

**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 6 November 2017 at 2.30 p.m.

PRESENT:-

Dr David Alston (Co-Chair)	Ms Margaret Macrae
Mrs Margaret Davidson (Co-Chair)	Ms Joanna Macdonald
Mr Bill Alexander	Mr Ian McNamara
Mrs Jan Baird	Ms Gillian Newman
Mr Steve Barron	Mr David Park
Mr Alasdair Christie	Mr Stephen Pennington
Mr Edward Foster	Ms Maxine Smith
Mr David Garden	Dr Hugo Van Woerden
Mr Ian Kyle	

Officers Present:-

Mr S Steer, Head of Strategic Commissioning, NHS Highland
 Mr J P Sieczkarek, Portfolio Lead for Special Projects, NHS Highland
 Ms S Russel, Principal Officer - Nursing, Highland Council
 Mr A MacInnes, Administrative Assistant, Highland Council

Dr D Alston in the Chair

Item	Subject/Decision	Action
1.	Apologies for Absence Apologies for absence were intimated on behalf of Mr Derek Yule, Ms Elaine Mead, Ms Melanie Newdick, Ms Mhairi Wylie, Ms Claire Wood, Mr Donald Macleod and Mr Adam Palmer.	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. Ms M Smith declared a non financial interest as company secretary and Board Member of Albyn Housing Society but concluded that her interest did not preclude her involvement in the discussion at the meeting. Ms Gillian Newman declared a financial interest as she undertook part-time work for Community Care at home.	No Action Necessary

Mr David Garden declared a non financial interest as a trustee of Health and Happiness.

3. Minutes of Previous Meeting

There had been circulated Minutes of Meeting of the Joint Monitoring Committee held on 26 July, 2017, the terms of which were **APPROVED**.

Arising from the minutes, the following matters were raised:-

i The Adult Services Commissioning Group had been tasked with developing Self Directed Support quality indicators and it was advised that a report on this would be submitted to the next meeting of that Group. It was requested that an update report on this issue would be submitted to the next meeting of the Committee.

Further, the Commissioning Group had been tasked with undertaking a review of the five year plan for self directed support.

The Committee **AGREED** that an update report on the development of Self Directed Support quality indicators would be submitted to the next meeting of the Group.

JB

ii It was noted that this Committee and two Committees of the Highland Council had requested an update on the Fit Homes Project. It was felt that there were a number of initiatives on housing and health and social care aspects of supporting people in housing that seemed to be happening in a fragmented way and there was a need to co-ordinate these to ensure there was a strategy that could be delivered effectively. It was suggested that instead of a report being submitted to all these Committees, a Seminar be arranged, so that all interested parties could attend to hear an update and discuss a housing strategy, which would include the Fit Homes Project.

Thereafter, the Committee **AGREED** that Officers be tasked with arranging a Seminar on housing development strategy and the health and social care aspects of supporting people in housing.

BA/JB

4. Presentations

**No Action
Necessary**

Children's Services – School Vaccinations

There was a presentation on progress with current testing of the School based Immunisation team. Immunisation remained one of the most effective public health interventions that could be used for disease control. There had been a need to look at a change in delivery model for immunisations in schools given the significant increase in vaccinations on offer to children. To date this had been delivered by school nurses who were spending increasing amounts of time delivering the vaccines.

The main reasons for looking at a different type of delivery model

were: - school nursing capacity; a school nursing review in Scotland, and a national vaccination transformation programme looking at how vaccines across all ages would be delivered.

There had been challenges in testing a Highland Immunisation team such as the geography of the Highlands; workload variations throughout the year; funding; depleting or already scarce school nursing resources.

The current Immunisation team consisted of a Team Leader and four term-time Community Staff Nurses with administrative support. All the Nurses had been seconded into the Team for the duration of the test. Currently the Team were delivering flu vaccinations in schools.

An evaluation of the test would be undertaken as soon as possible in order to decide how the project should be progressed. As part of the evaluation, feedback would be sought from the Immunisation team, Schools and School Nursing colleagues. It was intended that a decision on how to proceed with the project would be made by February, 2018.

In response to questions, it was advised that in order to legally prescribe a vaccination, this required to be administered on an individual child by a medical or non-medical prescriber or given under a patient group direction which allowed a health registrant to deliver the vaccine under specialist criteria. However, patient group directions could not be delegated and the vaccine had to be delivered by the registrant.

