

**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 Tuesday 19 April 2016 at 2.30 p.m.

PRESENT:-

Dr D Alston (Co-Chair)	Ms Elaine Mead
Mrs Margaret Davidson (Co-Chair)	Ms Margaret Macrae
Mr Bill Alexander	Ms Elaine Mead
Ms S Amor	Mr Donald Macleod
Mrs Jan Baird	Mr Ian McNamara
Mr Steve Barron	Mr Drew Millar
Ms Myra Duncan (by tele-conference)	Mr Adam Palmer
Mr Bill Fernie	Ms Gillian Newman
Ms Deborah Jones	Dr Hugo Van Woerden
Mr Nick Kenton	Ms Mhairi Whyllie
Ms Heidi May	Mr Derek Yule

Officers Present:-

Mr S Steer, Head of Strategic Commissioning, NHS Highland
Mr J P Sieczkarek, Portfolio Lead for Special Projects, NHS Highland
Ms Anne Macrae, Committee Administrator, Highland Council

Dr D Alston in the Chair

Item	Subject/Decision	Action
1.	Apologies for Absence	No Action Necessary
	Apologies for absence were intimated on behalf of Ms A Darlington, Ms J Macdonald, Mr S Pennington, Ms M Smith and Ms S Wedgewood.	
2.	Declarations of Interest	No Action Necessary
	There were no declarations of interest.	
3.	Presentations	
	Presentations were made as follows:-	
i.	Adult Services Care at Home Services	SS
	The Head of Strategic Commissioning, NHS Highland and Portfolio Lead for Special Projects, NHS Highland gave a presentation on the significant improvements which had been delivered in care at home	

services in Highland following the integration of health and social care in Highland in 2012. This had involved a significant shift in the balance of care from in-house provision to the independent sector by adopting a more level playing field approach with the sector and also through a targeted approach with partners based on zoned areas. This approach had included committing to a living wage and developing a fair tariff and stringent tariff conditions details of which were provided. The new tariff had been implemented in May 2015 at a rate of £18.59 per hour, the highest rate in Scotland, and a significant reduction on the previous in-house rate. Since then the tariff had been further upgraded to take account of the current living wage and was now £18.99.

The Head of Strategic Commissioning further reported that the above improvements had delivered over 1200 extra hours of care at home and that unverified figures from the census as at 15 April 2016 showed that there were no delays in regard to any persons in hospital requiring care at home in Highland. In addition waiting lists had been removed in zoned areas and efficiencies in the independent sector achieved. There had been an overall increase in the quality of hours being delivered, sustainable recruitment had been achieved, and reablement was now being delivered.

In terms of the in-house service, it was reported this had focused more on reablement. The year-end figures showed there had been 355 referrals into the reablement service, all of which would have been recipients of care at home in the past. Of that number 167 or 47% required no further input after 6 weeks, and 100 had transferred into mainstream services of which 50% had been placed on reduced packages from the initial assessment. Therefore a switching off from the previous practice of immediate access into care at home was being observed and this was allowing the focus to be on the most complex packages of care.

During discussion, the Committee welcomed the improvements being delivered in the care at home service. Thereafter, the following issues were raised:-

- in terms of the benefits it was noted the above process had delivered increased hours of care through the independent sector and also achieved savings on the budget;
- the importance of continuing to shift the balance of care, particularly in terms of prevention, in the rural North and West area and the potential of communities in this regard;
- clarification was sought on the process for people in the larger rural areas to make representation for additional payments to be included in the tariff for mileage on the basis this would inevitably be raised as issue; and
- in regard to the above the importance of working with communities to create the most appropriate model for delivering care within that community and reference was made to work ongoing in this regard.

Thereafter, the Committee **NOTED** the presentation.

ii. **Children's Services – Self Directed Support**

BA

The Director of Care and Learning, Highland Council gave a presentation on self-directed support (S-DS) in Children's Services during which he referred to the significant benefits which it could deliver for users and carers in being able to organise and deliver their own care. He indicated that S-DS was a fundamental part of the ongoing transformation programme around Children's Services.

The Director of Care and Learning referred to the challenges around S-DS and advised that its introduction was being progressed on an incremental basis, noting the legislation provided a framework for taking forward what was a complex change programme. He outlined the complexity of the financial decisions facing the Council and in particular the pressure of disinvesting in services to open up the opportunity for people to have personal budgets while keeping current in-house provision available for those who chose that service.

In regard to the above it was reported that following significant consultation and discussion, Council Members had taken key decisions which were designed to provide the stability to manage and support the continued development of S-DS within budget, and to meet legislative requirements. These key decisions were to support the growth of brokerage services; reconfigure provision of residential respite at Thor House and the Orchard; adjust the Resource Allocation System; and make information available about the true cost of services and introduce over next 3 years. In regard to the last point it was explained this would provide a level playing to allow third sector organisations to become more engaged and allow their services to be developed and able to be purchased by more people.

