

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

Minutes of the Meeting of the Highland Council/NHS Highland Joint Monitoring Committee held in Committee Room 1, Council Headquarters, Glenurquhart Road, Inverness on Monday 13 February 2017 at 2.30 p.m.

**PRESENT:-**

Dr David Alston (Co-Chair)	Mr Donald Macleod
Mrs Margaret Davidson (Co-Chair)	Mr Ian McNamara
Mr Bill Alexander	Mr Drew Millar
Mrs Jan Baird	Ms Melanie Newdick
Mr Steve Barron	Mr Stephen Pennington
Mr Nick Kenton	Dr Hugo Van Woerden
Ms Elaine Mead	Ms Claire Wood
Ms Margaret Macrae	Ms Mhairi Wylie
Ms Joanna Macdonald	Mr Derek Yule

**Also, in attendance:-**

Ms A Clark, Acting Head of Policy, Highland Council  
Mrs C Steer, Head of Health Improvement, NHS Highland

**Officers Present:-**

Mr S Steer, Head of Strategic Commissioning, NHS Highland  
Mrs L Dunn, Principal Administrator, Highland Council

**Dr D Alston in the Chair**

<b>Item</b>	<b>Subject/Decision</b>	<b>Action</b>
<b>1.</b>	<b>Apologies for Absence</b>  Apologies for absence were intimated on behalf of Ms A Darlington, Mr B Fernie, Ms D Jones, Ms H May, Mr A Palmer, Ms G Newman, and Ms M Smith.	<b>No Action Necessary</b>
<b>2.</b>	<b>Declarations of Interest</b>  There were no declarations of interest.	<b>No Action Necessary</b>
<b>3.</b>	<b>Presentations</b>  There was a presentation on Community Planning – Linking Local	<b>No Action Necessary</b>

## Outcome Plans with Adult and Children's Plans.

The presentation gave an update on the changes and developments that had taken place in Community Planning in Highland over recent months with particular focus on development of the new community partnerships.

It was explained that discussions had taken place to determine how best to respond to the national policy drivers, which moved towards closer partnership working and greater focus at a local level. It was explained that as part of the national policy there was a requirement for local plans to be developed and for a Local Outcomes Improvement Plan to be developed which would be the overarching plan for the Highland Community Planning Partnership. The presentation outlined the nine principles of Community Planning and the new Framework for Community Planning. Continuing, it was explained that nine local Community Partnerships had been established and further information was provided in terms of progress which included issues such as membership; relationships; structure; identity; and promotion.

During discussion, the Committee welcomed the presentation which they felt had been most informative. It was felt that the Partnership Chairs had embraced their positions and their level of commitment was remarkable.

However, concern was expressed that the Skye, Lochalsh and Wester Ross Partnership was not as advanced and seemed to be behind other areas. In response, it was explained that each Partnership should be unique and tailored to suit local needs, therefore each Partnership was progressing differently. The need for Chairs and the Chief Officers Group to meet regularly to share/contrast information was stressed which would help to support and motivate Partnership development.

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

#### 4. **Minutes of Previous Meeting**

**No Action  
Necessary**

There had been circulated Minutes of Meeting of the Joint Monitoring Committee held on 17 November 2016, the terms of which were **APPROVED**.

#### 5. **Highland Partnership Commission Assurance Reporting**

##### a. **Highland Partnership: Adult Services Commission**

**JB**

There had been circulated Report No. JMC/01/17 by the NHS Highland Director of Adult Care which summarised the assurance that was being provided to Highland Council regarding the delivery of Adult Care Services.

During discussion, a request was made for the Performance Indicators to be printed on A3 in future. Concern was also expressed that Local Members were not being kept informed of some local concerns about care provision and it was queried whether a permanent appointment had been made in regard to having a dedicated psychologist located in the Highlands. In response to concerns raised, it was explained that the weaknesses within this particular establishment were recognised and being addressed with an experienced registered manager having being appointed to take forward the improvement plan.

The Committee **NOTED** the report as part of the revised process of assurance and the development of adult plans and **AGREED** that a briefing be provided to the Skye Ward Members on the issues raised and on whether a permanent psychologist had been appointed for the Highlands.

**b. Highland Partnership: Children and Young People's Services Commission**

**BA**

There had been circulated Report No. JMC/02/17 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.

The Chairman advised that the Council's system that had been implemented in regard to Adult Care, i.e. the Adult Services Development and Scrutiny Sub-Committee, functioned well in that it provided a forum for detailed scrutiny and to identify opportunities for improvements. He therefore suggested that this process needed to be replicated by NHS Highland for Children's Services and advised that their structure would be reviewed with a view to setting up a parallel sub-committee. He also confirmed that consideration would be given as to whether there was added value having NHS Highland Board representatives as members of the Education, Children and Adult Services Committee.

The Committee **NOTED** the assurance provided to the Child Health Commissioner and the Health and Social Care Committee.

**c. Progress update on new assurance process**

**JB/BA**

There was a verbal update by the NHS Highland Director of Adult Care and Highland Council Director of Care and Learning on progress of the new assurance process.

The Committee was advised that the new assurance system

was in place and that there was an agreed reporting format which recognised the lead agency model. The reports of the services being delivered by the lead agency were submitted to the relevant scrutiny committees and, along with any subsequent actions arising from them, to the Commissioner. The Committee was informed that the new system was helpful and enabled improved sharing of the relevant information. Overall, the assurance process seemed to be working well but the situation would continue to be monitored, and the process refined if necessary, until the structure was finalised.