In terms of parents delivering medicines to their children, this would usually require to be prescribed individually by a Doctor and delivered to the parent in order for them to deliver it to their child. It was uncertain if this was feasible and whether all parents would be happy to do this. If there was any way to influence the legal standing of a patient group direction to allow delegation to others, the service could be delivered at much lower cost.

In terms of the national vaccination transformation programme, this would be a significant challenge to deliver in Highland given the remote rural geography of the area and there was a need for a national framework to deliver the programme, rather than each area being required to find its own solution. These concerns had been raised with the Scottish Government.

In relation to the flu vaccinations to children in Highland, this had been very successful and was a major piece of public health improvement.

The Committee **NOTED** the presentation.

Adult Services – Inner Moray Firth

**No Action
Necessary**

There was a presentation on a new project providing an overnight care at home service in the Inverness area. The presentation covered

what the service was doing and what it hoped to do in the future and what lessons had been learned over the last six months of the project. Three different providers had come forward to provide the overnight service and each provider took a turn in leading the process. The providers used a values based approach to recruitment, which meant that the staff were very skilled and had very low absenteeism. Referrals came from GP's, District Teams, Telecare, Scottish Ambulance Service etc and the service operated from 10pm to 7am. Two people were on duty each night and in October 643 scheduled and 17 unscheduled overnight visits had been undertaken. The project had been very successful and lessons learned included the need to revise how care at home was carried out during the day, as currently visits were too structured and there was a need to be more creative in how the service was operated.

It was advised that the increased capacity in care at home put more pressure on budgets. It was intended to move to a contract for service approach to care at home and this would be piloted in three areas to begin with.

Further, there would be a shift in emphasis in the way care at home was delivered as there was a need to be more creative and trusting in the way this service was delivered and to allow those providing and receiving the service to have more choice and control.

The Committee welcomed the success of the overnight care at home service and commended the work involved in developing and implementing the service. The next stage would be to consider how wide and big should the service become. It was explained that this model would not fit the whole of the Highlands, but that consideration was being given to where else in Highland there was capacity to deliver this service.

Continuing, in Sutherland it was being considered how the Community Planning Partnership could implement an overnight service in that area.

It was advised that the overnight service had been set up as an intervention service with the aim of trying to prevent admissions, but the challenge was not to create a dependency on the service by some clients. The new service would allow flexibility in assessing people's needs as a client's need could change over time.

It was suggested that there were a number of methods for measuring frailty and need and objective measures should be factored in when assessing a client's need.

While the impact of the overnight service in reducing admission to hospital or care homes had not been measured fully as yet, it was advised that 29 people that had been supported, did not need to be admitted into long term care, which was a significant success.

The Committee **NOTED** the presentation.

5. Highland Partnership Commission Assurance Reporting

i Highland Partnership: Adult Services Commission

JB

There was circulated Report No. JMC/09/17 by the NHS Highland Director of Adult Care which summarised the assurance that was being provided to Highland Council regarding the delivery of Adult Social Care Services.

In terms of the Health & Wellbeing outcomes, balanced scorecard for commissioned services, it was requested that the period that this covered be included in future reports.

It was noted that a workshop was to be arranged to allow Members of the Adult Services Development and Scrutiny Sub Committee to review the performance indicators and reach a consensus as to what information was required to enable effective scrutiny to take place.

The Committee **NOTED** the report as part of the revised process of assurance and the development of adult plans.

ii Highland Partnership: Children and Young People's Services Commission

BA

There was circulated Report No. JMC/10/17 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 content of each assurance report was informed by the Highland Health and Social Care Committee and discussion with the Child Health Commissioner.

It was advised that a presentation would be made to the next Committee on Allied Health Professionals Waiting times.

It was confirmed that the Highland Health and Social Care Committee were considering how best to look at Children's services commissioned and delivered through Highland Council and forming a Children's Sub Committee would be an option.

The Family Nurse Partnership had been very successful and was needing to evolve. A report back to either this Committee or Highland Council's People Committee on how this should be progressed was requested.

Thereafter, the Committee having scrutinised the data and issues raised:-

i **NOTED** the report;

ii **AGREED** that consideration would be given on how best to evolve the Family Nurse Partnership; and

iii **NOTED** that a presentation would be made to the next Committee on Allied Health Professionals Waiting times.

6. Strategic Plan

i Children and Young People's Services

BA

There was circulated Report No. JMC/11/17 by the Highland Council Director of Care and Learning which provided an update on the review of the Strategic Plan with progress reports on the development of the Children's Plan being developed across Community Partnerships.

In particular, it was felt that the local plans for children being developed by Community Partnerships had not advanced as far as had been anticipated. The Chief Officers Group at its next meeting would consider how best to support this process.

