

Highland Community Planning Partnership

Community Planning Board

Minutes of Meeting of the Community Planning Board held in the Council Chamber, Council Headquarters, Glenurquhart Road, Inverness on Friday 7 October 2016 at 10.30 am.

Present:

Representing the Cairngorms National Park Authority (CNPA):

Mr G Moir

Representing the Highland Council (HC):

Mrs M Davidson

Ms M Smith

Ms M Morris

Mr B Alexander

Mr S Black

Ms A Clark

Mr P Mascarenhas

Mr C Maclennan

Representing Highlands and Islands

Enterprise (HIE):

Mr D Oxley

Mr J Gibbs

Representing the Highland Third Sector

Interface (HTSI):

Ms M Wylie

In attendance:

Ms C McDiarmid, Head of Policy and Reform, Chief Executive's Office (Item 5)

Miss M Murray, Committee Administrator, Corporate Development Service

Miss J Green, Administrative Assistant, Corporate Development Service

Mrs M Davidson in the Chair

Business

Preliminaries

The Chair welcomed the Council's new Youth Convener, Mr Calum Maclennan, to the Board.

She also highlighted that there had been tabled, for information, the Highlands and Islands of Scotland European Partnership's submission to the European and External Relations

Committee's call for evidence on the implications for Scotland of the EU Referendum result.

1. Apologies for Absence

Apologies for absence were intimated on behalf of Mr A Rhind, Mrs I McCallum, Mr S Barron, Mr D McLachlan, Mr I Murray, Dr M Foxley, Mr J MacDonald, Mr I Ross, Professor C Mulholland and Ms I Peterson.

2. Minutes of Meetings

The Board:-

- i. **APPROVED** the Minutes of the Community Planning Board on 30 June 2016;
- ii. **NOTED** the Note of the Chief Officers' Group on 11 August 2016; and
- iii. **NOTED** the Minutes of the Community Justice Partnership on 2 June 2016.

Referring to item 9 of the Minutes of the Community Planning Board on 30 June 2016, the Chair sought an update on the breakthrough achievement relating to the campaign to reduce social isolation and loneliness.

The Head of Health Improvement, NHS Highland, reminded Members that the aim of the campaign was to get as many staff as possible to sign a pledge to reduce social isolation and loneliness. The campaign had been launched in a number of locations and partners were encouraged to get in touch if there were any local events that could be utilised to publicise it. Campaign materials were available to display both online and in public spaces such as Service Points and leisure centres. A strategy was being developed to evaluate the impact of the campaign and this would be reported at a later date. The Chair of NHS Highland Board highlighted that there had been a positive response to the campaign by the press. In addition, it was highlighted that social isolation and loneliness was the subject of the Director of Public Health's Annual Report.

The Board **NOTED** the position.

3. Implementing the Community Empowerment Act: Taking Forward Community Partnerships

There had been circulated Report No CPB/09/16 dated 27 September 2016 by the Acting Head of Policy, Highland Council, which provided an update on progress with developing Community Partnerships and asked the Board to agree the arrangements for supporting Community Partnerships, the Board and the Chief Officers' Group as well as the final boundaries for Community Partnerships.

The Acting Head of Policy, Highland Council, gave a verbal update on the Development Day that had taken place on 30 September 2016, highlighting that 110 delegates from the third sector and public agencies had attended and feedback had been extremely positive. The event had been an opportunity to understand the national and local context and how it was proposed to take forward the new responsibilities in terms of the various pieces of legislation. It had also been an opportunity for partners to meet, share ideas and explore what further support was

needed for Community Partnerships to operate effectively.

During discussion, the following issues were raised:-

- Members commended the Development Day, commenting on the excellent turnout, the positive and empowering environment and the striking inputs from partners. Particular thanks were expressed to the Acting Head of Policy and the Community and Democratic Engagement Manager for coordinating the event;
- given the scale of Inverness Community Partnership, it was necessary to support it to develop a structure to manage its business; and
- a new generation of community planning was underway and it was up to partners to make it work by effectively engaging with communities.

