

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

Minutes of the Meeting of the Highland Council/NHS Highland Joint Monitoring Committee held REMOTELY on Monday 8 March 2021 at 3.00 p.m.

**PRESENT:-**

**Highland Council**

Mrs L Munro (Co-Chair)  
Mr R Bremner  
Mrs M Davidson  
Ms F Duncan  
Mrs D Manson

**NHS Highland**

Prof B Robertson (Co-Chair)  
Dr T Allison  
Ms A Clark  
Mr D Garden  
Ms H May  
Mr D Park

**Staff Representatives**

Mr J Gibson, Unison

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

Mr C Mair (Highland Home Carers Limited)  
Mr I McNamara (Highland Senior Citizen's Network)  
Ms G Newman (Highland Children's Forum)  
Ms M Wylie (Highland Third Sector Interface)

**Officers Present:-**

Mrs F Malcom, Interim Head of Integration Adult Social Care, Highland Council (FM)  
Mr I Kyle, Children's Planning Manager, Highland Council  
Ms L Bussell, Chief Officer, NHS Highland (LB)  
Mr S Steer, Director of Adult Social Care, NHS Highland (SS)  
Ms G Grant, Interim Head of Commissioning, NHS Highland (GG)  
Ms S Amor, Child Health Commissioner, NHS Highland  
Mr G McCaig, Performance Manager, NHS Highland  
Mrs L Dunn, Principal Administrator, Highland Council

**Linda Munro in the Chair**

<b>Item</b>	<b>Subject/Decision</b>	<b>Action</b>
<b>1.</b>	<b>Apologies for Absence</b>	<b>No Action Necessary</b>
	Apologies for absence were intimated on behalf of Ms L Denovan, Ms P Dudek, Mr J Gray and Mr A Palmer.	
<b>2.</b>	<b>Declarations of Interest</b>	<b>No Action Necessary</b>
	Mrs L Munro declared a general financial interest as a Self-Directed Support Advisor employed by Carr Gomm Community Contacts but, having applied the test outlined in Paragraphs 5.2 and 5.3 of the Councillors' Code of Conduct, concluded that her interest did not preclude her from taking part in the meeting.	

### 3. Minutes of Previous Meeting

No Action  
Necessary

There had been circulated and **APPROVED** Minutes of Meeting of the Joint Monitoring Committee held on 22 October 2020.

### 4. Highland Partnership Commission Assurance Reporting

LB

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

There had been circulated Report No. JMC/01/21 by the NHS Highland Chief Officer, North Highland Health and Social Care Partnership.

During discussion, the following main points were raised:-

- Heartfelt sympathies were expressed for the families and carers of the people in Highland who had sadly lost their lives to Covid-19, particularly so close to the roll-out of the vaccine. Appreciation was also extended to the staff for their remarkable support and courage throughout this challenging period;
- The recent appointments to the Professional Leadership structure were welcomed;
- It was requested that an update be provided in the next report, or prior to this if feasible, on how the NHS was addressing the deteriorating mental health in older people;
- There was a need to ensure that the support of the Care at Home workforce was also recognised and there was a plea for sector colleagues to be involved in the Self-Directed Support programme;
- Appreciation was expressed on behalf of the third sector in respect of the support received regarding vaccines and also for the progress achieved and ongoing support with the Adult Commissioning Services. A plea was made for the NHS to work collaboratively with the third sector in respect of recovery;
- It was noted that the Project Management Board would be taking forward a workstream on Care Homes, and it was important that there was regular progress reports on this, but it was further queried whether this would be sufficient or if a wider strategic discussion was required. In addition, it was also queried whether the accepted recommendations arising from the Independent Review of Adult Social Care in Scotland could be taken forward whilst the more contentious recommendations were being worked through;
- There should be cognisance of the significant pressure on staff and the collaborative response to Covid from all agency partners was commended. It was highlighted that needs would be widespread post lockdown and it was therefore proposed that staff wellbeing be jointly examined to ensure that the correct levels of support were available. The added value that these teams provide must be recognised and it was therefore essential that this work on staff health and wellbeing should be at the forefront;

- Consideration should be given to the response to the HC-One announcement about their decision to sell three care homes and it was highlighted that there might be a need for a working group to be established to examine the overall stability of care. The need for a holistic approach was emphasised;
- Confirmation was provided that there was a service user representative on the Self-Directed Support strategy group and further information could be provided on this; and
- Further information was sought and provided on the impact of Covid on the budget. It was noted that delayed discharge had still to be dealt with and in view of this concern was expressed that the opportunity to build on the progress that had been made in response to the pandemic and the planned changes might be lost due to the Care Home budget being overspent.

Thereafter, the Committee **NOTED** the report and **AGREED** that:-

- i. The Committee's deepest condolences be extended to the families and carers of the people in Highland who had sadly lost their lives to Covid-19 and their appreciation to staff for their remarkable support and courage throughout this challenging period; and
- ii. Further information be provided to Mr I McNamara on the service user representative on the Self-Directed Support strategy group.

**b. Commissioned Health Service Assurance Report: Children and Young People's Services**

**IK**

There had been circulated Report No. JMC/02/21 by the Highland Council Executive Chief Officer Health & Social Care.

