

**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 Wednesday 26 July 2017 at 10.30 a.m.

PRESENT:-

Dr David Alston (Co-Chair)	Ms Joanna Macdonald
Mrs Margaret Davidson (Co-Chair)	Mr Donald Macleod
Mrs Jan Baird	Mr Alister Mackinnon
Mr Steve Barron	Mr Ian McNamara
Mr Alasdair Christie	Ms Melanie Newdick
Mr Ian Donald	Mr Adam Palmer
Mr David Garden	Mr Stephen Pennington
Ms Deborah Jones	Ms Maxine Smith
Mr Ian Kyle	Ms Claire Wood
Ms Elaine Mead	Mr Derek Yule
Ms Margaret Macrae	

Officers Present:-

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

Mrs M Davidson in the Chair

Item	Subject/Decision	Action
1.	Apologies for Absence Apologies for absence were intimated on behalf of Mr Bill Alexander, Ms Heidi May, Ms Gillian Newman, Dr Hugo Van Woerden and Ms Mhairi Wylie.	No Action Necessary
2.	Declarations of Interest Mr A Christie declared a non-financial interest as a director of the Highland Third Sector Interface Ltd but concluded that his interest did not preclude his involvement in the discussion at the meeting. Item 4: Ms M Newdick declared a financial interest.	No Action Necessary
3.	Minutes of Previous Meeting There had been circulated Minutes of Meeting of the Joint Monitoring Committee held on 13 February 2017, the terms of which were APPROVED.	No Action Necessary

4. Annual Performance Report 2016/17

JB

Ms M Newdick declared a financial interest in this item as a family member received Self Directed Support from the Highland Council and NHS Highland but remained to participate in the meeting.

There had been circulated Joint Report No. JMC/06/17 by the Director of Adult Care, NHS Highland on behalf of the Chief Executives of NHS Highland and the Highland Council which presented the Annual Performance Report for the Health and Social Care Partnership for 2016/17.

During discussion, the following key points were raised:-

- The Committee welcomed the report and commended staff for their work in producing such an excellent document within a very tight timescale;
- It was noted that trends would be available in future as historical data was gathered and it was felt that the presentation of such information in graph format would enhance future reports making it more meaningful and user friendly;
- It was reported that the Board of NHS Highland had recently agreed three appointments to the Highland Council People Committee. It was also explained that the Board had delegated additional powers to the Health and Social Care Committee to strengthen their role and Ms Melanie Newdick had been appointed as Chairman. In addition, further consideration would also be given by the Health and Social Care Committee to establishing a Children's Services Sub-Committee, similar to the Highland Council's Adult Services Development and Scrutiny Sub-Committee, with the purpose of scrutinising the joint commissioning work in detail. This review and increase in delegated powers was welcomed;
- Concern was expressed that once published, focus would be directed to the areas which had underperformed and it was suggested that the Directors should prepare some additional supporting information to provide background and context to the performance measures along with proposals on how these would be addressed. It was recommended that a joint press release be issued;
- With regard to the Year End position (page 30 of the report), it was highlighted that these figures included all health spend elements as oppose to only the Adult Social Care spend. Therefore, when NHS Highland reported on this it gave the appearance that their spend was proportionately much higher compared to other health boards which did not include the social care element in their reporting due to the development of Integration Joint Boards;

- In regard to Outcome 5, reference was made to the increasing uptake of Self Directed Support options one and two but concern was expressed that it did not indicate whether there was quality, choice, control and flexibility and a request was made for these aspects to be incorporated into the relevant outcome. The need for this was acknowledged and it was proposed that a request should be made to the Adult Services Commissioning Group to examine/develop Self Directed Support quality indicators; and
- In regard to how improvement would be addressed, it was recommended that this be referred to the appropriate assurance structure, i.e. the performance report should be submitted to the Adult and Children's Services Commissioning Committee in order that they could determine forthcoming priorities and thereafter to report back to the Joint Monitoring Committee on progress.

Following discussion, the Committee:-

- i. **APPROVED** the Annual Performance Report 2016/17 and **AGREED** that a joint press release be issued;
- ii. **AGREED** that the document be:
 - a. published on NHS Highland Board Website and the For Highlands Children Website; and
 - b. passed to the NHS Board and the Highland Council for noting in line with statutory requirements;
- iii. **AGREED** to request that the Chief Executives of NHS Highland and the Highland Council take the opportunity of this performance review to benchmark against other such reports, and advise the Joint Monitoring Committee on lessons that could be applied to the Highland context in due course; and
- iv. **AGREED** that the Adult Services Commissioning Group be tasked with developing Self Directed Support quality indicators.

5. Plans and Community Partnerships

AC

There had been circulated Report No. JMC/07/17 by the Highland Council Acting Head of Policy which provided an outline regarding the plans being developed by Community Partnerships across Highland. Also attached was the latest update on the development of plans reported to the Community Planning Partnership Board in June 2017.