The Committee **NOTED** the update.

## 6. Annual Performance Report

LD

There had been circulated Report No. JMC/03/17 by the Director of Adult Care which sought approval to schedule a further meeting towards the end of May 2017 to allow the Annual Performance report to be compiled and presented to the Council and Health Board prior to publication in July 2017.

During discussion, the Highland Council Chief Executive advised the Committee that due to the forthcoming elections, it was unlikely that the relevant Council appointments would be made until the meeting of the Council on 1 June 2017 and as a result of this suggested that the meeting be scheduled for mid-June 2017. However, it was highlighted that this timeline would not fit with NHS Highland to enable the report to be submitted to their Board prior to publication. Therefore, in view of the tight time constraints, it was recommended that a meeting be scheduled for late May 2017 whilst noting the need for flexibility and the possible requirement for consideration of the report via email.

Thereafter, the Committee:-

- i. **NOTED** the content of the report;
- ii. **NOTED** the time constraints in relation to the legislative requirements and the local Council elections; and
- iii. **AGREED** that a further meeting of the Committee be scheduled to consider the annual performance report for late May 2017.

## 7. Transitions (14-25) Update

JMcD/SC

There had been circulated Joint Report No. JMC/04/17 by the NHS Highland Director of Adult Care and the Highland Council Head of Children's Services which gave an update on transitions. It was explained that four options were being considered in terms of models of service delivery which included the status quo; a Joint Transitions Team; Responsible Area (Inner Moray Firth); and Specialist Transitions within Area Teams. The Committee was informed that Option 2, a Joint Transitions Team, was the preferred option by both the Children's and Families Service and also the Highland Children's

Forum.

During discussion, the following main points were raised:-

- It was highlighted that there had been no staff involvement and it was explained that the Transitions Project Board had identified the need for both finance and staff side representation in the development of the service delivery model and this would be addressed;
- With regard to the challenges of Option 2, it was explained that this approach introduced the transition at the age of 14 and potentially a further transition at aged 25, therefore, moving from one transition to two transitions;
- Further information was sought on the numbers of young people involved and an indication of their geographical spread. In response, it was explained that further work was required to be undertaken in order to determine this level of service provision requirements and thereafter to scope the associated budget requirements. The Committee was advised that within the Inner Moray Firth area there were 500 young people aged between 14 and 25 that had been diagnosed with a learning disability or autism, and although all were not in receipt of a service, this was still significant;
- It was felt that in view of the difficulties being experienced to deliver a quality service, it was requested that a further report be provided on progress to the next meeting;
- In terms of budgets, it was explained that it was intended to establish a joint budget, however, it was highlighted that it was very difficult to judge at the age of 14 which young people might transition to the NHS Adult Services at the age of 18;
- It was highlighted that outcomes were the critical element to ensure that young people were valued citizens in local communities. It was suggested space was not being created for them, it was explained that young people were often provided with work experience openings but that these opportunities never led to any sustained employment, and an inclusive approach was required to develop a place for them as valued members of society;
- There was a need for transparency of the financial system in regard to Self-Directed Support and for all options to be fully costed;
- It was recommended that links should be made through the Scottish Government Agenda for Closing the Attainment Gap and that money from this fund should be utilised to improve the educational attainment and the wider ambitions for children in transitions;
- It was highlighted that Option 3 would be easier to operationalise, pilot, and develop, and therefore could be used as a stepping stone to achieving Option 2. However, it was explained that the opportunity for this had been recognised but there was a concern that the service delivery model would

remain at Option 3 and the transition pathway would not be progressed to Option 2;

- It was stressed that resources were limited and there was a need to ensure that expectations were not being raised and there was also a need to ensure that the financial implications were fully understood; and
- With regard to the decision making process, it was clarified that there would be a meeting of the Transitions Project Board on 28 February 2017 and that thereafter, a report on the final delivery model would need to be submitted, an approved, by both the Council and NHS Highland.

Following discussion, the Committee:-

- i. **NOTED** the content of the report;
- ii. **AGREED** in principle to support the Transitions Project Board's recommendation at its next meeting on 28 February 2017; and
- iii. **AGREED** that a progress report be submitted to the next meeting.

## 8. Finance

DY/NK

### a. Budget Statement on Adult Services and Children's Services

There had been circulated Joint Report No. JMC/05/17 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.

In presenting the report, the Highland Council Director of Finance drew the Committee's attention to para graph 3.1 of the report which advised that it was becoming increasingly difficult to distinguish between services, both in regard to Adult and Children's Services, that were funded via the commission and those funded by the lead agency.

The Committee **NOTED** the report.

### b. Budget proposals 2017/18

DY/NK

There was a verbal update from the NHS Highland and Highland Council Directors of Finance on the 2017/18 budget proposals.

The Highland Council Director of Finance advised that the Council would be seeking to approve its budget on Thursday 16 February 2017. He explained that the proposed budget recommended that the Adult Care quantum be reduced by £1.1m. In terms of the NHS Highland position, the Director of Finance NHS Highland advised that the uplift for Health was

much less than expected and that the estimated savings requirement for the whole of NHS Highland (including Argyll and Bute) was £48m which equated to £38m for the North Highland Health and Social Care Partnership which (£31m for Health and £7m for Adult Social Care) was a step increase from the current financial year which was £28m. He further highlighted that the NHS baseline uplift would be 0.4% and not 1.8% as anticipated in November 2016 and consequently this would have a financial impact on the commission of Children's Services.

The Committee **NOTED** the update.

The meeting was closed at 3.40 pm.