

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

Minutes of the Meeting of the Highland
Council/NHS Highland Joint Monitoring
Committee held Remotely on Thursday
7 October at 10.00am.

PRESENT:-

Highland Council

Mrs Linda Munro (Co-Chair)
Mr Raymond Bremner
Mrs Margaret Davidson
Ms Fiona Duncan (FD)
Mrs Liz Denovan
Mr Jimmy Gray
Mrs Donna Manson

NHS Highland

Prof Boyd Robertson (Co-Chair)
Dr Tim Allison
Ms Ann Clark
Ms Pamela Dudek (PD)
Mr Dave Garden
Ms Heidi May
Mr David Park

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)

Also in attendance

Mrs M Cockburn
Mr D Fraser

Officers Present

Ms L Bussell, Chief Officer, NHS Highland (LB)
Mr S Steer, Director of Adult Social Care, NHS Highland (SS)
Mrs F Malcolm, Interim Head of Integration Adult Social Care, Highland Council (FM)
Ms G Grant, Interim Head of Commissioning, NHS Highland (GG)
Mr J Robertson, Programme Manager, Highland Council
Ms S Amor, Child Health Commissioner, NHS Highland
Mrs L Dunn, Principal Administrator, Highland Council (LD)

Prof Boyd Robertson in the Chair

Item	Subject/Decision	Action
	Prior to commencing the meeting, the Chair made reference to the passing of Mr Donald MacLeod who had been a carers representative on the Committee as well as Chair of the Care Improvement Group and worked across the third sector of the Highlands and Islands.	
1.	Apologies for Absence Apologies for absence were intimated on behalf of Ms M Macrae and Mr A Palmer.	No Action Necessary

2. Declarations of Interest **No Action Necessary**

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 8 March 2021.

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

a. Highland Partnership: Adult Social Care Assurance

There had been circulated Report No. JMC/06/21 by the NHS Highland Chief Officer, North Highland Health and Social Care Partnership.

During discussion, the Committee raised the following main points:-

- the Committee thanked all staff for doing their level best to deliver care services in extremely challenging circumstances. It was also important to recognise the significant pressures families had been under due to the pandemic;
- the level of ongoing support being provided to the care at home sector, a key issue being recruitment and retention of staff. Details were provided on the work ongoing with providers and the Scottish Government to manage the overall position in terms of the status, recognition, payment and working conditions of staff in this sector;
- a briefing for the Committee on care at home be arranged and it was requested that the Committee also have sight of an outline recovery plan;
- the need to explore what was meant by 'unmet need' to ensure there was a common understanding between the Council, NHS Highland and the third sector;
- arrangements be made for the presentation given to the NHS Highland Board by the Covid Response Team to be provided to the Health, Social Care and Wellbeing Committee;
- an update was sought and provided on the current situation with capacity in care homes in Highland, progress with recruitment to address staffing pressures and also the financial support available to providers. A further update would be included in the briefing to be provided to the Committee on care at home provision;
- an update be provided to the next meeting of the Committee in relation to Adult Support and Protection;
- the Joint Project Board discuss the opportunities and risks associated with the strategic shift during the pandemic between care homes and care at home provision and the implications for the transformation work going forward;

- it would be helpful to capture in writing the pressures faced by services and service providers in responding to the pandemic to give the public a better understanding of the realities and the positives despite the challenges;
- the direct support of the Committee was required in terms of commissioning reform and how investment was prioritised and it was encouraging care at home was developing a parity of esteem nationally and locally;
- the assurance report highlighted the issues which prevailed across the system and their inter-dependency. There was a need to focus on the reform agenda and pursue working together and integration more boldly than before including with communities;
- the need to understand the expectation of additionality around the additional funding that had been received and to be creative as a partnership in terms of reshaping and changing services; and
- the need to consider how to secure better national benchmarking information to identify whether services were efficient and consider whether best value was being achieved or whether there was a need to transform services.

Thereafter, the Committee **NOTED**:-

- i. the contents of the report;
- ii. the unprecedented and ongoing pressures across adult social care services, including NHS Highland and providers of commissioned services; and
- iii. NHSH's continued commitment and collaborative actions to sustain service provision, whilst responding to the ongoing pandemic and associated operational pressures.

