

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 November 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
Philip Macrae, Board Non-Executive Director
Gerry O'Brien, Board Non-Executive Director
Cllr Linda Munro, Highland Council
Cllr David Fraser, Highland Council
Elaine Ward, Deputy Director of Finance
Paul Davidson, Medical Lead
Simon Steer, Director of Adult Social Care
Louise Bussell, Chief Officer

In Attendance:

Tim Allison, Director of Public Health
Fiona Duncan, ECO Health and Social Care & Chief Social Work Officer
Neil Wright, Lead Doctor
Ian Thomson, Area Clinical Forum Representative
Mhairi Wylie, Third Sector Representative
Michael Simpson, Public/Patient Representative
Michelle Stevenson, Public/Patient Representative
Wendy Smith, Carer Representative
Lorraine Cowie, Head of Strategy
Tara French, Head of Strategy and Transformation, HHSCP
Jill Mitchell, Primary Care Manager
Arlene Johnstone, Head of Service, Health and Social Care
Jo McBain, Deputy Director for Allied Health Professionals
Rhiannon Boydell, Head of Service, Community Directorate
Tracy Ligema, Communications Manager
Alison Felce, Senior Business manager, Medical Directorate
Evelyn Newman
Stephen Chase, Committee Administrator

Apologies:

Deirdre MacKay and Heidi May.

1 WELCOME AND DECLARATIONS OF INTEREST

The Chair opened the meeting at 1pm, welcomed the attendees and advised them that the meeting was being recorded and would be publically available to view for 12 months on the NHS website.

The meeting was quorate.

Linda Munro and Wendy Smith had sent notice that they would join the meeting late. Jo McBain attended in place of Heidi May.

L Munro declared a financial interest in Self-Directed Support in case the subject arose in discussion during the meeting.

The Chair announced that J Brander would be standing down from the committee after four years of service on the committee and the Board. The Chair thanked J Brander for his contributions to the committee.

Congratulations were extended to Midwifery Team Leader Frances Arrowsmith following the bestowal of the Midwife of the Year Award from the Royal College of Midwives'. The Chair noted her passionate and dedicated support of the communities of Sutherland.

2 FINANCE

2.1 Year to Date Financial Position 2020/2021

[PP. 1-4]

E Ward, Deputy Director of Finance, provided an overview of the paper that had been circulated prior to the meeting with updates to the NHS Highland position received since the paper was produced.

- No indication has been given as yet from Scottish Government that slippage against the savings target of £32.9m is likely to be funded.
- The reported position does not reflect the additional £300m of funding announced in October.
- Scottish Government will not provide additional support for the ASC funding gap beyond that already agreed for 2022/23. NHS Highland and Highland Council must therefore work together to manage this gap.
- Since the paper was produced NHS Highland has been notified for Covid/Remobilisation funding of £30.5m to enable delivery break even for this financial year.
- The forthcoming year, 2022/23 will present many financial challenges with no current indication of any additional support for COVID related costs. The potential impact of recurring costs such as additional expenditure in ASC is a significant cause for concern.

- In discussion, the following points were addressed:
- The Police Custody Service was not built into the current year and has been an additional pressure on the budget due to the reliance on locums. The service pressures will be built into the 2022-23 plan.
- Primary Care mitigation from lack of recruitment in Dental Services is not deliberate but notes the difficulty in recruiting in this area and therefore an underspend is forecast to the end of the financial year.
- The projected position of £0.8 million end of this financial year reflects a significant element of costs taken as Covid costs. The next year will be more challenging with less guaranteed support, rising costs and the difficulties faced by providers
- S Steer noted that the position for Adult Social Care next year is one of immense worry. £13 million has to be found. Savings achieved this year are largely focussed on non recurring efficiencies and it is unlikely the transformation programme will deliver significant savings in 22/23.
- Recruitment is a serious pressure due in part to higher wage rates available in the hospitality and tourism sectors.
- It was noted that the escalation processes within the new Integration Agreement were being implemented and that as part of that process an informal meeting was due to take

place between the Chair and CEO of NHS Highland and the CEO and Leader of Highland Council.

- It was confirmed that the area of largest impact in terms of balancing slippage and delivery is allocation slippage with Action 15, Mental Health support. However, it is recognised that all areas are feeling the pressure.

The Chair asked a question from W Smith in her absence concerning financial impacts addressed in the CO's Report: What happens when there are underspends as a result of not being able to remobilise services? Are these areas 'netted off' from the general overspend?

