure that the experience of living in a care home felt like home. The presentation highlighted how the initial principles of My Home Life in Care Homes had been built upon and she provided a detailed insight into her personal experience when she lived in a care home for several weeks which included information on having a relationship based approach; the importance of having positive handovers at shift change overs; and providing instinctive care. Concluding the Improvement Lead also advised how she had used her experience to influence the leadership and management of care homes.

During discussion, further information was sought and provided on whether some residents could manage with independent care and whether housing solutions could be offered as opposed to care homes. It was recognised that most people did not want to live in large institutions and, although residents could adapt to living in a care home, it never felt like home. Therefore, there was a need to have more flexible housing solutions which promoted independent living.

Thereafter, the Committee **NOTED** the presentation.

6. Highland Partnership Commission Assurance Reporting

JMcD

a. Highland Partnership: Adult Services Commission

There had been circulated Report No. JMC/02/18 by the NHS Highland Chief Officer which summarised the assurance that was being provided to Highland Council regarding the delivery of Adult Social Care Services.

During discussion, the following main points were raised:-

- It was highlighted that following inspection the Gradings of Quality Areas of Pulteney House Care Home had been down-graded from six to five and this was being queried. In addition, the Thematic Inspection of Adult Support and Protection and the grades that had been awarded did not reflect the positive language that had been used in the report and a meeting had been arranged to ascertain further clarity on this;
- Further information was sought and provided on how the excellent delayed discharge results had been achieved and how to ensure sustainability of these going forward;
- In regard to Mental Health and Learning Disabilities, clarity was sought and provided on the timing of the reconfiguration on the New Craigs site which was due to commence at the end of February 2018;
- Concern was expressed at the lack of follow up/report back on certain issues and an assurance was provided that the relevant scrutiny committees provided a platform for regular and full engagement of these matters;
- The report made reference to Care at Home locality issues and it was queried whether a strategy had been put in place to address this; and
- Confirmation was provided that pharmacies were be utilised to assist with the challenges that were being encountered with medications and it was recognised that prescribing by pharmacies had been helpful.

Following discussion, the Committee **NOTED** the report as part of the revised process of assurance and the development of adult plans.

b. Highland Partnership: Children and Young People's Services Commission

BA

There had been circulated Report No. JMC/03/18 dated 18 April 2018 by the Highland Council Director of Care and Learning which summarised the assurance that was being provided to NHS Highland regarding the delivery of Children and Young People's Services. The content of each assurance report was informed by the Highland Health and Social Care Committee and discussion with the Child Health Commissioner.

During discussion, a request was made for the review of the strategic plan to also include provision to address the recruitment challenges being encountered. It was further clarified that the current arrangements in respect of the schools based immunisation service had been extended to March 2019.

The Committee **NOTED** the assurance provided to the Child Health Commissioner and the Health and Social Care Committee.

The meeting was closed at 4.00 pm.