During discussion, the following key points were raised:-

- The diverse roles being taken on by different organisations in regard to Community Planning was encouraging but concern was expressed in respect of the additional pressures being placed on staff that were involved in facilitating Community Partnerships;
- It was felt that there was a need for the partner links to be more explicit, particularly in regard to the Adult Social Care elements and the responsibility thereof, to help Partnerships to identify

potential priorities and action areas;

- There was a need for the third sector to become more engaged with Community Planning Partnerships which would also help to support the partner links;
- It was highlighted that Partnerships were progressing at different rates with frameworks still being developed and it was suggested that they might not yet be at the stage of considering the issues in detail. It was further suggested that it might be more helpful if Partnerships compiled a comprehensive list of the relevant issues with a view to these then being prioritised for focus and development;
- It was clarified that the statutory organisations were not abdicating their responsibilities but instead transferring power and responsibility to local Community Partnerships. Therefore, there was a need to support Partnerships through this transition process to ensure ownership was developed locally and that plans focussed on what would make the biggest difference for their local population;
- There was a need for a mechanism to be developed for sharing best practice and it was suggested that this could be achieved through the Partnerships Chairs networking events but it was felt that there was a need for this to be extended to include the lead officers to help drive forward; and
- The need for rurality issues to be addressed was stressed and it was acknowledged that discussions had been held on this at the Community Planning Board. However, it was felt that the terminology provided by the Scottish Government had not been particularly helpful in that the purpose of the Local Outcome Improvement Plan was to address inequalities but effective Community Planning Partnerships had the capacity to do more and they should be encouraged and empowered to solve problems at a local level.

Following consideration, the Committee **NOTED** the report.

6. Finance Report: 2016/17 End of Year Outturn and 2017/18 Budgets

DY/DG

There had been circulated Joint Report No. JMC/08/17 by the Highland Council and NHS Highland Directors of Finance which aimed to present the financial outturn for Integrated Children's Services and the Highland Health and Social Care Partnership for 2016/17 together with the key budget issues for 2017/18 and future financial outlook.

During discussion, the following main points were raised:-

- The significant pressures in Adult Social Care were acknowledged and the need for long term planning was emphasised. However, it was stressed that although there was a need for future planning, Adult Social Care should not be looked at in isolation. It was highlighted that the financial

pressures in regard to Adult Social Care was a national issue being experienced across the whole of Scotland and in view of this the Scottish Government was in the process of examining the future sustainability and affordability of Adult Social Care. However, prior to this, it was felt that there was a need for Adult Social Care to be defined to ensure there was a clear understanding of the complexity of support that was provided;

- It was highlighted that the impact of Living Wage had yet to come, and although the need for appropriate pay rates was welcome, there was a need for forward planning in regard to the implementation of this;
- In regard to paragraph 6.4 of the report, the Committee was informed that of the £107m of Scottish Government funding £2m had been budgeted for preparation and implementation the Carers (Scotland) Act which would come into force on 1 April 2018. This equated to approximately £85,000 for Highland which would be essential to lubricate the preparation processes and there was a need for the Committee to be aware of the financial impact of this new legislation. An assurance was provided that there was cognisance of the new legislation and the increasing demands this would bring but the need for expectations to be managed was stressed. It was highlighted that the funds available were not sufficient and although the Scottish Government could be lobbied for additional funding this was a national challenge which was unlikely to improve. Therefore, there was a need to provide the best quality of care within the resources available thus it was essential that dialogue be held with stakeholders to help identify local priorities and implement local solutions; and
- With regard to paragraph 7.2 of the report which stated that public sector funding would continue to remain challenging and in view of these financial pressures it was recommended that further work should be undertaken to drive forward the required reconfiguration of services. It was explained that a report was required that examined issues such as managing/resetting expectations; shifting the balance of care; empowerment; and the localism agenda. The report should also include milestones and timelines as to how and where the reconfigured services would be delivered and perhaps also include test change samples. However, it was explained that forward plans had been developed, which could be shared, and the NHS Highland Quality and Sustainability Plan described what services would continue to be delivered and those that would be ceased to ensure financial balance. It was highlighted that the future financial settlements were not known, therefore, there was a need to develop a programme of change which could be adapted to fit with future financial constraints, i.e. to develop a programme which would enable the pace of change to be modified as opposed to the content of change. In addition, there was a need for improved communication of the requirement for change and for increased dialogue with local communities to establish what they did already and to identify and maximise their untapped capacity.

Following detailed discussion, the Committee **NOTED** the report and **AGREED** that a report be submitted on the future planning and reconfiguration of services.

7. Future Meeting Dates

**No Action
Necessary**

The Committee **NOTED** that the next meeting would be held on Monday 6 November 2017 at 2.30 pm in Committee Room 1, Council Headquarters, Glenurquhart Road, Inverness.

8. Any Other Business

**No Action
Necessary**

Inspection

The NHS Highland Director of Adult Care informed the Committee that notification had been received that there would be an Adult Support and Protection Inspection on 13 November 2017. This would be a joint inspection by the Care Inspectorate, Health Care Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland.

The Chief Executive of the Highland Council advised that the Chief Executive of Aberdeenshire Council had requested that information on future inspections be shared across all local authorities. In view of this, he was aware that inspections were also being undertaken in Aberdeenshire and Midlothian and he suggested that once five local authority areas had been identified for inspection that a meeting be arranged to liaise on preparation and commonality of reporting.

The Committee **NOTED** the position.

Any Other Business

A request was made for an update on the Fit Homes Project and it was suggested that a briefing report could be submitted to the next meeting and this was duly **AGREED**.

It was also suggested that it might be helpful if Any Other Business was a standard item on future agendas and there was a general acceptance for this on the basis that it was for informative purposes only rather than to raise issues and this was **AGREED**.

The meeting was closed at 11.55 am.