- Within the return provided for Scottish Government for Covid costs there is a particular line for Covid offsets (costs not incurred as a result of Covid)
- Underspend is assessed in relation to 'housekeeping' targets to help ensure monies are not being taken away from other areas due to underspend.
- There has not, in the main, been a reduction in the number of staff during demobilisation apart from those areas which already had vacancies. Where staff have been unable to carry out their normal duties work has been refocused to other areas in which to provide support.
- Those areas where alternative care packages have been put in place have associated costs which are additional to the pressure on savings but do not directly impact savings from staff not being remobilised.
- The Chair requested a focus in the reporting at the next meeting on the coming year and how the substantial issues faced are being addressed. Further detail was requested on how ASC savings are accounted for within the forecast to be provided to Gerry O'Brien outwith the meeting (point 2.3 (p.3) in the paper).
- Thanks were given to S Steer's team for their work in achieving this year's ASC savings target.

After discussion, the Committee:	
- Noted and considered the NHS Highland financial position at the end of Period 4 and the projection to year end.	
- Noted and commended the progress on the delivery of ASC savings.	
Agreed CO Report to provide more detail of work on Transformation Workstreams and work of the Joint Project Board addressing savings for 22/23 at January meeting. LB/EW	
Agreed further detail on how ASC savings are accounted for within forecast to be provided to Gerry O'Brien (point 2.6 (p.3) in the paper). EW	

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Assurance Report from Meeting held on 1 September 2021 [PP. 5-13]

The draft Assurance Report from the meeting of the Committee held on 1 September 2021 was circulated prior to the meeting.

The minutes were approved as an accurate reflection of the meeting.

The Chair advised of the following proposed updates to the Rolling Action Plan.

- A firm date of April 2022 has been set against items to provide a realistic concluding date considering current pressures.
- Development Session on 'Near Me' will become a broader discussion of technology and care on the plan for next year.
- The SDS Strategy should come to the January 2022 meeting.
- Quality Improvement Activity: this will be incorporated into each service report on work undertaken (for example, to draw attention to Value Management activity in January's Mental Health report).
- Report in January on Learning Disability Service including Day Services. The report will include feedback from people with lived experience of the issues.
- A short Action Note shall be produced following the meeting and ahead of the minutes to help track and expedite actions arising.

In discussion, the

- The subject of Climate Change as a theme for a future development session was noted and will be added to the Workplan when the Committee meets in March to consider the Workplan for the 2022-23 session.
- It was suggested that there be 3 or 4 development sessions a year organised by the CO's team with the Committee Administrator's assistance.
- It was noted that there is a need to be realistic that the development sessions are intended as learning for committee members, the committee's business informs the topics.

After discussion, the Committee:	
• Approved the Assurance Report and noted the updates to the Rolling Action plan.	
• Agreed A short Action Note shall be produced following the meeting and ahead of the minutes to help track and expedite actions arising.	

3.2 Matters Arising From Last Meeting

There were no matters arising.

3.3 COVID-19 Overview Report

The Director of Public Health provided a verbal update and presentation outlining the most recent data on Covid cases and the Covid and Influenza Vaccination programmes.

Covid Update

- Following a peak in September a sharp fall in cases was observed, however cases are currently on the rise with 200 cases reported on an individual day.
- There are high levels of community spread with higher case numbers in schools. The numbers are much lower than last year in care homes (with the occasional outbreak still causing difficulties).
- Some cases are still very serious but the number of hospital admissions and deaths is lower.
- The pattern for Highland is similar across Scotland.

Vaccination Programme

- Tranche 2 of the Covid and Influenza programme has been very challenging.
- Communication has not been good and this has been exacerbated by anxiety around vaccine boosters. The phone line has been overwhelmed.
- Meeting staffing requirements has been difficult.
- Some military assistance has been provided but this has required senior observers to be present.
- All care homes have been Covid and Flu vaccinated.
- Vaccine efficacy has been shown to decline over time – after 6 months a 15% drop – therefore boosters are important but protection will still be at a high level.
- Flu vaccination delivery has been very good especially in the over 70s with 60% coverage (and a target of 80% by December).
- April 2022 is the deadline for full implementation of the move to a Board led model of vaccination and this will be challenging for NHS Highland.
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In discussion, the following points and questions were raised:

- Concerns were voiced about the inconsistency of messages around the vaccination programme: received from NHS Highland and local GP surgeries which has caused confusion about which surgeries are participating. The Director of Public Health apologised for the confusion with communications (information about which clinics were taking part in the programme) and noted that the phone service had been overwhelmed.