In relation to whether Fort Augustus should come within the boundary of Inverness or Lochaber District Partnership, the following comments were made:-

- the community looked both ways but the focus was more on Inverness than Fort William;
- from a Council perspective, Fort Augustus was in the Inverness area;
- a major theme arising from the Development Day was the need for more community consultation and participation. However, in this case, it was difficult to obtain a community view given that the Partnerships were not yet up and running;
- the existing boundaries were designed for District Partnerships as part of the integration of health and social care and, from an NHS Highland operational perspective, it made sense for Fort Augustus to remain part of the Lochaber Partnership;
- SNH used the Council boundaries for operational purposes but could work with either Inverness or Lochaber Community Partnership;
- it was suggested that the status quo be maintained for the time being and that the matter be discussed with Fort Augustus community representatives at the first meeting of the Lochaber Community Partnership;
- from a HIE operational perspective, Fort Augustus was in the Inner Moray Firth area and, in terms of the economy, was much more closely linked to Loch Ness and Inverness than Fort William;
- economic development around Loch Ness was going to be one of the major issues in rural Inverness over the next few years; and
- Fort Augustus and Glen Moriston Community Council was in the Inverness area.

Following discussion, the Chair suggested that further discussions take place outwith the meeting with a view to finding a pragmatic solution that did not disrupt NHS Highland's operational arrangements.

Thereafter, the Board:-

- i. **AGREED** the proposals outlined in section 2.2 of the report for supporting each Community Partnership and that this be for an initial period of three years;
- ii. **AGREED** the schedule set out in section 3.2 of the report for providing support to the Board and Chief Officers' Group over the next five year period, noting that year 1 would consist of an 18 month period;
- iii. **AGREED** final boundaries for Community Partnerships as follows:

- Assynt to come within the boundary of the Sutherland Community Partnership
 - Ardersier to come within the boundary of the Nairn Community Partnership
 - Ardgay to come within the boundary of the Sutherland Community Partnership
- iv. in relation to whether Fort Augustus should come within the boundary of Inverness or Lochaber District Partnership, **AGREED** that further discussions take place outwith the meeting with a view to finding a pragmatic solution that did not disrupt NHS Highland's operational arrangements and yet recognised the community perspective;
- v. **NOTED** the various supporting documentation under development and the Development Sessions planned to support the implementation of the new Community Partnerships.

4. Fuel Poverty in Highland

There had been circulated Report No CPB/10/16 dated 27 September 2016 by the Head of Health Improvement, NHS Highland, on behalf of the Highland Affordable Warmth Partners Group (HAWPG) which explained that HAWPG had prepared the report to highlight levels of fuel poverty in Highland; Highland's contribution to national and local initiatives and consultations; local implementation of national schemes; and examples of local action.

During discussion, the following issues were raised:-

- in relation to hospital referrals to Home Energy Scotland, information was sought on what checks were in place to ensure that they were followed up in a timely manner and whether there were plans to refer people to other third sector organisations who could provide benefit checks and assistance on an interim basis if Home Energy Scotland was not responding within a set timeframe. The Head of Health Improvement undertook to feed the questions back to the project group that was developing the information sharing protocol and evaluation framework for the scheme. In addition, she highlighted the ongoing work in relation to the Healthy Homes for Highland scheme which provided potential opportunities to make referrals more broadly to other organisations;
- the targeted approach was welcomed;
- reference was made to work undertaken by HIE which indicated that the cost of living in Highland was generally approximately 40% higher than the rest of the UK but had recently gone down to 33-34% higher. However, it was emphasised that this was largely due to the reduction in oil prices and fuel poverty was still a significant issue;
- the positive work to address fuel poverty was welcomed and it was highlighted that, as well as social benefits, there were environmental benefits in terms of carbon savings through more efficient heating systems, better insulation etc;
- if the hospital referrals scheme in Sutherland was successful it would be helpful to roll it out throughout Highland;
- it was important that Community Partnerships made fuel poverty part of their planning at an early stage and made connections with the organisations highlighted in the report to see what could be achieved at a local level;
- as well as pensioners, young couples and individuals were increasingly struggling to pay their bills;

- the Home Energy Efficiency Programme Scotland could be doing more to target the areas of greatest fuel poverty and the Chair undertook to speak to senior officials with a view to seeking a review of the Programme; and
- it was suggested that discussions take place at a local level regarding awareness raising, through social media, about where people could go for advice and help.

Thereafter, the Board:-

- i. **NOTED** the report;
- ii. **AGREED** that fuel poverty be included in the Local Outcomes Improvement Plan;
- iii. **AGREED** to recommend that Community Partnerships consider fuel poverty when deciding their local priorities and in Locality Plans for areas with significantly poorer outcomes/disadvantage; and
- iv. **AGREED** that the questions raised during discussion regarding hospital referrals to Home Energy Scotland be fed back to the project group.