In terms of the next steps and the opportunities provided by the lead agency model, the Director of Care and Learning advised that these were management of transitions through the years; the level of guidance that should be provided on what budgets could and could not be spent on; the extent to which decisions could be devolved in relation to low levels of spend; the extent to which 'education' and 'health' activity be included; and continuing questions about safety and risk on the basis that S-DS was less regulated with fewer controls.

During discussion, the following issues were raised:-

- the opportunities for discussions to be held between Children's Services and Adult Services around the common issues of safety, risks and benefits;
- further clarification was sought and provided around the brokerage element of S-DS in Children's Services; it was noted that Council Members preference was for this to be carried out by locally based third sector partners, while acknowledging there were gaps in provision across the Highlands and there

- was a need to grow the network;
- the need to consider and share good practice in relation to creative ways to support those on S-DS packages and to ensure appropriate quality assurance was in place across Highland to address issues around safety;
- reference to the challenges around measuring outcomes and whether they were commensurate to the level of need;
- a point in regard to the implications of the Carers Act given the large number of carers in Highland; and
- a suggestion that carer support plans be the vehicle through which respite was accessed on the basis this was first and foremost a service for the carer.

Thereafter, the Committee **NOTED** the presentation.

4. Minutes of Meeting

There had been circulated Minutes of Meeting of the Highland Strategic Commissioning Group held on 28 September 2016, the terms of which were **APPROVED**.

5. The Lead Agency – Context and Legislation

EM/BA

The Chief Executive, NHS Highland and Director of Care and Learning gave a presentation on the context and legislation around the decision by the Highland Council and NHS Highland to enter into a Partnership Agreement in 2012 to deliver integrated health and social care services through a lead agency model. It was explained that the rationale behind the proposal was to improve the quality and reduce the cost of services in Highland with the focus being on delivering improved outcomes for people in the area. In this regard the aim was to lose the identity of the pound in terms of spend and to focus on investing resources where they would be best spent to maximise impacts.

It was explained that under the lead agency model the Council commissioned NHS Highland to deliver adult services. Similarly NHS Highland commissioned the Council to deliver children's services. This was the only lead agency model in Scotland and reference was made to the benefits associated with this model in having a single management and governance structure and budget. A summary was also provided on the transition arrangements and also on the progress made to date in delivering improvements in both Services through integration.

In conclusion it was reported that the overarching Partnership Agreement had been refreshed to meet the new legislative requirements set out in the Public Bodies (Joint Working) (Scotland) Act 2014.

Thereafter, the Committee **NOTED** the presentation.

6. The Joint Strategic Plan

JB

There had been circulated copy of Report by the Highland Council Director of Care and Learning in relation to the Strategic Plan which was submitted to the meeting of the Highland Council on 10 March 2016.

Arising from the report, it was explained that in addition to the Highland Council the Plan also had to be submitted to the Joint Monitoring Committee and the NHS Highland Board, and agreed by both agencies prior to submission to the Scottish Government.

The Committee **AGREED** the Strategic Plan.

7. The Commissions – Adult Services and Children and Young People’s Services

i. Adult Services

BA

There had been circulated Report No. JMC/01/16 by the Highland Council Director of Care and Learning which gave a statement regarding the assurance that was being provided to Highland Council regarding the delivery of adult social care services.

The Director of Adult Care provided an update to the report during which she advised that an appointment had been made to the post of Lead Adviser for Adult Support and Protection. In terms of performance an update was also provided on the NHS Highland Delayed Discharge Situation Report as at April 2016 which showed a significant improvement on previous reports with 37 cases being reported to the Scottish Government.

The Committee **NOTED** the report.

ii. Children and Young People’s Services

JB

There had been circulated Report No JMC/02/16 dated 11 April 2016 by the Child Health Commissioner, NHS Highland in regard to the delivery of the commissioned services for children and young people in the Care and Learning Service, Highland Council.

In discussion, it was noted the cycle of meeting dates for the Education, Adult and Children’s Services Committee and the Highland Health and Social Care Committee were not congruent, and reference was made to the challenges this presented in terms of reporting.

The Director of Care and Learning advised that a proposal would be submitted to the Council in May 2016 to reschedule the meeting of the Education, Adult and Children’s Services Committee from November to October. Thereafter a proposal would then be considered for next year, which was likely to recommend that six meetings of Committee be held in 2017.

The Committee **NOTED** the report.

8. Public Bodies (Joint Working) (Scotland) Act 2014 – Annual Performance Reporting

JB

There had been circulated Report No. JMC/03/16 dated 19 April 2016 by the Director of Adult Care, NHS Highland on behalf of the Chief Executives of Highland Council and NHS Highland which outlined the guidance recently published to Integration Authorities in relation to the legal requirement to produce an annual performance report. It proposed that meetings of the Joint Monitoring Committee be re-scheduled to November and May to ensure up to date information was presented, specifically in relation to financial year end and outturns and projections, in accordance with the timescales set out in the guidance.