The Committee **NOTED** the:-

- i review of the strategic plan; and
- ii proposed developments around the Community Partnership Plans for children.

ii Adult Services

JB

There was circulated Report No. JMC/12/17 by the NHS Highland Director of Adult Care which provided an update on the review of the Strategic Plan with progress reports on the development of the Adults Plan being developed across Community Partnerships.

A comment was made that there was a need for a wider range of options for housing and how care at home was provided, in order to provide the right level of support for people when they need it.

It was felt that services should be planned on a geographical basis with an analysis of what services there were and what was required in each area. Consideration had to be given to evolving services with measures to show whether the service was making a difference. There should also be creativity in finding new ways to deliver services.

The Committee **NOTED** the work being undertaken to develop a robust Strategic Commissioning Plan based on an enhanced level of analysis and the timescales for delivery.

7. Finance Report: 2017/18 End of Year Outturn and 2018/19 Budgets

There was circulated Joint Report No. JMC/13/17 by the Highland Council Director of Corporate Resources and NHS Interim Director of Finance which aimed to present the financial outturn for Integrated Children's Services and the Highland Health and Social Care Partnership for 2017/18, together with the key budget issues for 2018/19 and future financial outlook.

During discussion, the following key points were raised:-

- Given the significant financial challenges facing the public sector, the Highland Council wanted to review the current partnership agreement between the Highland Council and NHS Highland. NHS Highland also had concerns about funding for Adult Services. This Committee had the legal responsibility for resolving these issues. There were significant issues to address and it was noted that the Committee currently only met twice a year and it was felt that more meetings were required in order to address the issues.
- It was suggested that a further meeting of the Committee be held prior to the Christmas holiday break to consider the partnership agreement; outcomes that were to be achieved, and the delivery of those outcomes, within available resources.
- In order for the Committee to undertake its duty of holding each partner to account for assurance purposes, it was suggested that the financial report should also include what the NHS put into Adult Services and what the Council put into Children's Services, and highlight where were the difficulties insofar as funding was concerned.
- The core business of the Council and NHS needed to be considered given the public sector financial challenges, and it was felt the Committee needed an assurance that Adult social care was still considered as a core business of the Council and that the NHS considers Children's Services to be a core business, with both partners working together to make improvements.
- It was confirmed that Adult social care was a core business of the Council and that it would be part of the mainstream budgeting of the Council. There was a need to do more within the funds available and more discussion on how to do this was required.
- The Council had established a Commercial Board to generate more income and it was noted that NHS Highland were also actively looking at ways on income generation e.g. research development.
- There was a need to undertake financial modelling on the way forward for the provision of Adult services and Children's services.
- The Partnership Agreement had achieved a significant amount and therefore the preservation of the partnership was very important. The partnership should be used to provide solutions to the difficult issues that required to be addressed.

Thereafter, it was **AGREED:-**

i that Highland Council and NHS Highland Officers would discuss what were the outcomes that were to be achieved with Adult services and Children's services within the resources available, and what the role of this Committee would be in the process; and

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ii that the outcome of these discussions would be reported back to an additional meeting of the Committee prior to the Christmas holiday break.

8. Thematic Inspection of Adult Support and Protection

**No Action
Necessary**

There was a verbal report by the Director of Adult Care, NHS Highland on Thematic Inspection of Adult Support and Protection commencing on 13 November, 2017. This was a joint inspection by the Care Inspectorate, Health Care Improvement Scotland and Her Majesty's Inspectorate of Constabulary.

A position statement had been submitted to the Inspectorate which would provide an assessment on the three indicators of leadership, processes and outcomes. The authority had rated itself as good for all three indicators. Six authorities were to be inspected and a composite report would be published in the spring of 2018.

The Committee **NOTED** the position.

9. Delayed Hospital Discharge

**No Action
Necessary**

There was a verbal report by the Director of Adult Social Care, NHS Highland on Delayed Hospital Discharge.

There were 47 people currently in hospitals in Highland who had taken up over one thousand bed days and work was being undertaken to look into this issue.

The total number of delayed discharges on the October census date for reporting to the Scottish Government was 94, including 28 which were complex. This was below 100 which was one of the targets and the downward trajectory was good news. There was positive work ongoing in order to reduce the number of delayed hospital discharges.

The Committee **NOTED** the position.

10. Future Meeting Dates

The Committee **AGREED** that a programme of meetings for 2018 be considered at the next meeting.

The meeting was closed at 4.30 p.m.