5. The Redesign of Highland Council

There had been circulated Report No CPB/11/16 by the Head of Policy and Performance, Highland Council, which advised the Board of the Council's approach to redesign, the helpful engagement with the CPP to date and the scope for future engagement at strategic and functional levels.

During discussion, the following issues were raised:-

- the focus on outcomes was welcomed;
- the third paragraph of the statement of outcomes was incomplete as it did not mention death. End of life care was relevant to health services, Council services and communities and it was essential that it was discussed. The desired outcome would be that people had a dignified death in a place of their choosing;
- it was suggested that "sustainably used" be added to the environmental outcome to more adequately reflect the breadth of the contribution the environment made in social and economic terms;
- the health of the business community directly impacted on the health of the economy and it would be helpful to include a reference to enterprises, businesses and employers;
- the Chair suggested that all Members of the Redesign Board should reflect on whether the statement of outcomes needed to be added to or modified;
- the Youth Convener highlighted that he would ensure that young people were involved in the redesign process. In addition, he suggested that it would be helpful for Community Partnership representatives to attend local area youth forums to establish links, inform young people of the plans for the local area and obtain their views;
- in relation to adult social care, whilst welcoming the proposed engagement and the opportunity to explore how services could be further enhanced, it was important that this was carried out from the perspective of the benefits to older people rather than as part of a savings plan. The need for careful language was emphasised;
- whilst it was hoped that there would be associated savings, it was emphasised that the redesign was primarily about effective service delivery and efficiencies; and

- it was highlighted that staff would be involved in each of the proposed reviews.

Thereafter, the Board:-

- NOTED** the redesign work underway in the Council and the pace at which it was working, that there had been productive engagement so far with the Chief Officers' Group and that as reviews began there would be strategic and functional engagement with partners;
- AGREED** to participate in the event with community bodies on 11 November 2016, which offered potential for learning and new action in the CPP on how best to support community empowerment and more community run services;
- AGREED** that the issues raised during discussion be fed back to the Redesign Board; and
- AGREED** that the suggestion regarding attendance at local area youth forums be fed back to Community Partnerships.

6. Delivering Partnership Outcomes – Annual Performance Reports 2015/16

The following reports had been provided by Responsible Officers on the current delivery plans for the Single Outcome Agreement (SOA), the partnership's agreed strategic priorities and developing partnership working:-

i. Economic Growth and Regeneration

The circulated report by HIE, as lead partner on this theme, summarised the progress made in 2015/16 against five high level indicators, namely, the number of jobs created or sustained through public sector interventions; the number of Business Gateway volume start up clients who had begun trading; the number of existing businesses accessing advisory services through Business Gateway; the number of VAT/PAYE registered enterprises per 10,000 population; and the percentage of working age population (16-64) in employment. The report also detailed the performance indicators under each of the sub-headings in the Economic Growth and Regeneration strand, namely, Enabling Infrastructure; Support for Business; and Creating Successful Places.

During discussion, the following issues were raised:-

- confirmation was sought, and received, that statistics on the average income in the Highlands were recorded by HIE;
- in relation to the number of existing businesses accessing advisory services through Business Gateway, it was queried whether the Economic Development Group was putting into place actions to try and improve uptake and achieve the five year target. In response, it was explained that demand for advisory services fluctuated but could be stimulated by further communication, marketing and workshops. Furthermore, it was highlighted that the number of Business Gateway start up clients who had begun trading in 2014/15 was approximately 254, not 424 as stated in the report;
- there was considerable investment in infrastructure in Highland and successful businesses were increasing their investments and adding to the job base. However, due to the impact of the EU referendum result, consideration needed to be given to inward investment and, in particular, supporting the burgeoning tourist industry;

- food and drink, tourism, life sciences and aquaculture were reporting good results but the oil and gas sector, which was only partially compensated by the energy sector, was the main area of concern. It was predicted that the current difficult period would carry on beyond oil prices rising and that it could be three or four years before investment started to increase;
- HIE had conducted a poll following the EU Referendum result which had concluded that it was too early to say what the impact on businesses would be although they were undoubtedly holding back on investment;
- inward investment enquires continued to be challenging, despite the UK now being a cheap place to invest, because the profits, when reported in a foreign currency, would also be lower. However, there were still several big investment opportunities which HIE were aware of and, in some cases, supporting; and
- in terms of decommissioning, a large contract had gone to Norway reflecting the increasing trend for a different technical method of decommissioning that required an area, with port facilities, where the water was 25m in depth. The Highland coastline did not have such an area.

