

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

Minutes of the Meeting of the Highland Council/NHS Highland Joint Monitoring Committee held Remotely on Wednesday 16 March 2022 at 2pm.

PRESENT:-

Highland Council

Mr R Bremner
Mrs M Davidson
Ms F Duncan
Mrs L Denovan (LD)
Mr J Gray
Mrs D Manson

NHS Highland

Prof B Robertson (Co-Chair)
Dr T Allison
Ms L Bussell
Ms A Clark
Ms P Dudek
Mr D Garden
Ms H May

Staff Representatives

Mr J Gibson (Highland Council)
Ms E Caithness (NHS Highland)

Third Sector, Carer and Service User Representatives

Mr C Mair (Highland Home Carers Limited)
Mr I McNamara (Highland Senior Citizen's Network)
Ms G Newman (Highland Children's Forum)
Ms M Wylie (Highland Third Sector Interface)

Also in attendance

Mrs M Cockburn

Officers Present

Mr D Park, Chief Officer, NHS Highland
Mr S Steer, Director of Adult Social Care, NHS Highland (SS)
Mrs F Malcolm, Interim Head of Integration Adult Social Care, Highland Council (FM)
Mr I Kyle, Head of Integrated Children's Services, Highland Council
Ms E Ward, Deputy Director of Finance, NHS Highland
Ms T French, Head of Strategy and Transformation, NHS Highland
Ms S Amor, Child Health Commissioner, NHS Highland
Mrs L Dunn, Principal Administrator, Highland Council

Prof Boyd Robertson in the Chair

Item	Subject/Decision	Action
1.	Apologies for Absence An apology for absence was intimated on behalf of Mrs L Munro.	No Action Necessary

2. Declarations of Interest	There were no declarations of interest.	No Action Necessary
3. Minutes of Previous Meeting	There had been circulated and APPROVED Minutes of Meeting of the Joint Monitoring Committee held on 7 October 2021 subject to two typographical errors.	No Action Necessary
4. Highland Partnership Commission Assurance Reporting		LB
	a. Adult Social Care Assurance Report	
	There had been circulated Report No. JMC/01/22 by the NHS Highland Chief Officer, North Highland Health and Social Care Partnership.	
	During discussion, the following main points were raised:	
	<ul style="list-style-type: none"> • there was a need for increased communications with local councillors and it was suggested that consideration be given to submitting reports to local area committees. It was recognised that the new Council presented an opportunity for increased engagement. It was also felt that there was not a strong understanding of adult social care and an offer was made to members of the Committee and officers from Highland Home Carers for further direct sector access and engagement; • it was queried if Care at Home staffing levels had increased and it was suggested that recruitment processes should be reviewed with a view to improving job descriptions, increasing flexibility, and promoting jobs opportunities in local communities. Further direct sector experience was provided during which it was reported that the industry was experiencing its most difficult and volatile period with a significant reduction in staffing levels. It was explained that the biggest barrier being faced was with recruitment and retention. Consequently, there was a need to improve the perception of adult social care as a career with aim of achieving parity with health. The importance of working collaboratively to lead and promote this was emphasised; • the Rapid Response Team was commended and the importance of building on this and working collaboratively was emphasised. It was queried if this model could be replicated at a local level; • feedback from Home Carers did not make reference to salary but instead indicated the importance of feeling valued, supported in the working place, and ensuring positive experiences. There was a need to develop more modern and agile ways of working and it was suggested that locality planning should be used to optimise flexible service provision to meet local needs and address the difficulties being experienced by carers such as isolated working; • the national workforce strategy which was seeking to address the recruitment and retention issues at a national level and the importance of contributing to this process was emphasised; 	

- reference was made to the national work being undertaken in respect of skills for young people and future professions. It was reported that collaborative work was being undertaken with other regional areas and, in response to a query, the Committee indicated that it was supportive of the NHS Youth Academy being located in the Highlands. However, concern was expressed at it being an NHS Academy and it was explained that this was how it was being referred to at national education reform meetings. The Highland Council Chief Executive acknowledged the need for this to have a broader cross sector approach and confirmed that she would raise this point at a future meeting; and
- appreciation was expressed to all staff for their work during extremely challenging circumstances.

Thereafter, the Committee **NOTED**:-

- i. the contents of the report;
- ii. the ongoing unprecedented pressures across adult social care services, including NHS Highland (NHS) and providers of commissioned services;
- iii. NHS's continued commitment and collaborative actions to sustain service provision, whilst responding to the ongoing pandemic and associated operational pressures; and
- iv. that work had commenced on a NHS North Highland, Integrated Performance and Quality Report Dashboard for Adult Social Care, and that the Highland Health and Social Care Partnership would ensure strategic and operational alignment with NHS Highland Together We Care strategic imperatives once work had been completed on the Board Strategy.

The Committee also **AGREED** support for the NHS Youth Academy being located in the Highlands.

b. Integrated Children's Services Assurance Report

FD

There had been circulated Report No. JMC/02/22 by the Highland Council Executive Chief Officer Health & Social Care.

