

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 Wednesday 27 November 2019 at 11.00 a.m.

PRESENT:-

Highland Council

Mrs Margaret Davidson (Co-Chair)
Mrs Muriel Cockburn
Mrs Liz Denovan
Mr John Finlayson
Mrs Deirdre Mackay
Mrs Donna Manson
Ms Lesley Weber (LW)

NHS Highland

Prof Boyd Robertson (Interim Co-Chair)
Ms Sally Amor
Mr Dave Garden (DG)
Ms Heidi May
Mr David Park (DP)
Mr Simon Steer (SS)
Mr Iain Stewart

Staff Representatives

Mr Paul MacPherson (Highland Council)

Third Sector, Carer and Service User Representatives

Mr Campbell Mair (Highland Home Carers Limited)
Mr Ian McNamara (Highland Senior Citizen's Network)
Ms Gillian Newman (Highland Children's Forum)
Ms Mhairi Wylie (Highland Third Sector Interface)

Officers Present:-

Mrs F Malcolm, Interim Head of Health, Highland Council (FM)
Mr I Kyle, Children's Planning Manager, Highland Council
Ms A Macrae, Committee Administrator, Highland Council

Prof B Robertson in the Chair

| Item | Subject/Decision | Action |
|-------------|--|---------------|
| 1. | Apologies for Absence | |
| | Apologies for absence were intimated on behalf of Ms A Clark, Ms M Macrae, Ms K Ralston, Ms M Smith, and Dr H Van Woerden, | |
| 2. | Declarations of Interest | |
| | There were no declarations of interest. | |

3. Minutes of Previous Meeting

FM

There had been circulated and **APPROVED** Minutes of Meeting of the Joint Monitoring Committee held on 17 June 2019.

Arising from the Minute, an update was sought on the workshop which it had been agreed would be scheduled to review the role and purpose of the Joint Monitoring Committee.

The Highland Council Chief Executive advised that a workshop around care had been held for all Council Members. The proposal was to now move forward and broaden this out to the wider workshop. She thanked senior staff in NHS Highland for working collaboratively with the Council to organise this event and confirmed that the material from the workshop could be circulated to the Committee.

In discussion, it was suggested that a key issue had been the fact there was a critical mass of new Council Members who did not have a strong insight into this area and therefore the collaborative workshop had been extremely helpful.

During further discussion, it was suggested that clarity was also required on the avenue and timeframe by which the Independent and Third Sectors would be involved co-design of the relevant Integration documentation. In addition, clarity was required on the timeframe and accountability for resolving the concerns around the role and function of the Committee.

Following further discussion, the Committee **AGREED** that a working group meet before the end of the year to scope out the workshop including representation, with a view to this being held in January 2020, the date to be confirmed as soon as possible.

4. Role of the Joint Monitoring Committee

FM

There had been circulated Joint Report No. JMC/06/19 dated 14 November 2019 by the Highland Council Interim Head of Health.

In discussion, it was proposed that the workshop to be held in January 2020 review the hierarchy of governance and consider the role and remits of the Joint Monitoring Committee, scrutiny sub committees and strategic planning groups to avoid duplication and ensure there were no gaps.

It was suggested that given the complexities associated with reviewing governance arrangements the working group scope this out in advance of the workshop.

It was also important that the latest national context and thinking was brought to the working group's discussions. In this regard both Chief Executives would be attending a meeting with the Director General for Health and Social Care at which they would have the opportunity to hear

about the common challenges around the integration of services across Scotland and to reflect and potentially adopt best practice elsewhere to deliver improved governance and monitoring in Highland. There would also be the opportunity to learn from the work ongoing around the public health reform programme.

The Committee **NOTED** and **APPROVED** the current position and the proposed approach.

5. Review of Integration Scheme - Update Report

DM/IS

The Highland Council Chief Executive gave a verbal report on the review of the Integration Scheme. There had been regular engagement and meetings between senior teams of both organisations over the past couple of months. Discussions had pointed to the need to set out a long-term vision while at the same time considering the more immediate challenges. This included the need for due diligence around the financial outlook and in terms of action planning some of the challenges around delivering high quality care services. Officers were currently working on this with an expectation that once there was a sense of agreement on the above issues then a meeting of the Joint Monitoring Committee would be convened. It was anticipated this position would be reached in December 2019, with a report being submitted to the Committee early next year. There had also been discussions on the need to change the culture and dynamic of the relationship between the Council and NHS Highland to a more collaborative, robust and accountable approach and this would be included in the report to the Committee once finalised. In conclusion, the Chief Executive commended the officers from both organisations on the amount of work which had been undertaken over the past couple of months.

