

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

Minutes of the Meeting of the Highland Council/NHS Highland Joint Monitoring Committee held in Committee Room 2, Council Headquarters, Glenurquhart Road, Inverness on Monday 17 June 2019 at 3.00 p.m.

**PRESENT:-**

**Highland Council**

Mrs M Davidson (Co-Chair)  
Mr J Finlayson (via VC)  
Mrs D Manson (DM)  
Ms K Ralston (KR)  
Mr D Yule (DY)

**Staff Representatives**

Ms M Macrae (Highland Council)

**NHS Highland**

Prof B Robertson (Interim Co-Chair)  
Ms S Amor (substitute)  
Ms A Clark  
Mr D Garden (DG)  
Mr D Park (DP)  
Mr S Steer (SS)  
Ms C Wood

**Third Sector, Carer and Service User Representatives**

Mr D Macleod (Carers Representative)  
Mr I McNamara (Highland Senior Citizen's Network)  
Ms G Newman (Highland Children's Forum)  
Mr I Donald (Highland Third Sector Interface) (substitute)

**Officers Present:-**

Mr B Porter, Head of Resources, Highland Council  
Mr G McCaig, Head of Care Support, NHS Highland  
Mr I Kyle, Children's Planning Manager, Highland Council  
Ms G Grant, Team Leader (Contracts), Highland Council  
Mrs L Dunn, Principal Administrator, Highland Council

**Mrs M Davidson in the Chair**

<b>Item</b>	<b>Subject/Decision</b>	<b>Action</b>
<b>Preliminaries</b>		<b>KR/DP/SS</b>

Prior to commencing the meeting, the Chairman apologised to the Committee for the delay in convening a meeting and explained that it had been an exceptional year for both the Council and NHS Highland and this had impacted on workflow.

The Chair advised that the Joint Monitoring Committee (JMC) was a key legislative requirement of the Partnership but she felt it would be helpful if a workshop was held to review the purpose and role of the group.

In response, Mr MacLeod expressed concern that the Committee had failed to fulfil its role and functions as it had not met for 13.5 months. However, it was highlighted that the JMC had responsibility for continued oversight of the wider integrated role of scrutiny of the Partnership but it was not the sole place for this and that performance continued to be monitored and scrutinised via a number of governance structures.

Further concern was expressed that due to the absence of the meeting five/six key reports had not been presented to the JMC for consideration. This included the Ministerial Strategic Group for Health and Community Care, Review of Progress with Integration of Health and Social Care Final Report which made a number of recommendations with associated timescales which would soon lapse and the Committee had not had the opportunity to consider these. It was acknowledged that the Self-Evaluation had been included on the agenda but this did not capture all the recommendations that had been made in the report. Therefore, although the proposed workshop was welcome, a plea was made for all relevant documentation to be shared so that the group could make a considered and informed approach to the issues that needed to be confronted.

The Chair acknowledged this point and requested that areas of review and suggested background information should be emailed to the Co-Chairs.

Thereafter, the Committee **AGREED** that:-

- i. a workshop be scheduled to review the role and purpose of the Joint Monitoring Committee; and
- ii. ideas/issues to be considered at the workshop as well as any proposed background documentation be emailed to the Co-Chairs for consideration.

<b>1. Apologies for Absence</b>	<b>No Action Necessary</b>
Apologies for absence were intimated on behalf of Mr A Mackinnon, Ms M Smith, Mr I Stewart, Dr H Van Woerden, Mr A Palmer, Mr C Mair and Ms M Wylie.	
<b>2. Declarations of Interest</b>	<b>No Action Necessary</b>
There were no declarations of interest.	
<b>3. Minutes of Previous Meeting</b>	<b>No Action Necessary</b>

There had been circulated Minutes of Meeting of the Joint Monitoring Committee held on 25 April 2018, the terms of which were **APPROVED**.

