

**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 Thursday 17 November 2016 at 2.30 p.m.

PRESENT:-

Dr David Alston (Co-Chair)
Mrs Margaret Davidson (Co-Chair)
Mr Steve Barron
Ms Sandra Campbell
Mr Ian Donald
Mr Ed Foster
Mr Nick Kenton
Ms Elaine Mead
Ms Joanna Macdonald

Mr Donald Macleod
Mr Ian McNamara
Mr Drew Millar
Ms Isobel Murray
Mr Stephen Pennington
Ms Gillian Newman
Ms Maxine Smith
Mr Simon Steer

Also, in attendance:-

Mr J McTaggart, Educational Psychologist, Care and Learning Service
Mr J Cook, Raising Attainment in Literacy Officer, Northern Alliance
Ms J Pickering, Occupational Therapist, Care and Learning Service
Mr J P Sieczkarek, Portfolio Lead for Special Projects, NHS Highland

Officers Present:-

Mr G McCaig, Head of Care Support Services, NHS Highland
Mrs L Dunn, Principal Administrator, Highland Council

Mrs M Davidson in the Chair

Item	Subject/Decision	Action
1.	Apologies for Absence	No Action Necessary
	Apologies for absence were intimated on behalf of Mr B Alexander, Mrs J Baird, Ms M Duncan, Mr B Fernie, Ms H May, Ms D Jones, Ms Macrae, Ms M Newdick, Ms C Wood, Ms M Wylie and Mr D Yule.	
2.	Declarations of Interest	No Action Necessary
	There were no declarations of interest.	

3. Presentations

Presentations were made as follows:-

i. Children's Services – Emerging Literacy

**No Action
Necessary**

There was a presentation by James McTaggart, Educational Psychologist, James Cook, Raising Attainment in Literacy Officer: Northern Alliance and Jennifer Pickering, Occupational Therapist during which it was explained that the Northern Alliance was a project funded by the Education Scotland Innovation Fund and comprised seven local authorities working collectively and co-ordinated by the Highland Council. During the presentation, it was explained that evidence indicated that attainment gaps related to deprivation and individual differences in academic attainment, and other life outcomes, from inequalities in key skills at school entry. In a bid to overcome this, the new Emerging Literacy model had been developed which enabled teachers to use their expertise to connect with traditionally specialist knowledge in the classroom environment. The approach involved the use of tailored practical and sustainable tools that had been developed for primary 1 teachers to rapidly assess the developmental stage of each child based on key skills such as the concept of print; phonological awareness; oral language; and fine motor skills, and provide them with the skills to adapt literacy teaching materials to the developmental status of their pupils and thus raise attainment. Detailed information was provided on the work that had been undertaken to date to rollout the model across Highland including the positive uptake and engagement with schools. The presentation included further information on the Emerging Literacy Improvement Plan, developments during the 2016/17 session, and the 2016/17 Emerging Literacy Networks. In conclusion, the presentation explained that developmentally sensitive teaching led to better long term progress in learning and outcomes.

During discussion, the following issues were raised:-

- The Committee welcomed the presentation which they indicated had been most informative and commended the remarkable results being achieved;
- It was confirmed that all materials were tried and tested by teachers prior to rollout and the feedback to date on the feasibility of implementation of the model was very positive but data would continue to be collated for continued analysis/monitoring;
- In regard to parents' response to encouraging pupils to slow down their learning, it was explained that there could be an initial reluctance to this but once it was fully explained that the learning approach being developed was completely

tailored to suit the individual needs of the child, working at their pace, which in turn built their confidence and self-esteem to enable them achieve their best then parents were more responsive and supportive;

- It was reported that some teachers had indicated that they had felt guilty that they had not been able to adopt the approach sooner and further information was requested on the benefits of now being an integrated service. In response, it was explained that they had been able to empower teachers with the knowledge and language of specialist services and the ability to provide them with tried and tested developmental methodologies and practical tools to implement. This early intervention also assisted with the referral process to ensure that it was wide reaching and children in need were not being missed;
- It was highlighted that teachers were specialist professionals and the tools helped them to identify individual pupil needs and then develop an appropriate learning plan for them; and
- In terms of national rollout, it was explained that they were currently working with Education Scotland Attainment Advisors. Education Scotland would be using both the Emerging Literacy approach developed and also the Northern Alliance partnership structure as models of best practice through the National Improvement Hub.