During discussion, the following main points were raised:-

- Covid was having a significant impact on children and families with increasing trends in feelings of isolation and eating disorders but the full nature of these impacts, particularly in regard to mental health, were still relatively unknown. Therefore, attention to recovery should be curious and not reactionary and further work was required to improve the uptake of the universal health visiting pathway and also to understand the pressures on waiting lists for Allied Health Professionals (AHPs) as their role would be key to addressing ongoing developmental concerns. Staff were commended for their work during the Covid constraints and a plea was made for a whole system approach;
- Appreciation was expressed for the positive joint working in respect of the Children's agenda, for the support received from the Council Health Visitors with the delivery of the vaccine programme, and for the backfill support from AHPs to assist with ward shortages;
- There was a need to progress the Redesign work in Children's Services particularly as three critical posts (Head of Health Services, Principal Officer for Nursing and the Lead Nurse for Child

Protection) continued to be filled on a temporary basis. The vacancy data was not improving, an 18% vacancy rate for Health Visitors was high, and further work would be undertaken with a view to identifying alternative models. It was indicated that the Redesign work would be completed by July 2021 and it was suggested that there be a targeted approach with place based work solutions;

- The template for reporting data for Children's Services was welcomed but there was a need to continue working jointly to enrich the data and capture experiences and present this in a new format;
- Concern was expressed at the Neurodevelopmental Assessment Service delays and the waiting list for referrals to Child and Adolescent Mental Health Services and the need to build resilience in these areas; and
- Further information was sought and provided on whether there was a gap in provision for child sexual abuse services and the need for everyone to be alert and report any concerns was emphasised.

The Committee **NOTED**:-

- i. the arrangements put in place across the Covid-19 pandemic to support the commissioned child health service; and
- ii. and considered service delivery, clinical and professional governance, workforce planning and development and future plans for service improvement.

## **5. Highland Health & Social Care Partnership Finance Report at Month 10 2020/2021**

There had been circulated Joint Report No. JMC/03/21 by the NHS Highland Director of Finance.

During discussion, the following main points were raised:-

- it was critical that all partners were comfortable with the contributions being made and forward planning and clarity of the financial arrangement would be key;
- it was reported that the Scottish Government had provided agreement that the additional funding received by Health Boards could be utilised flexibly to help close the funding gap. Further confirmation was expected on this from the Scottish Government and this information would be shared with the Chief Executives of NHS Highland and Highland Council. It was further clarified that there were no firm proposals yet in respect of the £3m per annum transformational target and there was a need to progress this work which, although ambitious, was achievable if there was goodwill from all parties. It was acknowledged that over the years the financial challenges had been significant. The dialogue and engagement with the Scottish Government had been helpful and the extra funding from the Scottish Government created a unique opportunity, which must be seized, to identify a solution for the year ahead.

The Committee **NOTED** the:-

- i. financial position at the end of Month 10 2020/2021; and
- ii. current position with regards to setting the partnership budget for 2021/22.

## **6. Partnership Agreement Update**

**FM/GG**

There had been circulated Joint Report No. JMC/04/21 by the NHS Highland Depute Chief Executive and Highland Council Executive Chief Officer Health and Social Care.

During discussion, the following main points were raised:-

- Although the tight timescales were acknowledged, concern was expressed at the short consultation period being proposed and also the timing of this as it clashed with the Easter holiday period. Further concern was also expressed that the consultation did not facilitate proper user engagement with people with learning disabilities or accessibility needs and the level of staff engagement was also queried. In addition, concern was expressed that all opportunities for engagement were not being fully utilised and it would have been helpful to have seen a more advanced communications and engagement plan and also a stakeholder analysis;
- Further information was sought and provided on the substance of the changes during which it was explained that the most significant change related to provision for recourse of any future financial challenges to be resolved constructively and expediently by both parties. Much of the other changes related to the technical details and conflating the Partnership Agreement and the Integration Scheme but assurance was provided that there would be no changes to the delegated powers or to the requirements for Strategic Commissioning Plans;
- With regard to para 6.3, it was explained that an Action Plan was being populated in respect of the work that had yet to be completed such as determining if a Property Asset Board was required and compiling data sharing agreements, etc;
- It was explained that finalising the Integration Scheme was a complex process that had yet to be completed and that the final document would be a contractually binding agreement for both NHS Highland the Highland Council;
- It was felt that the most important consultation would be on the strategies, not the Scheme. This consultation would be about how the partnership worked jointly and with third sector partners to deliver strategic ambitious, i.e. better health and wellbeing outcomes;
- It was explained that Scottish Government approval would be required to extend the timescales but in doing so this would enable the consultation period to be extended and the final revised Scheme to be presented to the Highland Council and NHS Board meetings on 24 June 2021 for approval.

Thereafter, the Committee:-

- i. **NOTED** the current position and the proposed approach; and
- ii. **AGREED** that:-
  - a. the consultation period be extended and that this process be more engaging with relevant key stakeholders and the outcome of this be shared with the Committee; and
  - b. the draft Scheme be considered by the Council on 25 March 2021 and NHS Highland Board on 30 March 2021.

## 7. Project Management Board Update

**FM**

There had been circulated Joint Report No. JMC/05/21 by the NHS Depute Chief Executive and the Highland Council Executive Chief Officer Health & Social Care.

During discussion, clarification was provided in terms of the governance process, i.e. the Project Management Board would scrutinise the progress of the transformational programme and updates would be reported to the Joint Monitoring Committee. A request was made for further information to be provided on how the engagement with relevant bodies would be undertaken.

The Committee **NOTED** the report.

## 8. Any Other Business

**FM**

It was requested and **AGREED** that:-

- a replacement be sought in respect of the carers representative; and
- there be further dialogue on how learning between the two separate commissioning bodies could better support the transitions process and how the Partnership commissioned the third sector. Confirmation was provided that this aspect would be examined as part of the Transitions workstream. It was acknowledged that procurement practice varied and there was a need to consider how this was built into the budget process as well as cognisance of this at a national level. In view of this, it was suggested that this issue should also be raised nationally via CoSLA.

The meeting was closed at 5.30pm.