The Board otherwise scrutinised and **NOTED** the Annual Performance Report.

ii. **Employability**

The circulated report by the Council, as lead partner on this theme, set out the background to employability in Highland, highlighting that the SOA long-term outcomes were to widen participation in the labour market across all client groups and across all Highland geographies; and to enable the region's young people to have the opportunity to flourish and contribute to the sustainable economic growth of the Highland economy. It summarised the progress made in 2015/16 and set out the key performance indicators, including baseline and trend data where available. The report also provided an update on the development of a Highland approach to employability and skills as part of the Inverness and Highland City Region Deal.

During discussion, the following issues were raised:-

- in relation to the EU Structural Fund Programme, the Positive Pathways activity was commended and it was queried how young people had been selected for the Work Based Learning Programme. In response, it was explained that young people who it was felt needed additional support, such as care leavers, had been identified through work with the Care and Learning Service in relation to Activity Agreements etc. It was highlighted that the staff responsible for Activity Agreements would be moving to the Employability Team;
- the Youth Convener suggested that it would be helpful for the Director of Development and Infrastructure to attend the next meeting of the Champions Board. The Director confirmed that he would be happy to attend;
- there was a considerable amount of work to be undertaken in relation to better workforce planning and producing more professionals within Highland. In that regard, it was highlighted that from 2017 UHI would "grow its own" nurses with the transfer of nurses training from Stirling University;

- it was suggested that the Chair of NHS Highland Board, as incoming Chair of the Community Planning Board, consider producing an overview of progress with workforce planning in the context of the national review of enterprise, skills and workforce agencies.

The Board otherwise scrutinised and **NOTED** the Annual Performance Report.

iii. **Early Years/Children**

The circulated report by the Council, as lead partner on this theme, explained that the Council and NHS Highland had agreed a performance framework for children's services as outlined in For Highland's Children 4. A number of performance measures related specifically to the early years and these were set out together with a commentary on the current situation. The report also provided an update on the Children and Young People Improvement Collaborative.

During discussion, the Director of Care and Learning, Highland Council, expressed concern regarding the cessation of the Early Years Taskforce and the proposed introduction of a new set of stretch aims which reflected the lowest common denominator and a classroom-based approach to attainment rather than a holistic approach to meet children's needs. These concerns had been reflected in a meeting with the Deputy First Minister and in a detailed note to Scottish Government officials, which could be shared with partners. The Chief Executive, NHS Highland, confirmed that she would like to see the note and that she had also raised concerns with the national team.

The Chair emphasised that the current stretch aims and concentration on the early years over the past few years meant that children were better prepared for school and health and wellbeing was better than it had ever been. In that regard, the Director of Care and Learning highlighted that data was being gathered which evidenced that, as children entered primary one, the attainment gap was closing for those living in deprived communities. This was based on a developmental assessment approach and the concern was that it would not be maintained if the proposed new stretch aims were implemented. However, it was good news that reflected a positive impact on the capacity of children to achieve their potential and would be reported to a future meeting of the Council's Education, Children and Adult Services Committee.

The Board otherwise scrutinised and **NOTED** the Annual Performance Report.

iv. **Safer and Stronger Communities**

The circulated Report by Police Scotland, as lead partner on this theme, summarised the progress made in 2015/16 against six long-term outcomes, namely, communities and individuals are safe from alcohol related offending and anti-social behaviour; areas with multiple deprivation become safer and are felt to be safer; improve road safety; reduce anti-social behaviour; equality outcomes; and Highland becomes even safer. Supporting figures relating to each outcome were provided in the appendices.

During discussion, it was highlighted that there had been some excellent examples of police support in serious cases and, in particular, the work of the MARAC (Multi-Agency Risk Assessment Conference) was commended.