The NHS Highland Chief Executive reported that there had been a high level of information sharing between the Council and NHS Highland with the aim of agreeing a single version of the current situation to be reported to the Committee. This together with the workshop and review of the Partnership Agreement would then allow both organisations to move forward and to consider and resolve issues together. It was anticipated such agreement would be reached within the next couple of weeks.

In discussion, the following main points were raised:-

- the work being carried out by the Council and NHS Highland be commended, however it was important that other partners be involved in the process;
- there would be the opportunity to bring an international perspective to the workshop given Denmark's interest in the lead agency model with a two day event being held early in January 2020;
- the key challenge across Scotland was delivering services in an affordable way to meet demand and much of the work ongoing in Highland was focused on this issue; and

- the developments being undertaken internationally to connect the economic piece with the care piece.

The Committee **NOTED** the update and that a meeting of the Joint Monitoring Committee would be arranged in early course to consider the review.

6. Highland Partnership Commission Assurance Reporting

DP

a. Highland Partnership: Adult Services Commission

There had been circulated Report No. JMC/08/19 dated 15 November 2019 by the NHS Highland Chief Officer.

Following a summary of the report, the following main points were raised:-

- the ability to recruit staff across all areas to meet demand was becoming more challenging;
- the need to use agency staff and locums in primary and secondary care had both cost implications and challenges from a continuity of care perspective;
- the innovative approach taken to the recruitment of a nurse on the Raasay through a joined up approach with partners, business and the community be used as a template going forward;
- the work ongoing with the independent sector and other groups in Highland to expand care home capacity as measure to reduce the number of delayed discharges in Highland;
- the need also to focus on models to deliver alternatives and particularly sufficient home care to support people to remain in their own homes;
- the need to get the balance right between different models of care, and the importance of people having access to care homes at the point they required this type of care;
- a key issue was also the location of care homes and the distance partners and families had to travel and the availability of adequate public transport links;
- senior officers be tasked with progressing discussions with Highlands and Islands Enterprise and Skills Development Scotland to deliver a community planning approach to address recruitment issues in the Highlands, particularly in those areas of greatest need; and
- the assurance report be more overarching in future to allow the Committee to focus on the most important issues.

Thereafter, concern was expressed that neither of the assurance reports referred to the impact of Brexit including on services which the Council and NHS Highland commissioned.

The Highland Council Chief Executive provided an assurance this was being coordinated and governed through national resilience which included workstreams on areas of risks associated with for example

staffing. She would arrange for the documentation received from the Government to be circulated to the Committee. The documentation outlined all the areas which had been assessed and it would be helpful to get feedback from the Committee on any gaps so that advice could be taken on this matter. She cautioned this was a changing picture and some information was classified. The work undertaken between national and local government, including the Council and NHS Highland and other partners including Police Scotland and Scottish Fire and Rescue Service in Highland had been of the highest quality. In conclusion the Chief Executive provided an undertaking as Chair of the Northern Resilience Partnership that the communications being issued to the Council/NHS Highland on this matter would also be issued to other partner organisations.

The NHS Highland Chief Executive reported that he would discuss with the Director of Public Health what was being done in regard to staffing outwith NHS Highland. This would include the support being given to the care community and what else could be done to ensure there was more resilience within the private sector.

Thereafter, it was reported that NHS Highland was working with the independent and third sector to form a Brexit group focused on resilience and awareness. However, from the perspective of a care at home provider there was no sense the impacts were considered to be a significant risk going forward.