During discussion, the following main points were raised:

- further information was sought and provided on the timescale for implementation of the New Learning Review Guidance;
- an update was provided on the pilot being conducted in Lochaber and in terms of timescale it was explained that speed was of the essence;
- the report set out the ambition but further benchmarking information was required to measure effectiveness and provide assurance of improvement. There was also a need to ensure that the measures were meaningful;
- an update would be provided to the next meeting on the progress with developing the service for children that had been subject to sexual abuse;

- confirmation was provided that a review was being undertaken of Service Plans (which would include Council Key Performance Indicators (KPIs)) and funding had been allocated to early intervention and prevention. A strength based approach was being taken to the new model and improvement plans were also being developed. However, prior to this, best practice visits would be undertaken with a view to the Service and Improvement Plans being finalised for sign-off in late summer. In addition, child protection was not adequately resourced and this would need to be addressed. However it was indicated that there was a need to ensure that resource was invested appropriately for protection across all ages, i.e. children and adults;
- it was noted that there was a wide range of KPIs and it was queried if they were being fully utilised. This was an opportunity to ensure that the KPIs were meaningful, the right outcomes were being achieved, and to develop more local and place based planning; and
- staff were commended for the positive feedback from the Scottish Government.

Thereafter, the Committee **NOTED** the work undertaken:-

- i. by the children's services planning partnership in delivering the Highland Integrated Children's Services Plan 2021 – 2023; and
- ii. in other partnership areas.

5. Highland Health & Social Care Partnership Finance Reports

DG

a. NHS Highland Finance Report

There had been circulated Report No. JMC/03/22 by the NHS Highland Director of Finance.

During discussion, the following main points were raised:

- NHS Highland headed into the next financial year (2022/23) in a stronger position due to the additional funding support that had been received. In addition, although the Partnership was in a more secure financial position, the NHS was still under pressure;
- the service had been significantly under funded for many years and although the additional financial funding was welcomed it was highlighted that it was unlikely to be sufficient to meet demand. However, CoSLA had indicated that there would be further financial support next year;
- this was an opportunity to work collaboratively to plan how to best utilise the funding to improve services;
- it was clarified that an agreed position regarding risk share had not been reached and discussions were ongoing offline. It was explained that the Integration Scheme had a 50/50 risk share for financial year 2021/22 relating to the £3m target. However, there was a significantly improved financial position for the next financial year (2022/23) as there was a sizeable budget surplus and on that basis, it was felt that a risk share agreement was not required. In addition, it was explained that the Scheme set out

the process to be undertaken to address any overspends which included offline discussions being held between the Council and NHS Highland officials to resolve the matter. Nevertheless, it was felt that a more proactive approach should be taken by developing a risk share agreement that was proportionate to budgets at the start of the year rather than to wait until it was required. It was also indicated that it was unfair for the entire risk to sit with one partner and instead there should be a more integrated approach. However, it was indicated that the focus should be on good financial governance to ensure that the budget did not get into any difficulty and thus eliminating the requirement for managing risk;

- there was a need for more integrated financial reporting as a single Partnership budget to future meetings;
- it was queried how care and third sector organisations, which were on standstill budgets, could get the opportunity to input to offline discussions. Assurance was provided that in the event of a dispute, further meetings were welcome to ascertain the views and impacts of the third sector. Appreciation was expressed, particularly to the NHS officers that had listened to the concerns raised by the third sector, and their willingness to be more involved was emphasised. The opportunity for more Partnership consultation was recognised;
- it was clarified that the £11.3m shortfall had been eliminated by the injection of new funding received and also generated a £10.4m surplus;
- there was a need for more inclusive engagement to improve the decision-making process. It was also suggested that there should be more use of plain English/common language within reports;
- there was a need for greater information sharing and improved communications across the Partnership; and
- assurance was provided that there was robust financial governance in place but there was a need to work differently and encourage change of service delivery.

Thereafter, the Committee:-

- i. **NOTED** the financial position at the end of Month 10 2021/22; and current forward projection for 2022/23; and
- ii. **AGREED** that the matter of risk sharing would be further considered and the outcome reported to a future meeting.

b. Highland Council Finance Report

LD

There had been circulated Report No. JMC/04/22 by the Highland Council Executive Chief Officer Finance & Resources.

During discussion, the following key points were raised:

- there was a desire for better understanding of the increases in activity referred to within the report and the need for this to be quantified; and

- reference was made to the significant impact of Covid on children, the importance of utilising preventative measures, and the need to maintain high quality relationship focussed services.

Thereafter, the Committee **NOTED** the:-

- overall financial position for the Council for financial year 2021/22, the Council budget set for 2022/23, and the funding available for investment in 2022/23; and
- forecast revenue position for Children's services budgets as at Quarter 3 of the 2021/22 financial year, including the management action being taken and the risks and uncertainties set out within the report.