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

LB

There had been circulated Report No. JMC/07/21 by the Highland Council Executive Chief Officer Health & Social Care.

During discussion, the Committee raised the following main points:-

- the opportunities to work together to expand early years interventions to maximise outcomes for children and young people and the importance of the third sector being fully involved as a partner in this work;
- a specific request that the 'Just Ask' Service signpost clients to the information and support services available in the third sector;
- the intention was for further work to be undertaken in relation to the uptake of universal health visitor pathways and reported to a future Committee;
- work had commenced on future models for vaccinations taking account of national changes in relation to the staff that could be involved. School nurses were required for other priority tasks such as mental health and would not be at the heart of any future delivery model;

- highlighting the continuing improvements being made in the approach to Children's Services in terms of governance, monitoring and joint working;
- the need to improve digital communications within the partnership as a priority to reduce the level of bureaucracy/scrutiny tasks for staff and to support integration;
- a digital pathways report had been commissioned, work was focused around aligning digital communications between the Council and NHS Highland. A programme board was to be established and feedback would be provided on this and partner representation;
- a key challenge was around the professional protection of data rather than the technical challenges and ensuring the appropriate staff had the right access to information;
- ongoing challenges with recruitment, and the impact on children's visits and associated risks. Work was ongoing to identify alternative models and ways of providing assurance in terms of the health and wellbeing of children;
- there had been a gap over multiple years in relation to support services for children who had experienced sexual assault and that the Committee support a whole systems approach to put services in place as a priority;
- rather than focusing on single assurance reports, the key issue for the Committee was to push for reform in terms of a more joined up collective approach, working in a more agile and integrated way in parity with the third sector and communities to improve outcomes for children and families; and
- many of the transformation projects had been based on the financial risks as a result of the budget gap. The support of the Committee was sought for the need to re-balance that work so that practice improvement was treated on an equal basis to the financial challenges on the basis this would address some of the issues raised above.

The Committee **NOTED** the:-

- i. update on service delivery, including measures put in place across the Covid pandemic;
- ii. context of Integrated Children's Service Planning; and
- iii. update on future plans for service improvement, clinical and professional governance and performance reporting.

5. Highland Health & Social Care Partnership Finance Report at Month 5 2021/2022

DG

There had been circulated Report No. JMC/08/21 by the NHS Highland Director of Finance.

During discussion, the Committee raised the following main points:-

- the report emphasised the points raised earlier in the meeting regarding the Committee not being sufficiently integrated. This was not a finance report on the Health and Social Care partnership but

instead a finance report on the delegated services of Adult Social Care. Therefore, this demonstrated the need for further consideration to given to what should be reported to the Committee, the way in which it should be presented, and how that supported the integration outcomes;

- the meeting had raised a number of strategic issues and it was felt that there was a lack of an agreed detailed vision and strategic commissioning plan to direct officers and enable them to develop transformational ideas;
- the reports were being presented as separate organisations/services rather than an integrated service and this needed to change. The need for discussion at a national level was also suggested;
- further clarity was needed in regard to the additional finance and how it could be utilised;
- concern was expressed at the significant financial changes within the report and further information was sought and provided on the overspends relating to Housing Support and Self Directed Support. In particular, it was highlighted that NHS Highland was responsible for the risk in respect of gaps in funding;
- the previous Cabinet Secretary for Health and Social Care, Mrs J Freeman, had indicated that funding would be provided to enable Home Farm to be purchased but no support had been given towards the ongoing revenue commitment. Further discussion was required regarding the financial implications, in particular the £1.3m of additional unfunded costs projected to the year-end;
- the Council would only be able to set a one year budget so planning beyond this period would be difficult. However, discussion was required offline in order to develop the 2022/23 budget which focussed on outcomes. It was suggested that a briefing meeting be held to discuss the financial position in more detail and also at a national level; and
- the assurance and progress being made in respect of Adult Social Care was recognised. A commitment was given that there would be a robust analysis of transformation and further work would be undertaken to continue progress and bring more projects online.