#### **4. Highland Partnership Commission Assurance Reporting**

**DP**

##### **a. Highland Partnership: Adult Services Commission**

There had been circulated Report No. JMC/01/19 dated 4 June 2019 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:-

- As staff governance was part of the Partnership Agreement, disappointment was expressed that the report made no reference to the independent review undertaken Mr John Sturrock QC. However, assurance was provided that the Sturrock report and actions/recommendations contained therein would be included in future reports including the Annual Report which would be produced at the end of July 2019;
- By way of update, the Chair of NHS Highland advised that a meeting had been held with Mr Sturrock to discuss the contents of the report in more detail and a meeting would be held with the Health Secretary to discuss the Action Plan that had been devised to take forward the recommendations contained in the Sturrock report. He explained that it would take time to deliver these actions but provided assurance that there would be engagement with staff as part of this process;
- With regard to technology in Enabled Care, further information was sought and provided on what had been learnt from the Florence application. In addition, a further query was raised as to whether this type of technology could be extended to other public services and it was suggested that an analysis should be undertaken in this regard. Confirmation was provided that further information and learning experiences could be shared via an innovation and positive practice workshop with a view to determining opportunities where this technology could be transferred;
- In terms of the Balanced Scorecard, the following points were raised:-
  - concern was expressed at the red arrows assigned against Outcome 2 Performance Indicators 2.5 and 2.6. It was highlighted that the Audit Scotland Report dated October 2018 indicated that under the existing agreement, all risks including financial rested with NHS Highland and were not shared with Highland Council. This was felt to be unfair. The view was expressed that this put NHS Highland

under extraordinary pressure and it was therefore not surprising that these performance indicators were not being achieved and it was suggested that this needed to be changed. In contrast, this view was not supported. It was explained that the two organisations had to come to an understanding with regard to the financial position and it was recommended that further information be provided on how this had been determined at the forthcoming workshop. However, it was stressed that Highland was in a poor position compared to the rest of Scotland in terms of providing care at home. It was indicated that this issue had been raised with Councillors but no response had been received and the Chair requested that a copy of the letter be resent to her for a response. The Chair explained that Highland Council had never removed/reduced any health and social care funding from the agreement. Continuing, she explained that there were a variety of reasons for a lack of care at home packages but the key reason was the balance of care had not been shifted and this needed to be addressed over the next five years. In addition, it was indicated that it should be a shared goal from all committee members to improve care for people at home. It was highlighted that both organisations were facing significant financial challenges and consequently there was a need for partnership working to find the best way forward and focus on achieving these goals. It was indicated that the financial reporting was open to interpretation, and particular caution was expressed in regard information and the source thereof when making comparisons, but assurance was provided that this would be further discussed at the workshop to ensure greater financial transparency. It was further reported that Highland faced unique challenges compared to the rest of Scotland in terms of delivery of Adult Social Care and that further work was required to determine the best method in which to deliver this service in remote and fragile areas. There was a commitment to undertake this work but this would take time. Assurance was provided that there was a strong desire to implement changes to increase capacity and improve performance but it was emphasised a joint approach was required to resolve the specific challenges that were faced in Highland;

- With regard to Outcome 2 Uptake of SDS Options, concern was expressed that the figures did not give any assurance in terms of the key markers, i.e. choice, control, flexibility, the right to participate in

society, and personalised outcomes. It was indicated that Self Directed Support (SDS), was the Scottish Government's mainstream approach to social care support but this was not the case in Highland. It was recommended that new performance indicators should be developed which reflected the key markers. The Chair acknowledged that Highland was below the national average for SDS, however she was of the view that this should be the optimal choice for social care and she hoped this would improve in future. She further advised that the new Partnership Agreement would include a review of the Outcome Agreement and also the Key Performance Indicators; and

- Outcome 6 Performance Indicator 6.1, was the lowest indicator overall and there was a need for a co-joined approach to carers support. There was a need for engagement with Highland Council on the carers' agenda and for a substantial growth plan to be developed for Carer Support Services. The baseline figure also needed to be improved and Highland Council had to become a care positive employer in addition to NHS Highland. The Chair indicated that an Improvement Plan was in place with a view to accelerating the Carers Plan. However, it was explained that there was a need to get improved capacity in place in order to be able to move this forward. With regard to parent/young carers, it was explained that work was ongoing to identify this group and ensure appropriate support plans were in place. It was suggested that there was a need for the adult and child carer strategies to be linked and it was confirmed that work would be undertaken in this regard. It was suggested that further clarity was required in terms of what this performance indicator was measuring. There was a need for carers to feel more holistically supported therefore caution was expressed at this being narrowed to two agencies as there was a need for this role to be extended to the wider community. It was further indicated that this performance indicator was level with the national benchmark. Therefore, it was suggested that this was a policy/funding issue which had to be addressed at a national level to improve the benchmark.

