

## HIGHLAND HEALTH & SOCIAL CARE GOVERNANCE COMMITTEE

### Report by Committee Chair

#### The Board is asked to:

- **Note** that the Highland Health & Social Care Governance Committee met on Wednesday 3 March 2021 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

#### Present:

Ann Clark, Board Non-Executive Director - In the Chair  
James Brander, Board Non-Executive Director  
Deidre MacKay, Board Non-Executive Director Adam Palmer, Employee Director  
Elaine Ward, Deputy Director of Finance  
Louise Bussell, Chief Officer  
Nicola Sinclair, Highland Council  
Linda Munro, Highland Council

#### In Attendance:

Dr Tim Allison, Director of Public Health and Health Policy  
Rhiannon Boydell, Mid Ross District Manager  
Dr Neil Wright, GP Partner Craig Nevis Surgery  
Fiona Davies, Interim Head of Mental Health  
Gerard O'Brien, Non-Executive Member  
Gill Brown, Quality Assurance Lead  
Ian Thompson, Health & Social Care Manager  
Simon Steer, Head of Adult Social Care  
Tom Elrick, Project Manager  
Tracy Ligema, Head of Community Services  
Catriona Sinclair, Pharmacy Manager  
Michelle Stevenson (Guest)  
Alan Young (Guest)

#### Apologies:

Sara Sears  
Philip Macrae  
Cllr Isobel Campbell, Highland Council

## **AGENDA ITEMS**

- **Year to Date Financial Position 2020/2021**
- **Assurance Report and Action Plan from 2 December 2020**
- **COVID-19 Update**
- **Unscheduled Care Service Redesign**
- **Carers Strategy**
- **Chief Officer's Report**
- **Committee Annual work plan**
- **Committee Annual Report 2020/21**
- **Public Bodies Act 2014 Annual Performance Report 2019/20**

## **DATE OF NEXT MEETING**

The next meeting will be held on Wednesday 28 April 2021 on MS Teams.

## 1 WELCOME AND DECLARATIONS OF INTEREST

The Chair opened the meeting and welcomed Gerry O'Brien and informed the committee of his appointment as a Non-Executive Member who will join the HHSCC formally at the end of March 2021. She also informed the Committee that there are members of the public attending the meeting as well as possible lay representatives' candidates.

The Chair went on to inform the Committee of her participation in the Third Sector Awards and to reiterate her thanks to all the individuals and organisations who had supported communities across the Highlands in the past year.

Members were asked to consider whether they had any interest to declare concerning any item on the agenda for this meeting. There were no formal declarations of Interest made. The Chair acknowledged the COVID situation in Highland and spoke about the vaccination programme; she thanked staff and partners for all their hard work throughout this challenging period.

Apologies were received from Sara Sears and Philip Macrae.

## 2 FINANCE

### 2.1 Year to Date Financial Position 2020/2021

Elaine Ward, Deputy Director of Finance, provided an update regarding the NHS Highland position as of Month 10 (January 2021). At the end of month 10, there has been an underspend of £3.058m with a slight overspend of £0.045m predicted for the year-end. Since the last report, there has been significant movement due to receiving what is expected to be the final allocation of COVID funding from the Scottish Government. She took members through the underlying financial data relating to the total funding received to date for this period.

E Ward spoke to the circulated report advising the financial position relating to the Highland Health and Social Care Partnership (HSCP) area. The position at the end of January was an underspend of £0.183m with a forecast year-end position of an underspend of £2.428m. The forecast year-end position reflected additional funding received from the Scottish Government in respect of the ASC funding gap rolled into the Covid-19 funding position. A Palmer asked if it is known about the overall effect of the gap and if it was known what funding will be received from the Scottish Government for the next financial year.

E Ward advised members of the initial allocation from the Scottish Government however a number of different allocations will be announced throughout the year. She identified a predicted funding gap of 11 million. Discussions continued with the Council to agree on how to address this gap. Action required will include savings to be achieved through transformation and efficiencies which will be overseen by the Joint Project Board established by NHS Highland and the Council.

The Chair acknowledged the efforts of staff in achieving a significant proportion of the savings target for 2020/21 despite the pandemic and highlighted NHSH is one of few boards that have managed to achieve any savings.