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

ii. Adult Services: Assistive Technology, Telecare, Fit Housing

No Action Necessary

There was a presentation by Jean Pierre Sieczkarek Portfolio Lead for Special Projects during which he made a position statement on where NHS Highland was in regard to Assistive Technology, Telecare and Fit Housing. He explained that there were 3,500 clients who currently accessed telecare for which there were 8,000 items of equipment available and that the majority of referrals were made via Social Work, Care at Home and the independent sector. Continuing, he advised that the biggest challenge currently being faced was that Scotland would be moving from analogue to a digital telephone system in the next two to four years and a digital platform was being developed to enable this transition. The digital platform would be a base unit tablet for both telecare and telehealth. He explained that every basic telecare system consisted of a personal alarm, a base unit and a smoke detector all of which was connected to the hub with a 24 hour response unit. In terms of the response network, a tender process was currently being undertaken for an overnight service starting in the Inverness area for the most vulnerable to access telecare.

In terms of assistive technology, he explained that there were a number of sophisticated telehealth and telemedicine options and that approximately 100 units had been issued supporting people with Chronic Obstructive Pulmonary Disease and various heart problems. The telehealth monitoring tablet, Motiva, had provided clients with confidence and allowed them to be discharged early. With regard to the system Florence, he explained that this was a mobile phone app system which enabled single health monitoring with patients by entering information through their mobile phone. However, he highlighted that assistive technology alone was not sufficient and stressed the need for human involvement in regard to collecting the information; analysing what the information indicated; and who would act/respond to the information.

In regard to Fit Housing, he explained that a joint piece of work was being undertaken with Albyn Housing, Highland Council and Carbon Dynamic. This involved examining how to use assistive technology in a housing environment and developing methods to respond, particularly in remote and rural areas. Therefore, work was being undertaken to enhance housing environments and develop support networks to enable people to remain where they wanted to live and, in doing so, the age requirement for residential care would continue to be raised.

During discussion, the following issues were raised:-

- Concern was expressed that telecare equipment was being fitted prior to clients being advised of the weekly charges. It was explained that the leaflet indicated the maximum charge but that clients should be advised of the cost prior to installation;
- The advancement of telecare was welcomed but it was essential that the technology was linked to a response system;
- Communities were particularly interested in the technology and housing options available to enable older people to remain in their local community and there was a need to work in partnership with them and organisations such as Carbon Dynamic to provide support and housing to achieve this;
- It was highlighted that communities could provide financial assistance and there was a need to work with Finance officers to ensure that financial barriers in regard to equipment and housing were removed;
- The Committee was informed that there would be considerable investment in assistive technology as a result of funds from the City Region deal. It was confirmed that this could be utilised across the whole of the Highlands and consideration needed to be given to what resources would

be released as a result of this and how that could be reinvested;

- The support of clinical champions in regard to assistive technology and the need for this to be capitalised was highlighted; and
- Responding to a point raised in regard to fear of technology, it was explained that the equipment was very discreet and once the equipment had been demonstrated there was an increased willingness to accept it in view of the benefits that could be achieved. In addition, it was also highlighted that it was anticipated that as people became more experienced in technology through smartphones and tablets etc confidence improved and there was more demand for this type of equipment.

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

4. Minutes of Meeting

**No Action
Necessary**

There had been circulated Minutes of Meeting of the Highland Strategic Commissioning Group held on 19 April 2016, the terms of which were **APPROVED**.

5. Highland Partnership: Commission Assurance Reporting

JB

i. Highland Partnership: Commission Assurance Reporting

There had been circulated Report No. JMC/06/16 by the NHS Highland Director of Adult Care which described a change in the reporting format and set out the new template.

The Committee **NOTED**:-

- a. the previously agreed process of scrutiny and assurance; and
- b. that this format had been followed for both Adult Services and Children's Services assurance reports to this Committee.

ii. Highland Partnership: Adult Services Commission

JB

There had been circulated Report No. JMC/07/16 dated 8 November 2016 by the NHS Highland Director of Adult Care which summarised the assurance that was being provided to Highland Council regarding the delivery of Adult Social Care Services.

During discussion the following main points were raised:-

- The mobile phone app Florence could not be downloaded directly and access had to be arranged through a clinician. However, the need for more self-care was stressed and it was felt that making Florence accessible for all should be a

key target;