Following discussion, the Committee:-

- i. **NOTED** the report and the assurance given by the Highland Health & Social Care Committee;
- ii. **AGREED** that a copy of the letter regarding Care at Home concerns be resent to the Chair for a response; and

- iii. **NOTED** that the Committee would be updated on progress with regard to the development of the adult and child carer strategies.

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

**KR**

There had been circulated Report No. JMC/02/19 dated 7 June 2019 by the Highland Council Interim Head of Children's Services which provided assurance to NHS Highland in relation to services commissioned and delivered through Highland Council.

During discussion, the following main points were raised:-

- A further update was sought and provided on the Schools Based Vaccination Service and the transfer of this to the Vaccine Transformation Programme;
- Concern was expressed at the requirement for additional qualifications for school nurses and the impact of this on recruitment particularly in rural and fragile areas. The need for flexibility of roles was emphasised;
- There had been a significant improvement in terms of Performance Indicator 21 and further information was sought and provided on how this had been achieved with a view to learning and applying these good practices to other areas;
- Highland was an Adverse Childhood Experiences (ACE) aware Council and it was recommended that evidence was collated demonstrating the positive spend to achieve conceptual change; and
- It was suggested that future reports should capture more narrative to give additional context to the performance indicators.

The Committee **NOTED** the issues raised in the report, and that comments would be incorporated into a report to NHS Highland as part of the revised governance arrangements.

**5. Development of Highland Partnership Agreement**

**SS/DM**

There had been circulated Joint Report No. JMC/03/19 which set out the background to the current Partnership Agreement between The Highland Council and NHS Highland. The report highlighted the need for a review, provided a suggested approach, and set out timescales for delivering a new Partnership Agreement by 1 April 2020.

During discussion, the following main points were raised:-

- The need for wider engagement with the third sector and carers was highlighted and it was recommended that this was reflected

- in the new Partnership Agreement. It was further proposed that this should also be extended to the community sector;
- It was suggested that consideration be given to scheduling joint meetings between the Highland Council and NHS Highland to facilitate the conclusion of the Partnership Agreement process;
  - Concern was expressed at the proposed timescale which was felt to be tight particularly in regard to ensuring adequate time to address staff governance aspects. Staff had indicated that there was a lack of awareness/understanding of the role and purpose of the Partnership and concern was expressed that there would not be sufficient time within the proposed timescales to address this. However, the need for staff advocacy was acknowledged and although this would be led through the new post (Health and Social Care Executive Officer) it was anticipated that this would require additional resource and a request would be made to the Highland Council Change Fund to support this process. Assurance was provided that as this was additionality, if a secondment was established as part of the process then substantive posts would be backfilled;
  - It was imperative that a timetable was set with real dates and setting out key milestones to be achieved;
  - Caution was expressed against trying to incorporate a multitude of improvements into the new Agreement and instead attention and focus should be aimed at the essential changes which would be feasible to deliver within the set timescales. Parallel to this consideration would be given to the management activities that were required to make the Partnership more operationally streamlined; and
  - There was a need to consider young people (14-25 year olds) with complex needs and ensure a smooth pathway for them transitioning through services. It was highlighted that the Integrated Children's Services Plan – Highlands 5 was currently being written and this aspect would be included within this process. Confirmation was provided that workshops were being held in regard to the development of the Plan and that representatives from NHS Highland should be included in these sessions. Further confirmation was provided that the development of the new Partnership Agreement provided the opportunity for consideration of this aspect both at a strategic and operational level.

Thereafter, the Committee:-

- i. **AGREED** the proposed approach and indicative timescales;
- ii. **NOTED** that the composition of the Project Board and Project Team would change in response to appointments being made to the new senior structure of the Highland Council;
- iii. **APPROVED** the process set out for the recruitment of the Project Lead;
- iv. **AGREED** that a Project Team be mandated to take this area of work forward accordingly;
- v. **AGREED** that wider engagement with the third sector, carers and

the community be reflected in the new Partnership Agreement;  
and

- vi. **AGREED** that consideration be given to extending the governance arrangements to include the scheduling of joint Highland Council and NHS Highland meetings.

