

## **Highland Council/NHS Highland Joint Monitoring Committee**

Minutes of the Meeting of the Highland Council/NHS Highland Joint Monitoring Committee held in the offices of Highland Home Carers Ltd, 1 Highlander Way Inverness Retail and Business Park, Inverness, IV2 7GE, on 13 December 2024 at 10.30am.

### **Present:**

#### **Highland Council**

Mr David Fraser (Vice Chair)  
Mr Raymond Bremner  
Mr Derek Brown  
Mr R Gunn (sub for A Christie) (remote)  
Ms Fiona Duncan  
Mr Ian Kyle  
Mr Derek Loudon (remote)  
Ms Fiona Malcolm  
Mr Brian Porter

#### **NHS Highland**

Ms Sarah Compton-Bishop (Chair)  
Dr Tim Allison  
Mr Alex Anderson (remote)  
Ms Louise Bussell  
Ms Ann Clark  
Ms Heledd Cooper (remote)  
Ms Pamela Stott  
Ms Fiona Davies  
Mr Gerry O'Brien (remote)

### **Staff Representatives**

Ms Elspeth Caithness (NHS Highland) (remote)

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

Mr Christopher Allan (Scottish Care Highland Branch Chair – Care Homes) (remote)  
Mr Campbell Mair (Scottish Care - Care at Home)  
Mr Ian McNamara (Highland Senior Citizen's Network)  
Ms Gaener Rodger (Inspiring Young Voices)  
Ms Mhairi Wylie (Highland Third Sector Interface) (remote)

### **Officers Present**

Mrs K Lackie, Assistant Chief Executive (People), Highland Council  
Ms K Sutton, Chief Officer, Acute Services NHS Highland (remote)  
Mr S Steer, Director of Adult Social Care, NHS Highland  
Mrs L Dunn, Joint Democratic Services Manager, Highland Council  
Ms F MacBain, Senior Committee Officer, Highland Council

### **Ms S Compton-Bishop in the Chair**

#### **1. Calling of the Roll and Apologies for Absence Gairm a' Chlàir agus Leisgeulan**

An apology for absence was submitted on behalf of Mr A Christie.

#### **2. Declarations of Interest/Transparency Statement Foillseachaidhean Com-pàirt/Aithris Fhollaiseachd**

There were no declarations of interest.

#### **3. Minutes Geàrr-chunntas**

There had been circulated and **APPROVED** minutes of the meeting of the Joint Monitoring Committee held on 25 September 2024.

#### **4. Action Log Loga Gnìomha**

There had been circulated and was **NOTED** the Committee's Actions Log. Most issues were covered elsewhere on the agenda. Mr Anderson asked that due dates be added where appropriate.

#### **5. Chief Social Work Officer Annual Report 2023-24 Aithisg Bhliadhnail Àrd-Oifigear Cùraim Shòisealta 2023-24**

There had been circulated Report No JMC/18/24 by the Chief Social Work Officer.

During discussion, the following issues were raised:

- arrangements for the Scottish Child Interview Model were summarised, including provisions for when the child was required to travel to attend an interview to ensure a child-friendly space;
- the situation had improved regarding the lack of availability of Section 22 Approved Medical Practitioners to assess and complete the required report to accompany Guardianship and Intervention Order applications. Work was being undertaken with other Integration Boards to learn from their practice to minimise hospital delays;
- a brief update was provided on the availability of psychiatric provision and Mental Health Officers, including the development of a Mental Health and Disability Strategy. Information was also sought and provided on partnership working with the Police to deal with people in crisis;
- the numbers of newly qualified practitioners were welcomed but it was recognised that this put additional pressure on supervisory staff and, in this regard, information was sought and provided on work to improve staff retention rates;
- it was confirmed that the 24% response rate to the staff wellbeing survey was normal, but that other methods of data collection to assess morale were also pursued;
- in response to concerns about the need for clear governance structures, policies, procedures, and learning and development plans in relation to all professions across the partnership, which was on the Risk Register, a report was requested for a future meeting;
- Mr Mair informed the Committee of a pilot Scottish Government Fair Work project that Highland Home Carers was participating in and reminded them that most Adult Social Care (ASC) staff were employed by the third sector, not by the Council or NHS. The importance of providing robust careers to attract staff into ASC was emphasised;
- the urgent need for more data on the people entering and progressing through the sector was emphasised, along with a more structured approach to workforce development, which was included in the ASC Strategy and being progressed. Updates would be provided in due course. The challenges around the limited pool of ASC staff were summarised, as was the concern that all ASC organisations, including the Council, NHS Highland and the third sector were competing for staff from the same pool of people. The terms and conditions offered by the public sector organisations were often more favourable, and a more collective approach was called for; and
- the excellent progress bringing cared for children back to Highland was welcomed.