Thereafter, the Committee:-

- i. **NOTED** the financial position at the end of Month 5 2021/2022 and current forward projection for 2022/2023 and 2023/2024;
- ii. **AGREED** that a meeting be arranged to consider finance in more detail; and
- iii. **AGREED** that a briefing meeting to discuss the financial position in more detail be arranged.

6. Revised Highland Partnership Integration Scheme and Implementation Plan

FM/GG

There had been circulated Joint Report No. JMC/09/21 by the NHS Highland Chief Operating Officer and Highland Council Executive Chief Officer Health and Social Care.

The Committee **NOTED** the contents of the report.

7. Programme Update

PD/FD

There had been circulated Joint Report No. JMC/10/21 by the Executive Chief Officer Health and Social Care and NHS Highland Chief Operating Officer.

During discussion, the following main points were raised:-

- the importance of developing a vision for the programme, and the strategic commissioning work that sat behind it, was recognised;
- two high-level areas which it was suggested should be addressed in the vision were prevention and how the climate emergency related to the future delivery of services. In relation to the latter, telephone and video consultations were going to become increasingly important as time went on;
- it was questioned whether provider, user, carer and third sector representatives had been involved in developing the draft vision and, if not, whether a whole-system discussion was required before proceeding any further. In response, it was explained that the workshops had been officer led. However, the document was simply intended to be a starting point for wider engagement;
- given the limited time remaining at the meeting, it was suggested that detailed comments on the draft vision, particularly on how best to engage on it, be provided to the Programme Manager outwith the meeting;
- it was necessary to harness the benefits of the changes that had taken place as a result of the Covid pandemic, such as the increase in Care at Home provision, and ensure they were reflected in the vision;
- reference was made to the success of the integrated health and social care system in Canterbury, New Zealand, which had started with a vision followed by joint staff training for ten years;
- the need for modern, inclusive, connected working was emphasised, and it was suggested that it was necessary to take the available data through a strategic commissioning cycle to provide an agreed vision and strategic imperatives that would then allow a financial framework to be put in place;
- real transformation required thought, information and inclusiveness. The discussions at today's meeting had been encouraging and it was necessary to maintain that direction going forward; and
- the workshops had been necessary to develop a skeletal vision, but the vision now needed to be shaped by a much broader audience.

The Committee otherwise **NOTED** the contents of the report and the terms of the draft vision.

8. National Care Service Consultation

SS/FD

Given the limited time remaining at the meeting and that the majority of those in attendance had seen the presentation on the National Care Service Consultation in other forums, the Director of Adult Social Care, NHS Highland, undertook to circulate the presentation by email and make himself

available outwith the meeting to present it to anyone who was not familiar with it. He invited the Committee to consider whether it wished to submit a response to the consultation.

Detailed discussion ensued in that regard, during which it was suggested that the Committee had an opportunity to influence the National Care Service from a unique perspective and that there was merit in submitting a focussed response on the strengths of the lead agency model, such as the ability to simplify the governance arrangements, as well as the challenges and the steps being taken to try and overcome them. It would also be useful to reflect on what could have been done better.

Following further discussion on the mechanism for preparing a response, the Committee:-

- i. **NOTED** that the presentation on the National Care Service Consultation would be circulated by email and that the Director of Adult Social Care would make himself available to present it to those who were not familiar with it; and
- ii. **AGREED** that a small team, including a third sector representative, be assembled to draft a Joint Monitoring Committee response to the National Care Service Consultation on the basis discussed, and that it be circulated to Committee Members for comment prior to submission.

DM/PD

9. 2022 Meeting Dates

LD

The Committee **NOTED** that 2022 meeting dates would be held as follows:-

- 13 January 2022
- 19 April 2022
- 3 August 2022
- 4 October 2022

All meetings to be held at 10.30am.

CONFIDENTIAL

10. Lochbroom Care Home, Ullapool

LB

There had been circulated Confidential Report No. JMC/11/21 by the NHS Highland Chief Officer.

Following discussion, the Committee **NOTED** the report and **AGREED** that local Councillors be kept informed.

The meeting was closed at 12.42pm.