<b>After discussion, the Committee:</b>	
• <b>Noted</b> the M10 position for NHSH of a £3.058m underspend with a predicted year end overspend of £0.045m	
• <b>Noted</b> that there was a predicted underspend at year end for the Health and Social Care Partnership of £0.183	

- **Consider** the reported financial position.

### **3 PERFORMANCE AND SERVICE DELIVERY**

#### **3.1 Assurance Report from Meeting held on 2 December 2020**

There had been circulated draft Assurance Report from the meeting of the Committee held on 2 December 2020.

No comments were made.

#### **The Committee**

- **Approved** the Assurance Report.

#### **3.2 Matters Arising from the Last Meeting**

No comments were made.

**The Committee Noted** the position.

#### **3.3 COVID-19 Overview Report**

T Allison, Director of Public Health and Health Policy provided a presentation to members about the overall position regarding COVID-19 in Highland. He confirmed there was a rise in cases in January and believes this was due to the Christmas period and an influx of the new variant. Since then there has been a considerable fall and confirmed there are on average 10 – 15 cases a day.

Although cases remained significantly lower than around Scotland as a whole, cases were emerging around the Moray Firth and Invergordon areas. He confirmed there had been tragically more deaths in recent weeks in Highland including five outbreaks in care homes. In relation to testing, this has been a challenge in many areas particularly in areas out with Inverness. That said, NHS has managed to increase the variety of COVID testing arrangements including innovative pilots with the Scottish Fire and Rescue Service.

Linda Munro, Highland Council, asked what the general feel was around Highland concerning the uptake of the vaccine. T Allison commented from a Highland perspective there has not been much variability of uptake. Amongst some Care Home staff, there has been reluctance however generally there is a mass enthusiasm to get vaccinated. A Palmer drew attention to the bespoke constructed mobile truck that can be used to do vaccinations. T Allison said the truck demonstrates the flexibility that is needed in the Highlands and can be used to vaccinate approximately 100 people in a day.

The Chair highlighted that there have been many challenges as a result of COVID and expressed increasing concern for those people in the community who have had day and respite services paused he asked when the organisation will be able to consider reopening such services. T Allison said the people that need the services are the people who are at more risk of COVID which meant mobilisation involved a difficult balancing act. After Easter, there would be a good case for remobilisation.

**The Committee Noted** the report.

#### **3.4 Unscheduled Care Service Redesign**

T Ligema, Head of Community Services, gave members a presentation and overview of the unscheduled care programme. The paper provided an update on the work to develop programme management of unscheduled care workstreams across NHS Highland. A key part of the delivery of unscheduled care is the implementation of the Redesigning Urgent Care Programme. The Scottish Government has requested a 2 – 3 years national review of adult urgent care. The Programme was rolled out in October 2020 with key outcomes being an overall reduction in people presenting to the Emergency Departments (ED) where care can be delivered in another way and effective management of the flow of people to other local board services.

T Ligema outlined Phase 1 in more detail highlighting the following elements of the redesign:

- Access to 24-hour care using 111
- NHS clinical Triage
- ED & Minor Injuries referred to Flow Navigation Centre (Scottish Government are seeking to manage self-presentation to Emergency Departments by providing an alternative pathway to get a consultation a different way)
- Care to be provided at home where possible
- National messaging through advertising and social media.

T Elrick, Project Manager, highlighted the three key focuses of the overall programme which are delayed discharges, enhancing community services, and the need for the hospital's flow systems to be more efficient.

Gerard O'Brien sought more information around self-presenters to ED who choose not to use the 111 services. T Ligema assured the committee self-presenters will not be turned away if they choose to self-present to ED, however, patients will be discouraged and advised there is an alternative pathway. She pointed out this will always happen and explained it is about better managing that flow and how the information is communicated to the public about this process. L Munro disputed the process and asked for assurance around patients who may be refused admittance to ED or another service due to not following the process in place. T Ligema assured the committee this would not be the case and alternative processes will be in place to support this and no one will be excluded in any services.

During the discussion, Dr. Neil Wright, GP Partner Craig Nevis Surgery assured the committee from a GP perspective they would review each case appropriately. He welcomes the proposal however feels data collecting and auditing will give a better indication if this is going to work.