The Committee:

- i. **NOTED** the issues raised in the annual report and the implications for social work and social care services within Highland Council and NHS Highland; and
- ii. **AGREED** a report be presented to a future meeting on Risk 15 (from the Risk Register), the need for clear governance structures, policies, procedures and learning and development plans in relation to all professions across the partnership.

## **6. Chief Officer's Report Adult Services**

### **Aithisg Àrd-Oifigeir mu Sheirbheisean Inbheach**

There had been circulated Report No JMC/19/24 by the Chief Officer, Highland Health and Social Care Partnership.

During discussion, the following issues were raised:

- it was queried whether the reported unmet ASC need included people unable to receive full hours due to capacity constraints. Clarification was provided on the various SDS option funding allocations and how these tied into workforce issues. The matter would benefit from more sensitive reporting;
- in relation to the moderate assurance provided to the strategic planning groups by the district planning groups, information was sought and provided on what else was required;
- a timeline was requested for the completion of the strategic joint needs assessment, which was by the end of January 2025;
- concern was expressed in relation to the governance of the SDS Options 1 and 2, which sometimes lacked formal workforce support and training. It was important to understand if people were delivering care through Option 1 in a safe and appropriate manner;
- challenging discussions would be held to address the budget position, noting that unmet need could not be resolved only through transformation and / or increased productivity, but required government investment, and for the national care contract structure to be addressed, noting that Highland had lost 200 care home beds in recent years;
- it was highlighted that the planned divestment in NHS care facilities to private care homes because of the higher costs for the NHS to run care homes compared to independent and third sector. In relation to sustainability struggles, the independent sector was facing problems as a result of the national care home contract funding structure and the cost of agency staffing. Care homes were often operating at 98% capacity, which caused challenges, in addition to the known recruitment problems. More should be done to attract workers from elsewhere, including improving the housing situation and considering sponsorship of workers from abroad; and
- information was provided on Scottish Care's frustration with the Scottish budget, and the failure to address the sustainability challenges. The lack of ring-fenced funding for ASC providers, and rising costs including increased national insurance contributions, were likely to result in further reductions in service provision. This would be discussed by the Chair and Vice Chair, with support from both Chief Executives. Mr Bremner summarised discussions and representations that were ongoing on the matter, including via COSLA.

Thereafter, the Committee:

- i. **NOTED** the work undertaken in implementing the HHSCP Joint Strategic Plan and assurance performance information as supplied;
- ii. **AGREED** a report be presented to a future meeting on the types of support people were receiving from SDS Option 1, including the national context of the issue; and
- iii. **NOTED** the Chair and Vice Chair, with support from both Chief Executives, would meet before the next meeting of the Committee to articulate the budget challenges.

## **7. Children's Services Update**

### **Cunntas às Ùr mu Sheirbheisean Chloinne**

There had been circulated Report No JMC/20/24 by the Chair of the Integrated Children's Services Planning Board.