6. **Revised Highland Partnership Integration Scheme and Implementation Plan Update**

LB/FD

There had been circulated Joint Report No. JMC/05/22 by the NHS Highland Chief Officer, North Highland Health and Social Care Partnership and the Highland Council Executive Chief Officer Health and Social Care.

In presenting the report, the Highland Council Interim Head of Integration Adult Social Care proposed a further amendment to paragraph 1.3 of the Standing Orders to read as undernoted in order to clarify the voting rights -

The Highland Council and NHS Highland Board have elected to nominate members each to the Joint Monitoring Committee, who shall be ~~the~~ voting members *together with those other members identified on the list of members and set out below at para 1.5.*

During discussion, it was also suggested that reference to the Register of Interest at Section 11 should be removed.

Thereafter, the Committee:-

- NOTED** the contents of the report;
- APPROVED** the proposed Standing Orders to provide operational procedures to govern the conduct of the Committee subject to the revision to para 1.3 and the removal of reference to the Register of Interest at Section 11; and
- NOTED** the membership of the Committee.

7. **Highland Health & Social Care Partnership Programme Update and Future Partnership Approach to Integrated Working**

LB/FD

There had been circulated Joint Report No. JMC/06/22 by the NHS Highland Chief Officer, North Highland Health and Social Care Partnership and the Highland Council Executive Chief Officer Health and Social Care. A presentation was also made at the meeting in support of the report.

During discussion, the following main points were raised:

- the new partnership approach was welcome and the potential for positive change was recognised;

- there was a need for a core group of professional leads to be established to guide the change process;
- there was a need for preventative work, particularly with young people, and it was important that this was seen as a key strand, and not an add-on, with appropriate outcomes and monitoring;
- change should be driven from the ground-up;
- the pandemic and community response to Covid had demonstrated resilience and there was a need to build on these positive relations with further engagement with the third sector and communities;
- integrated services should be seamless to the user. The importance of engaging, listening to users, and responding to their feedback was emphasised;
- there was a need for partners to be fully embedded in the governance structures, however this would require their time and resources. It was therefore proposed that the Committee should agree to review the investment in third sector partners with a view to committing additional resource to enable them to have capacity to become fully engaged in the new partnership approach. Investment was key to ensuring the success of the new partnership approach. It was further requested that the investment enabled partners to have a role in the central design team;
- Highland was the only partnership in Scotland that was continuing with redesign in parallel to the national redesign. It was recommended that the report should be sent to the Scottish Government to demonstrate the work being undertaken which would enhance the national redesign. This might enable additional national resource to be accessed to evaluate the work and ensure an inclusive approach was being taken; and
- the partnership did not currently invest in supporting capacity to engage with the third sector. The sector was currently working at full capacity and it was difficult to identify and assign time to engage. The third sector was not currently funded to participate in strategic planning and engagement activities were financed through donations/fundraising. Therefore, there was a need to recognise the value of their time and to create capacity for them to engage and participate.

Thereafter, the Committee **NOTED** the contents of the report and **AGREED**:

- i. becoming a pathfinder in Scottish Government's 'Getting it right for every person' continue to be pursued in terms of the implementation of the National Care Service;
- ii. that the report be sent to the Scottish Government to seek formal recognition of the redesign work being undertaken to achieve the best outcomes; and
- iii. investment in third sector partners be reviewed for the purposes of committing additional resource to enable them to create capacity to undertake a full part in the governance structure.

8. National Care Service

SS

There was a verbal update by the NHS Highland Director of Adult Social Care during which he advised that there had been 1,300 responses to the Scottish Government National Care Service consultation and there had been huge enthusiasm for changing and improving social care. The responses had highlighted a number of risks and key issues such as staff recruitment and retention and service provision in remote and rural areas and this was welcomed. The analysis to date indicated that there was support for the full range of services being included with the exception of including children's services in the National Care Service.

It was the view of the Cabinet Secretary that the National Care Service would put an end to the postcode lottery system and the Government was already providing the resource required to start changing Adult Social Care. A National Care Service Programme Design, Engagement and Legislation Team had been established to consider issues such as the programme, communication and engagement, finance and local structures and rights. It was anticipated that the programme would be delivered by the end of the current parliament.

The Committee **NOTED** the update.

9. Date of Next Meeting

**No Action
Necessary**

The Committee **NOTED** that the next meeting would be held on Wednesday 3 August 2022 at 10.30am.

CONFIDENTIAL

10. Ullapool Care Home Provision

LB

There had been circulated Confidential Report No. JMC/07/22 by the NHS Highland Chief Officer.

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

Prior to closing the meeting, the Chair expressed his appreciation to those members that would be stepping down from the Committee (Mrs L Munro, Mrs M Davidson, Ms G Newman and Mr D Garden). He acknowledged their service and contributions to the people of the Highlands and wished them well for the future.

The meeting was closed at 4.35pm.