The Board otherwise scrutinised and **NOTED** the Annual Performance Report.

v. **Health Inequalities and Physical Inactivity**

The circulated report by NHS Highland, as lead partner on this theme, summarised the progress made by the Health Inequalities and Physical Activity Theme Group in 2015/16 against seven long-term outcomes, namely, the gap in life expectancy between the most and least deprived areas in Highland is reduced; people are empowered to participate in their communities and have a strong sense of structure, control and meaning in their lives; experiences of children in the early years of development is improved across the social gradient; income inequality is reduced; social exclusion is reduced; the physical environment in which people live, work and play is improved; and more people will become more active more often. The report also provided data on delivery plan indicators.

During discussion, the following issues were raised:-

- attention was drawn to ongoing discussions around the Scottish Government's proposal to change council tax collection in the next financial year and reallocate to schools on the basis of deprivation indicators. The current SNP manifesto stated that free school meal entitlement would be used as the deprivation indicator. However, it had been contested on a number of grounds, one being that it did not reflect rurality, and an alternate methodology known as the Booker methodology had been developed by the Association of Directors of Education. Concern was expressed that Highland would lose £1.4m on the basis of this indicator and that decisions could be made that could be very influential in the future;
- Councillor M Smith reported that the Cabinet Secretary for Finance and the Constitution had confirmed that any taxes raised in Highland would be redistributed to Highland schools. The Chair emphasised the need to share information and gain a clear understanding of the position;
- in response to a request for information on the basis of the Booker methodology, the Director of Care and Learning confirmed that details could be provided;
- the Family Nurse Partnership was commended and a final evaluation was sought to understand how successful the targeted approach had been and consider its introduction on a more widespread basis;
- disappointment was expressed that the most deprived 15% of the population was less likely to exclusively breastfeed at the 6-8 week review and, despite the continued commendable focus on smoking cessation, was more likely to smoke. England was achieving better results in terms of smoking cessation and it was necessary to learn from their practice;
- in terms of the ongoing government review of the impact of Family Nurse Partnerships, the Highland Partnership came out well. However, there were some challenges – for example, family nurses were paid more than health visitors. Furthermore, there was an ongoing debate locally and nationally,

given the challenge around supporting very good health visiting, about whether the additional funding allocated to Family Nurse Partnerships was worth the additional outcomes;

- the one to one relationship provided by health visitors was important and proposals were sought on how this could be sustained and increased;
- the Youth Convener suggested that it would be helpful for officers to attend a Youth Forum in a rural or deprived area to explain the work taking place and gather views. Representatives of NHS Highland and the Fire and Rescue Service confirmed that they would attend a future meeting;
- people in deprived communities accessed health services in a different way than those in more affluent communities and more needed to be done to encourage them to visit their GP or other health practitioners who could provide more preventative help;
- there was a significant amount of activity taking place in local communities in terms of sport and youth engagement and it was necessary to capture, understand and encourage it. In that regard, it was important that the new Active Highland Strategy was circulated to Community Partnerships;
- the Executive Team from NHS Highland had entered into the Paths for All Step Count Challenge (www.stepcount.org.uk) and extended this challenge to other partners.

Thereafter, the Board:-

- i. scrutinised and **NOTED** the Annual Performance Report;
- ii. **AGREED** that details of the redistribution of income from Council Tax to schools and the Booker methodology developed by the Association of Directors of Education be shared with partners; and
- iii. **AGREED** that a link to Paths for All Step Count Challenge be sent to partners.

vi. **Outcomes for Older People**

The circulated report by NHS Highland, as lead partner on this theme, summarised the progress made in 2015/16 against the agreed targets relating to seven long-term outcomes, namely, people are healthy and have a good quality of life; people are supported and protected to stay safe; people are supported to maximise their independence; people and their carers are informed and in control of their care; people are supported to realise their potential; people are socially and geographically connected; and we deliver community care services effectively, efficiently and jointly.

During discussion, the following issues were raised:-

- referring to earlier discussions, it was suggested that consideration needed to be given to measures relating to the quality of death;
- further information was sought on the review of Adult Services Performance Indicators and the timescale for the proposed workshop for Members of the Adult Services Development and Scrutiny Sub-Committee;
- the wider body of Elected Members needed to be involved in Adult Services to enable effective challenge and ensure that Members were comfortable with the direction of travel;

- community-led services needed to be developed and further information was required on mental health and learning disability services;
- it was important to get the measures right to enable effective scrutiny;
- care at home provision had improved dramatically in the Inner Moray Firth. However, concern was expressed regarding the number of people waiting at home for assessment;
- whilst recognising that there was a lot more to be done, it was important to recognise the progress that had been made, celebrate the successes, identify the problems and focus on outcomes for older people; and
- it was highlighted that an independent review of health and social care targets would be undertaken by Sir Harry Burns.