During discussion, the following issues were raised:

- child poverty had been reported to the last meeting of the NHS Highland Board;
- the need to consider population and child health indicators was highlighted. Considerable improvement was reported, but this could be partially due to inaccurate baselines and some issues that were not included, for example vaping;
- information was sought on what could be done to improve Indicator 7, the percentage of statutory health assessments completed within 4 weeks of becoming Looked After Child, which had a target of 95%, a baseline of 70%, and a current figure of 62%; and
- in relation to implementation of the Children and Young People Participation strategy, it was vital that young people were given a voice to help them shape future services.

The Committee **NOTED** the work:

- i. undertaken by the Children's Services Planning Partnership in delivering the Highland Integrated Children's Services Plan 2023 – 2026; and
- ii. of the delivery groups.

## **8. Neurodevelopment Assessment Service (NDAS)**

### **Seirbheis Mheasaidh Niùro-leasachaidh**

There had been circulated Report No JMC/21/24 by the Chief Officer Acute Services, NHS Highland.

During discussion, the following issues were raised:

- it was suggested the third sector had not been referenced in the review, and this was a vulnerable area for the third sector, with supplier issues and a reduction in referrals. It was disappointing that the children's mental health and wellbeing monies had not been used more strategically to look at areas of need. There were concerns about the capacity of the sector to take part in such reviews, despite being keen and supportive of improvements;

- with reference to the long waiting times, it was queried and explained what success in this area would look like in, for example, a year's time. A key development was the provision of support to children and families while they were awaiting assessment, and it was thought this practice might reduce demand for formal assessment. The process for mapping all child services to ensure the efficient use of resources was summarised, with reference to the GIRFEC refresh that was being undertaken. It was felt that more publicity should be given to the public to raise awareness of the progress that was being made, and that measured improvements should be given targets and reported back; and
- it was queried and explained whether waiting times were formally reported to the Scottish Government by NDAS, how children, young people and their families were being kept informed of the current situation, and how they were being involved in shaping services for the future, including the provision of medication, noting recent shortages of ADHD medication.

Thereafter, the Committee **AGREED**:

- i. to support the integrated and multi-agency approach being taken through the NDAS programme board;
- ii. to support the investigation of a networked model of support and care towards those with ND needs; and
- iii. that the responsibility to provide support for those with ND needs sat across NHS, THC, and 3rd partners in collaboration; and
- iv. the importance of capturing the views of young people as part of the Getting it right for every child (GIRFEC) refresh be discussed outwith the meeting with a view to including it in a future report.

## 9. Partnership Risk Register Clàr Chunnartan

There had been circulated Report No JMC/22/24 by the Chief Social Work Officer and Chief Officer Health & Social Care, The Highland Council, and the Chief Officer, NHS Highland.

During discussion, it was pointed out that the recent increase in employer national insurance contributions was not on the risk register, despite it being a considerable financial cost for the third sector as well as for the Council and NHS Highland. The matter would be further considered outwith the meeting.

The Committee **NOTED** the report.

## 10. Highland Health & Social Care Partnership Finance Report Month 6 2024-25 Aithisgean Ionmhais Mìos 3 2024–25 Com-pàirteachas Slàinte & Cùraim Shòisealta na Gàidhealtachd

### a. Highland Health & Social Care Partnership Finance Report Aithisg Ionmhais Com-pàirteachas Slàinte & Cùraim Shòisealta na Gàidhealtachd

There had been circulated Report No JMC/23/24 by the Director of Finance, NHS Highland.

During discussion, the following issues were raised:

- the importance of growing and sustaining independent and third sector ASC provision was critical to financial recovery and sustainability; and
- concern was expressed that the proposed transient visitor levy might be applicable to patients travelling within Highland to access health services, and the consultation process for the levy was summarised, noting that the final decision on whether to allow an exemption would rest with the Council once the consultation was closed. It was pointed out that several councillors had made a similar point at the recent Council meeting.