In discussion, the following issues were raised:-

- it was suggested that consideration be given to whether Mental Welfare Commission inspection reports also be included, on the basis the Committee had discretion in this regard;
- the opportunities to have discussions with the regulatory bodies on the potential for the inspection regime in respect of NHS Highland to be simplified, reference being taken to the joint targeted approach taken by the regulators in respect of some Highland Council inspections;
- in regard to the above account should also be taken of the fact that Health Improvement Scotland was moving to a new inspection regime which required more self-assessment;
- it was clarified that the main purpose of the performance report was primarily for the Committee to assist in monitoring the success of the arrangements that had been put in place through integration, and in determining whether a review of the integration schemes was required;
- it was noted that the Scottish Government's interest in the performance reports was how they could inform evidence at a national, strategic level on the effectiveness of integration and how to drive and support improvement;
- a point in regard to whether the report would be used as part of the Council and NHS Highland's public accountability after it had been considered by the Committee;
- as a general issue that further discussions were required in regard to the role of the Committee going forward and how it could be best used in terms of its remit.

During further discussion, it was suggested that it would be helpful for a draft outline performance report to be submitted to the next meeting in November 2016.

Thereafter, the Committee:-

- i. **NOTED** the requirements to develop a performance report as interpreted from the National guidance 2016; and

- ii. **AGREED** the rescheduling of future Joint Monitoring Committees to May and November to ensure real time data can be utilised.

9. Highland Partnership – Review of Governance

JB

There had been circulated Report no JMC/04/16 dated 19 April 2016 by the Director of Adult Care, NHS Highland which provided details of the review of governance of the Highland Partnership which had been undertaken and comments sought on the draft proposals.

In discussion, it was suggested that more emphasis should be placed on leadership and strategy as being important functions of governance, which it was suggested was not articulated within the draft proposals.

In response, it was clarified the governance review provided for assurance reports on the Strategic Plan to be submitted to the Committee. It was also suggested that by improving the governance arrangements in relation to scrutiny this would allow for more focus on leadership and development. It was also important the Joint Monitoring Committee provided the required leadership to drive forward integration and the improvement of services.

Thereafter, it was suggested it was important assurance reporting was aligned with the schedule of meetings for committees, noting that while the recommendation was to report quarterly, the Health and Social Care Committee met every two months. In response it was noted that quarterly reporting was considered as a minimum and also that the proposal was to schedule more regular meetings of the Education, Children and Adult Services Committee in this regard.

Following on from the above, clarification was sought on the formal reporting arrangements in cases where the relevant committee had considered the assurance report and requested further information for assurance.

In response to the above, it was suggested that the key issue was that of proportionality. Therefore it was suggested that some points of detail or requests for further information could be responded to at the meeting or a response circulated shortly after the meeting. However if the issue raised was substantive and required further investigation and review then it was suggested this should be reported back to the committee which had requested the assurance.

In conclusion, the Director of Adult Care and relevant officials were thanked on the significant amount of work undertaken in relation to this item.

The Committee:-

- i. **NOTED** the review of governance of the Highland Partnership;
- ii. **AGREED** that the report be presented to the Health Board and

Council.

10. Budget Statement on Adult and Children's Services

DY/NK

There had been circulated Joint Report No JMC/05/16 dated 13 April 2016 by the Director of Finance, Highland Council and Director of Finance, NHS Highland which aimed to present the forecast financial outturn for Children's Services and Adult Social Care Services for 2015/16 together with the key budget issues for 2016/17 and future financial outlook. It also sought the approval of a minor amendment to the Finance Protocol.

It was reported that it was increasingly difficult to distinguish between services that were funded via the commission and those funded by the lead agent. As a general principle, the focus should be on outcome measures rather than on 'inputs'. However it was recognised that where there were issues regarding outcomes, then there may be a need to scrutinise inputs.

During discussion, the following issues were raised:-

- the need to improve the financial reporting going forward to provide the Committee with the information it required to scrutinise expenditure and also match 'inputs' against the outcomes both organisations wished to achieve and deliver;
- reference to the challenges around developing the required performance indicators by which to measure success against outcomes;
- a point that further clarity was required in regard to how the cash uplift received from the Scottish Government in respect of social care had been calculated and the criteria for spending this funding stream;
- issues around whether the above cash uplift would have a significant impact in terms of shifting the balance of care and growing services;
- reference to the expectation that independent sector care providers should contribute towards the cost of the living wage and the potential for this to release additional monies to build services; in response it was noted there was no formal agreement from the independent sector to fund this cost; and
- a point that the overall financial outlook remained uncertain going forward given the exceptionally challenging position across the public sector and significant budget pressures as summarised in the report.

The Committee **NOTED** the report and **APPROVED** the recommended amendment to the Financial Protocol described in Section B of the report.

The meeting was closed at 4.30pm.