## **6. Self-Evaluation: For the Review of Progress with Integration of Health and Social Care**

**SS**

There had been circulated a copy of the Joint Self-Evaluation for the Review of Progress with Integration of Health and Social Care that was submitted to the Scottish Government.

During discussion, it was highlighted that the document was very Integrated Joint Board (IJB) orientated and caution was expressed at trying to combine the Action Plan and Partnership Agreement as it was felt that these two elements should be addressed separately.

It was further reported that following a recent meeting, Ministerial support had been offered in regard to improvement and evaluation and it was recommended that this help be accepted. This was a valuable opportunity to work jointly with the Scottish Government on quality improvement and assurance issues and also as a learning partner which could better inform future documentation at a national level. In addition, the Scottish Government had indicated that they could provide access to information and data that could help develop the existing practices in Highland.

The Committee:-

- i. **NOTED** the submission of the Joint Self-Evaluation for the Review of Progress with Integration of Health and Social Care to the Scottish Government; and
- ii. **AGREED** that the offer of Ministerial support in terms of improvement and evaluation be accepted.

## **7. Staff Engagement Programme**

**DM**

There had been circulated Report No. JMC/04/19 dated 7 June 2019 by the Highland Council Chief Executive which provided information on the current Health and Social Care staff engagement process that had been established to undertake a needs assessment through self-evaluation and quality assurance.

During discussion, the following main points were raised:-

- It was confirmed that staff engagement would be an ongoing process and there was a need to drill into and fully understand what underpinned the data;
- It was highlighted that trends and areas for improvement were being identified as well as strength areas which was very encouraging; and



- The area visits had been very inspiring and there was a need to capture and document this information, particularly for recruitment and promotional purposes.

The Committee **NOTED** the:-

- progress made with the engagement programme to date;
- emerging improvement themes; and
- consider and discuss areas for further action.

## 8. Financial Update

**DG/EF**

There had been circulated Joint Report No. JMC/05/19 dated 11 June 2019 by the Highland Council Depute Chief Executive/Director of Corporate Resources and NHS Director of Finance which presented the financial outturn for Integrated Children's Services and the Highland Health and Social Care Partnership (HHSCP) for 2018/19 together with the key budget issues for 2019/20 and future financial outlook.

During discussion, the following main points were raised:-

- Concern was expressed at the increasing level of spend on institutional care and there was a need to improve community care;
- Disagreement was expressed at some of the figures presented in the report and it was suggested that the costs were not based on actuals. For example, on Page 101 of the papers reference was made to the Immunisation Team being a financial pressure but it was highlighted that the number of posts were being reduced from six to two. Therefore, it was difficult to understand how this was a financial issue if it was costing less. The Highland Council Depute Chief Executive/Director of Finance explained that the financial calculations were based on a certain point in time but he was happy to share the calculations on which the information had been derived;
- It was highlighted that the Partnership was having to implement and bear the additional financial implications of a number of decisions being made at a national level; and
- The NHS Highland Interim Director of Finance confirmed that any additional support from the Scottish Government in respect of Health Visitors would be transferred to the Council but contingency plans should be developed in the event that this financial support was ceased.

The Committee considered the report and:-

- NOTED:-**
  - HHSCP financial position at month 12 which showed an overspend of £15m;
  - Savings position, including £19m unidentified savings, as

reported in the Annual Operational Plan (AOP); and

- c. That the 2018/19 pay settlement for health and for social care was now factored into this position.
- ii. **APPROVED** Highland Council's request that officers undertake to meet in the near future to reach an agreed position on the children's quantum in recognition of the emerging cost pressures as outlined below and potential for additional funding to be released from Government for these items:-
  - a. the additional costs in the NHS pension scheme employers contribution from 2019/20 by circa £0.4m;
  - b. the additional costs in the health visitor regrading from Band 6 to Band 7 on the NHS pay scale circa £0.750m by 2022/23; and
  - c. the additional 13.25 health visitor posts and the family nurse partnership, previously ring-fenced funding from Scottish Government.

**9. Date of Next Meeting**

**No Action  
Necessary**

The Committee **NOTED** that the next meeting would be held on **Wednesday 27 November 2019 at 11.00 am** in Committee Room 1, Council Headquarters, Inverness.

The meeting was closed at 5.10 pm.