During further discussion, the following main points were raised:-

- other partners should be part of the agenda setting process and have the opportunity to report on issues from their perspective;
- the need to invest more in preventative work given its key role in addressing the financial challenges going forward both to improve the population's health and encourage people to take more responsibility;
- the potential to explore areas of mutual responsibility to reduce costs and increase income across services by thinking more creatively;
- concern at the shortages of mental health staff in the system and the need to consider different ways of delivering services to remove any gaps;
- the excellent work being undertaken at home and internationally in relation to looking after older people for example health share, fostering and the need to explore this further;
- the need for the Council to focus on and work with health care partners on the provision of adaptable housing for older people to meet demand;
- concern that the potential for partnership working between NHS Highland and the Scottish Fire and Rescue Service had stalled;
- the need to improve succession planning and to offer mentoring and support to younger members of staff to help them to develop their careers and overcome barriers in applying for posts;
- an assurance that the Council and NHS Highland was looking at

what and how services were being delivered and on the alternatives including a whole systems approach and community based models;

- there was the opportunity to learn from current training programmes in health visiting and nursing, particularly around mentoring;
- language was important and concern at the use of 'frailty' around older people and consideration be given to the use a more positive term;
- the involvement of community planning partnerships was key to addressing many of the challenges in Highland. It was recognised that some were more successful than others in Highland and therefore the potential for them to be reviewed to ensure they were focused on the main issues;
- the Highland Community Planning Partnership had recognised the need to revamp the local community partnerships and this process was ongoing;
- monies were to be made available nationally to pilot a more innovative approach to recruitment in remote and rural areas led by the Scottish Fire and Rescue Service, Police Scotland and through Community Planning Partnerships, with Sutherland being identified as a potential pilot area; and
- the Council in partnership was to progress a pilot initiative developed in the Western Isles in relation housing.

The Committee **NOTED** the report.

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

LW

There had been circulated Report No. JMC/09/19 dated 19 November 2019 by the Highland Council Executive Chief Officer – Health and Social Care.

The Council's Executive Chief Officer – Health and Social Care advised that she would consider how to report on prevention and transitions in future reports.

Following a summary of the report, the following main points were raised:-

- early discussions between the Council and NHS Highland had commenced on the appropriateness of the performance measures, there being concern that some of the standards around Children's Services were not fit for purpose;
- a joint approach would be taken to revisiting the standards and clinicians would be engaged in the process. The commitment to appoint to the Council's Head of Health post was welcomed on the basis this work could not be undertaken otherwise;
- an assurance was provided that consultation was ongoing with health and social care colleagues across Highland on the restructure of Children's Services and to identify priorities;

- the 100% figure for CAHMS referrals was reassuring; and
- the opportunities to better support communities to take more responsibility for those people with mental health needs within their community and the key role of community planning partnerships in this regard;

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

7. Performance reporting for NHS North Highland

SS/GM

There had been circulated Joint Report No. JMC/10/19 dated 18 November 2019 by the NHS Highland Director of Strategic Commissioning, Planning and Performance.

Following a summary of the report, concern was expressed at the number of indicators being reported on and the potential for a future governance workshop to agree on those which were considered to be the most important to provide for a more concentrated approach by the Committee

Further points raised included the need to review the performance report going forward with a view to including more local indicators. In this regard it was reported that a number of indicators had changed as a result of presentations by groups other than the Council/NHS Highland, specific reference being made to those around self directed support, payment of invoices and sensory indicators.

Thereafter an explanation was provided on the significant variations between the indicators for enablement between the South and Mid and the North and West areas. This reflected there were some data issues that had to be resolved and that there were two different approaches in Highland, details of which were provided. There was also a need to consider how to develop more community led support. A review was being undertaken around enablement services and a report would be brought back to the Committee in due course including a clearer pathway description about how it was intended to improve provision.

Discussion then followed on self directed support (SDS) and the need for work around staff training being undertaken to improve performance on uptake, noting that Highland was performing below the national average in this regard. In response, it was reported that work was ongoing to build a greater level of professional support within adult social care and to develop more community led support. It was recognised there was a need to improve in offering entitlement to all the separate support options and a report on this would be brought back to the Committee in due course.

Further discussion followed on the benefits of SDS at a time of financial challenges and the potential for clients to transform their lives through the ability to make creative decisions for themselves. However there

were also issues with clients understanding the available options afforded to them and the implications associated with the fact they became employers.

The Committee **NOTED** the:-

- i. Health & Wellbeing balanced scorecard identifying any areas requiring further information or future exemption reports; and
- ii. new arrangements for the performance framework and reporting of performance information.

8. Financial Update

The Committee **NOTED** this item had been deferred.

9. Future Meeting Dates

LD

The Committee **AGREED** the following future meeting dates:-

- Wednesday 22 January 2020
- Wednesday 30 September 2020

Both meetings to be held at **11.00 am** at Council Headquarters, Inverness.

The meeting was closed at 12.55 pm.