The Board otherwise scrutinised and **NOTED** the Annual Performance Report.

vii. **Environmental Outcomes**

The circulated report by SNH, as lead partner on this theme, summarised the progress made in 2015/16 against three long-term outcomes, namely, the environment will be managed sustainably in order to optimise economic, health, natural heritage and learning benefits; the effects of climate change in the Highlands will be minimised and managed; and people will have greater outdoor access and volunteering opportunities across Highland. It highlighted that the Highland Environment Forum and a number of sub-groups continued to meet and a successful Highland Wildlife Fair had taken place. However, voluntary severance/budget cuts had impacted on the Council's ability to lead on/support/deliver biodiversity actions. Despite these challenges, a number of targets had been achieved/surpassed as set out in the delivery plan appended to the report.

During discussion, the following issues were raised:-

- community woodlands relied on the EU Woodland Grant Scheme so it was important that clarity was received in relation to EU funding. There was also a need to be clear about what the priorities were and where to target any public subsidy in the land sector;
- agri-environment rural business support mechanisms had been tied in with the EU which had traditionally placed high importance on remote and rural areas. Highland had benefited from that but it would come to an end at some point. There was an opportunity to shape what replaced it and it was important that the Partnership's views were heard;
- as well as links with the Active Highland Strategy, since implementing the Reach Out campaign it had been noted that there were links between the environment and reducing loneliness and social isolation - for example, older people were joining walking groups with the purpose of making friendships rather than simply being active;
- statistics from the Fire and Rescue Service in relation to tackling fire deaths showed that there were approximately 23 deaths as a result of domestic fires but some 770 deaths as a result of falls, most of which were elderly people. In that regard, staying active was a key factor in terms of prevention;
- the Fire and Rescue Service had been successful at communicating at a local level to prevent deaths and landscape damage. For example, in

- relation to wild fires, retained firefighters often worked in the local community and were able to deal with landowners in an effective manner; and
- in relation to wildlife crime, there was a particular issue with Golden Eagles in the south Loch Ness area. The best protection for birds of prey was public interest and it was suggested that there was an opportunity to raise the profile of Golden Eagles to the same level as Ospreys, which would also benefit tourism. In response, it was explained that the Monadhliath Golden Eagle project was moving in to a new phase and the member of SSE staff taking it over was keen, in addition to carrying out research, to engage and raise awareness of the value of natural heritage resources such as the Golden Eagle.

The Board otherwise scrutinised and **NOTED** the Annual Performance Report.

viii. **SOA Development Plan**

The circulated report by the Council explained that, at its meeting on 5 June 2014, the Board had agreed six priorities for improving partnership processes and to support the achievement of outcomes as set out in the SOA. The report summarised the progress made in 2015/16, the work currently underway and areas identified for development. It was highlighted that following this reporting cycle, and in light of the new commitments identified through the Community Empowerment Act, there would be a need to review the current SOA Development Plan and consider whether there was a need for this going forward.

During discussion, the Acting Head of Policy, Highland Council, confirmed that the Near Final Guidance for the Community Empowerment (Scotland) Act 2015, Part 2 Community Planning, was available and would be circulated to partners.

The Board otherwise scrutinised and **NOTED** the Annual Performance Report.

7. Date of Next Meeting

The Board **NOTED** that the next meeting would be held at 10.00 am on Friday 16 December 2016 in the Council Chamber, Council Headquarters, Glenurquhart Road, Inverness.

The Leader of the Council highlighted that this would be her final meeting as Chair of the Board and that Dr D Alston, Chair of NHS Highland Board, would Chair the next meeting. Good progress had been made over the past few years but there was a need to focus more on productive outcomes and the localism agenda. Going forward, the Chairs of the nine new Community Partnerships would be added to the membership and would bring a different dynamic to the Board, which was to be encouraged.

The Chair of NHS Highland Board looked forward to chairing the next meeting and suggested that the Board's statement of values be circulated in advance to set the tone for the meeting and for the benefit of new Members. This was so **AGREED**.

The meeting ended at 12.55 pm.