The Committee **NOTED** the financial position at Month 6 (September) 2024/2025.

#### **b. Highland Council Finance Report** **Aithisg Ionmhais Chomhairle na Gàidhealtachd**

There had been circulated Report No JMC/24/24 by the Chief Officer – Corporate Finance.

The Committee **NOTED** the:

- i. report and update provided;
- ii. forecast out-turn position for Council and Integrated Children's Services as at Quarter 2 of the 2024/25 financial year; and
- iii. update provided regarding the Council's Delivery Plan;

#### **11. Delivery of the Strategic Plan** **Libhrigeadh a' Phlana Ro-innleachdail**

There had been circulated Report No JMC/25/24 by the Highland Council Chief Officer Integrated People Services and NHS Director of Adult Social Care.

During discussion, the following issues were raised:

- particular areas requiring to be progressed were Lochaber and Aviemore / Badenoch and Strathspey;
- it was requested that specific actions, with timescales, be included when the Plan was next considered in March 2025;
- the involvement of the third sector in the development of the Plan was acknowledged, and it was important they remained engaged going forward;
- a question for future consideration was what the target operating model was for integrated health and social care services across the partnership, prior to identifying one specifically for ASC;
- consideration should be given to the means of making the best use of the transformation fund, noting there had been a number of different approaches in recent years to service transformation. Reference was made to the demand there had been for funding for community support from third sector organisations and the pressures experienced by the district planning groups, and it was queried whether an overall framework was required to identify what the aims for this funding were. This would be further considered outwith the meeting;

- in relation to transformational change, improvement in taking responsibility for aims that had not been achieved was suggested. Commissioning processes, particularly those that were out of date, could be causing issues for some third sector organisations to deliver SDS services;
- it was important that the additional £20m of funding was used to create a recipe for future funding streams and to facilitate system change; and
- the Chair proposed that future reporting included how the transformation fund work complemented and connected with work that partners were undertaking through other streams.

Thereafter, the Committee **NOTED** the:

- update provided in relation to ongoing actions to deliver the programme associated with the transformation of adult social care;
- draft Target Operating Model was subject to further development and being brought back to the Committee; and
- governance process agreed in terms of the allocation of the investment funds identified.

## **12. Integrated Care Services – Model of Delivery** **Seirbheisean Cùraim Amalaichte – Modail Libhrigidh**

There had been circulated Report No JMC/26/24 by the Chief Executive, Highland Council, and the Chief Executive, NHS Highland.

During discussion, it was clarified that the proposed governance review of the model of delivery was not a reflection on what had been achieved by the lead agency model, but on the changing environment and economic situation. Support for the review had been confirmed by the Highland Council at its recent meeting, and the issue would be considered by the NHS Highland Board in January 2025, after which clarity on engagement and communications would be provided. It was anticipated that some preliminary discussions could be held prior to formal approval of the review around timelines and actions. Attention was drawn to the risks associated with the review and the need to ensure the journey, and planning, did not impact on existing services. In response to a query about the benefits of the proposed changes to the service users, it was clarified that this change of model was more of a technical change to facilitate the cultural change and improvement journey, noting that the move to an integration joint board was being mandated.

The Committee:

- NOTED** that preparatory would be undertaken to identify the optimal future care delivery in Highland and to make recommendations on modifications to the care and governance model currently in place in Highland;
- AGREED** a strategic Steering Group be created to oversee the required work with representation from both lead agencies including councillor and officer representation from The Highland Council and executive and non-executive director representation from NHS Highland; and
- AGREED** the approach to joint communications advised in this paper, to ensure that all stakeholders were fully appraised of plans as they evolved and had the chance to shape them.

### **13. Dates of Meetings 2025** **Cinn-latha Choinneamhan**

The Committee **NOTED** that JMC meetings would be held in 2025 on 13 March, 12 June, 25 September, and 4 December, at 10.30am.

The meeting ended at 1.15pm