- The news that everyone in the North and West receiving Care at Home would have their medicines reviewed by a Primary Care Clinical Pharmacist every six months by the end of 2016 was a particularly welcome development;
- There was a need to resolve the significant problems being encountered with delayed discharges due to a lack of home care and the Committee was informed that targeted work was being undertaken in regard to enablement and preventative care in a bid address this. It was explained that older people wanted to remain at home and there was a need to support them and their families to provide care to help them to achieve this. Also, avoiding hospital admission was critical as this had a debilitating affect and often led to older people needing a care home which they might not have needed previously;
- It was suggested that preventative care might be improved through the use of technology adapted housing along with appropriate support staff. In response, it was explained that there were a number of steps to be taken prior to this, including assessing people's needs and the care required; determining the suitability of their housing based on their needs; and then deciding whether technology would be appropriate. However, the most important element was to ensure that the appropriate level of care was provided;
- It was highlighted that the key to success in respect of minimising admissions would be working with communities. It was further emphasised that providers were being paid a fair rate and this was resulting in a dignified, well trained and rewarded workforce. The Committee was informed that high level training was being delivered to staff and that there were also opportunities for family carers access training;
- It was felt that the Care Assistants who provided care through self-directed support were ready to evolve into different jobs and there were more opportunities to be exploited in remote and rural areas to ensure that people could remain at home;
- If people were to remain at home it was essential that carers were supported and a number of approaches were being undertaken prior to the implementation of the Carers Act in April 2018 including testing change and examining the development of care and support plans; and
- It had been identified that Social Work was not always the best first point of contact. It was explained that there was now real evidence that having the Connecting Carers based within Social Work teams at Lochaber and Dingwall receiving direct referrals for respite and care was more effective particularly in respect of reducing admissions and the feedback on this approach was very positive.

The Committee **NOTED** the report and the revised process of assurance.

iii. Highland Partnership: Review of Governance: Children and Young People's Services

BA

There had been circulated Report No. JMC/08/16 by the Highland Council Director of Care and Learning which summarised the assurance that was being provided to NHS Highland regarding the delivery of Children and Young People's Services.

During discussion, it was felt that there was a need for further performance measures information in future reports. It was acknowledged that the previous report did not contain any performance measures but it did contain detailed information and provided a position statement in regard to the delivery of services. It was therefore proposed that consideration be given to realigning the format of both reports to include performance measures.

Thereafter, the Committee:-

- a. **NOTED** the previously agreed process of scrutiny and assurance;
- b. **NOTED** that this format had been followed for both AS and CS assurance reports to this Committee;
- c. **NOTED** the assurance provided to the Child Health Commissioner and the Health and Social Care Committee;
- d. **AGREED** the proposed revisions to performance measures;
- e. **AGREED** that this report be presented to the Health Board and Council; and
- f. **AGREED** that the format of both assurance reports in regard to Adult Services and Children and Young People's Services be amended to include performance measures.

6. North Highland Strategic Commissioning Plan (Public Bodies Ac requirement)

BA/DJ

There had been circulated Joint Report No. JMC/09/16 dated November 2016 by the Highland Council Director of Care and Learning and NHS Highland Director of Strategic Commissioning, Planning and Performance which explained the Highland Partnership's statutory responsibility to publish a Strategic Plan and outlined the next steps. In presenting the report, the Head of Strategic Commissioning sought guidance as to whether there should be a joint, separate, or twin-track approach taken in regard to development of the Children and Adults Plan.

During discussion, the following main points were raised:-

- It was felt that the language used was confusing and not particularly helpful in terms of the process. Nonetheless, there would be key national drivers which would influence the plans for both services such as the National Clinical Strategy; Health and Social Care Integration; and Getting It Right for Every Child. However, in addition to this, there was a clear message from the Scottish Government that they were expecting this approach to translate into a dialogue of engagement with citizens at a local level to ensure plans were developed which met local needs;
- It was highlighted that Children's Services already had a sophisticated planning system in place which had been operating for a number of years now. It was suggested that there could be a single joint strategic plan and then sitting underneath this would be separate Children and Adults Plans. The strong connection to the Highlands Children 4 Plan was emphasised as well as a reluctance to move away from this approach. However, in contrast it was felt the requirement to develop a Strategic Plan did not mean that the separate Highlands Children 4 Plan could not continue. It was suggested that there was a need for a plan to be developed from the bottom up, i.e. starting at a local level;
- It was emphasised that developing a plan was a long process and that relevant data had to be collated and appropriate dialogue undertaken to inform the plan. In addition, the plan would also be shaped by the Balanced Scorecard as well as the key drivers referred to earlier;
- The need for community involvement was critical but some communities were more willing to participate than others. Therefore, there was a need to ensure engagement was meaningful and adequately resourced. However, it was stressed that the model for each area would be different and there would be a reluctance to change the established local systems that were already in place;
- It was explained that there was a need to develop a Strategic Commissioning Plan as part of the Public Bodies Act but that in addition to this, and in order to avoid duplication, the Plan would be cross referenced with as many other requirements, such as Local Outcome Improvement Plans, as possible;
- Although the need for a strategic overview was acknowledged, it was also stressed that the Plan should be action focussed; and
- The Committee indicated their support for a twin-track approach whereby both plans would be developed with an agreed process and timelines.

Following discussion, the Committee:-

- i. **NOTED** that work was underway to develop a programme of actions and reports to be presented to the relevant governance committees to ensure a clear path for incremental delivery by April 2018; and
- ii. **AGREED** that Children and Adults Plans be developed via a twin-track approach.