**The Committee is asked to Consider and Comment on the update**

### **3.5 Carers Strategy**

I Thomson, Health & Social Care Manager, introduced the papers and gave members an overview of the Carers Strategy. The carer's strategy is a statutory duty and is part of the Carers Implementation Act. He told members there has been a lot of communication with carers as well as an online survey of carers which generated 150 responses.

He emphasised that the draft Strategy itself attempts to be straightforward and understandable with the main contents comprising of four elements:

- A Local Pathway that outlines the ways that carers can expect to receive support
- An Outcomes Triangle – a visual representation that shows how the 'High-Level Outcomes' identified for carers can be delivered via Improvement objectives. It seeks to ensure that future services are developed reflecting what carers have told us they need and want to maintain their health and well

- being, and continue to manage effectively in their unpaid caring role.
- An Implementation Plan - a detailed work plan outlines the activities necessary along with planned timescales to deliver our improvement objectives and service delivery outcomes.
- The Service Delivery Outcome Indicators - a set of assurance indicators to help us determine whether the Service Delivery Outcomes are being met.

L Munro feels the strategy needs to have more emphasis on recognising the work, distress, and trauma carers have faced and will continue to face. G O'Brien echoed this discussion and feels that the report focuses on what the issues have been and not what they will be. He pointed out this is an Adults Carer Strategy and feels there needs to be a young person's strategy as there is a significant impact on younger people who are undertaking carers responsibilities, he would like to see a date in place to when to expect the strategy. I Thomson assured the committee comments will be taken back to the Cares Improvement Group and confirmed the Young Carers Strategy project is being led by the Highland Council.

**The Committee:**

- **Approved** the Carers Strategy
- **Noted** the progress being made towards completion of the Carers Programme

### 3.6 Chief Officer's Assurance Report

Louise Bussell, Chief Officer spoke to the circulated report which provided an overview of Operational activity across North Highland, highlighting areas of focus for improvement as well as areas of further opportunity. Updates were provided in relation to:

- Adult social care restructure
- Partnership agreement and integration scheme
- The join transformation programme board
- Care home challenges
- Self-Directed support
- Remobilisation of day-care services and respite care
- Primary care modernisation
- Enhanced community services

During the discussion, L Munro asked about the reviews that are ongoing throughout the Care Homes and asked about the pressures that are being put on the Social Work teams and other services. L Bussell acknowledged the pressures and confirmed there will be extra staffing resources. Additional staff with social work and nursing backgrounds will be recruited.

D Mackay sought an update on what work has taken place in terms of new practices for Day Care Services and Respite Care. L Bussell said there have been many alternative services in place however particularly drew attention to digital services. She discussed the benefits of digital technology for learning disability services in particular. The Chair requested that progress with redesign of learning disability services be reported to a future meeting.

**The Committee** noted the report and agreed that progress on redesign of learning disability services should be the subject of a future update to the Committee.

## **4 HEALTH IMPROVEMENT**

There were no matters discussed in relation to this Item.

## **5 COMMITTEE FUNCTION AND ADMINISTRATION**

### **5.1 Committee Annual Workplan**

The Chair presented the report and outlined the draft work plan of the Highland Health and Social Care Committee over the coming year. She advised members the aim is to structure the agenda around key themes that relate to the main areas of operation of the Health and Social Care Partnership. The plan will be reviewed throughout the year and adjusted according to any new priorities.

**The Committee** approved the work plan

### **5.2 Committee Annual Report**

The Chair advised that the Annual Report of the Highland Health and Social Care will be provided to the NHS Highland Audit Committee for inclusion in the Annual Accounts. and is presented to the Committee for approval.

**The Committee Approved** the Annual Report

### **5.3 Public Bodies Act 2014 Annual Performance Report 2019/20**

L Bussell advised that due to the pandemic the requirement to publish Annual Performance Reports of the performance of the Health and Social Care Partnership had been paused.

**The Committee** noted the report

### **5.4 2021 Meeting Schedule**

Members approved the following meeting dates for 2021:

**28 April**

**30 June**

**1 September**

**3 November**

**The Committee approved** the 2021 meeting schedule

## **6 AOCB**

No other business was discussed.

## **7 DATE OF NEXT MEETING**

The next meeting of the Committee will take place on 28 April 2021 in the Board Room, Assynt House, Inverness, and on a virtual basis.

**The Meeting closed at 4.20 pm**