7. Health & Wellbeing Outcomes: Revision of the Balanced Scorecard for Commissioned Services

DJ

There had been circulated Report No. JMC/10/16 dated 10 November 2016 by the Director of Strategic Commissioning, Planning and Performance which reviewed and recommended changes to the Balanced Scorecard used to monitor the effectiveness of Adult Services commissioned from NHS Highland by the Highland Council.

During discussion, the Chairman noted that there would be a national biennial survey but indicated that there was a need for more frequent review. It was highlighted that there were many qualitative measures and there was a need for more meaningful data. It was felt that the scorecard should be a working tool which would require continual refinement and the need for the Balance Scorecard to include an indicator on end of life was highlighted. It was clarified that any significant changes to the Balanced Scorecard would require to be submitted to the Committee for approval.

In regard to the statistical assurance, it was explained that published data was used which helped to improve the quality and, with the exception of the survey work, the data was based on direct figures from the information systems. It was further reported that a small group was currently examining how to develop local surveys with the aim of collating robust data. In addition, it was reported that 7,721 people in Highland had contributed to the biennial survey and therefore confidence should be drawn from this that a significant sample was being used to ensure the data was reliable.

Following review, the Committee **AGREED** the new Balanced Scorecard as detailed at Annex A to the report.

8. Health & Wellbeing Outcomes: Annual Performance Report: Overview

DJ

There had been circulated Report No. JMC/11/16 dated 10 November 2016 by the Director of Strategic Commissioning, Planning and Performance which provided an overview of the legislative requirements to publish an annual performance report in respect of integrated functions.

During discussion, the Chairman highlighted that this was a complex issue which had been carefully and skilfully distilled into a comprehensive report. She further suggested that the inclusion of a single sheet in the form of an infographic/visual aid might have been helpful.

Responding to questions, the Head of Care Support Services explained that:-

- the report was based on the 23 indicators within the Balanced Scorecard for Adult Services. He advised that the report did not include Children's Services and he would investigate if there was a requirement for this; and
- in terms of the governance, this would follow the same route as the Balance Scorecard, but that the Committee would need to approve a standard performance report template and agree how the report would be published for consultation.

The Committee:-

- i. **NOTED** the report and the need for the Partnership to agree on the report format and publishing arrangements; and
- ii. **AGREED** to investigate if there was a requirement for Children's Services to be included within the report.

9. Finance

NK/DY

i. **Budget Statement on Adult Services and Children's Services**

There had been circulated Joint Report No. JMC/12/16 dated 10 November 2016 by the NHS Highland and Highland Council Directors of Finance which presented the year-to-date position and current forecast financial outturn for Children's Services and Adult Social Care Services for 2016/17, together with the headline budget issues for 2017/18.

During discussion the following main points were raised:-

- It was highlighted that the financial position was very challenging and there was a need for transformational change;
- It was clarified that the £644,129 variance within the Children's Budget statement did not solely relate to Commissioned Services but was combined NHS Highland and Highland Council funding for Children's Services which comprised a health element and any over or underspend at the end of the financial year would be absorbed into the Council's overall position;

- The NHS Highland Chief Executive advised that her colleagues at Argyll and Bute Council had indicated that there might be ring-fencing for Adult Social Care in other local authorities. The Chairman advised that she had not heard of this but that she would investigate the matter at her next COSLA meeting. The Highland Council Chief Executive confirmed that he had not heard this either. He explained that following application of the distribution formula the funding outcome would be different for each local authority. He had spoken with a number of neighbouring local authority Chief Executives each of whom confirmed that they were anticipating and planning for a different level of reduction in funding (ranging between 3% and 5.5%) from the Scottish Government. The Chief Executive also advised that he would be recommending to the new Council in May 2017 that financial plans/budgets were developed for the next three financial years rather than one year and this was welcomed.

The Committee **NOTED** the report.

ii. **Resources and Commissioning Groups – Activity Report 2016**

NK/DK

There had been circulated Joint Report No. JMC/13/16 by the NHS Highland and Highland Council Directors of Finance which summarised the outcome of a review of the Adult Resources & Commissioning Group and the Children's Resources & Commissioning Group in 2016 and set out the operating framework for 2017.

During discussion, the Chairman informed the Committee that the UK Government budget settlement would be announced next week and it was anticipated that additional capital funding would be made available for infrastructure, and although welcome, this did not help the revenue position which continued to be under pressure. She further advised that the Scottish Government budget would not be announced until 15 December 2016.

The Committee **NOTED** the review of the two Groups and the operating model going forward.

10. **Future Meeting Dates**

LD

The Committee **APPROVED** the following meeting dates:-

- Monday 13 February 2017 at 2.30 pm
- Monday 6 November 2017 at 2.30 pm

The meeting was closed at 4.40 pm.