Everything possible was being done to improve the situation with improved local communication and additional staffing to reduce the backlog of calls.

- In regard to why NHS Highland was moving away from GP delivery which had proved effective to date, the national plan for vaccination transformation was explained and how NHS Highland's current mixed model is moving towards this.
- GP practices had received pressure from Government to continue involvement in the Flu programme.

The Committee:	
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| - Noted the report. | |
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3.4 NHS Highland Strategy

The Heads of Strategy, Tara French and Lorraine Cowie gave a presentation providing an overview of the planned Strategy process and timeline, including engagement with staff, stakeholders and the public. The strategy will cover the period 2022 to 2027 under the name 'Together we Care'. It will draw upon and further develop NHS Highland's one year strategy including our mission to partner with communities to improve health and wellbeing and have our values as a core theme. The engagement will be focused around 5 key themes of population, people, pathways, performance and progress and a set of strategic imperatives developed from our current one year strategy..A wide ranging programme of internal and external engagement will be put in place. .

During discussion the following questions and points were addressed:

- Engagement with carer and patient representatives had not yet taken place. At this early stage the team were reviewing and collating all previous feedback from a wide range of consultation exercises including that undertaken by partners, to inform the initial themes and engagement plan.
- Reference was made to a range of existing engagement work that would feed into the strategy process such as the work around the developing SDS strategy, which had involved regular engagement with user and carer representatives. It was acknowledged that improvements are still required in terms of structures for user and carer involvement and Ian Thomson is leading work in this area.
- Should anyone wish to get involved in the strategy process there will be many opportunities and members were advised to contact Dr. Tara French.
- The importance of recognising the different needs of rural and remote communities within the strategy was noted.
- The Committee is due to consider the draft strategy at its meeting in March 2022 and would receive regular updates on implementation.
- Michael Simpson illustrated the need for improved communication with the public by NHS Highland with a recent personal experience when he was informed of the possibility of claiming travel expenses only on his fourth consultation in Inverness.

After discussion, the Committee:	
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| - NOTED the Strategy presentation and invitation to contribute to the consultation. | |
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3.5 Primary Care Improvement Plan

[PP. 14-22]

The Primary Care manager introduced the presentation, referencing a number of key points and noting the intention to provide a fuller assurance report to a future committee including performance data.

Elements of the VTP had been discussed in the Covid update above (3.3).

- The plan is part of the MoU2 (Memorandum of Understanding, the updated GP contract between Scottish Government and the BMA) national agreement with the objective of

increasing capacity to support GPs to focus on the needs of their patients with the most complex needs. Scottish Government is asking health boards to focus on three priority areas:

- In total £8m of ring fenced funding had been allocated. This would be supplemented for some workstreams such as mental health with other funds. Details of the pharmacotherapy, First Contact Physiotherapy and Community Link Worker workstreams were outlined. Significant progress had been made on developing the plans for mental health. The priority for 2022 will be Community Treatment and Care and further vaccination transformation. Direction is awaited from Scottish Government on the Urgent Care workstream for 2022/23.

Responses to questions were provided as follows:

- The Board report back to Scottish Government every year to show what has been done and where the gap is with costings with a focus on developing community assets and to connect Community Link workers to support self-management.
- Widened to other disciplines?
- Work with rural practices is underway to assess key issues within such environments.
- Evaluation funding has been found working with UHI.
- What are the key success factors for the Primary Care Improvement scheme as a whole? Supposed to support resilience within practices and capacity within multidisciplinary teams.
- The feedback to government is that £½ million does not go far in a rural context compared to urban areas.
- It was noted that not all deprived areas meet the deprivation score to be recognised for additional government support.
- It was acknowledged that the link worker project is the first stage in the journey of larger work to ensure community facilities are in place or made proper use of when putting a link worker in place.

After discussion, the Committee:	
- NOTED the Primary Care Improvement Plan.	

3.6 Highland Health and Social Care Partnership Annual Performance Report [PP. 23-62]

The Chief Officer provided a brief overview of the paper circulated prior to the meeting, highlighting successes during a very challenging and unusual year, as well as key areas for improvement. Production of the report continued to be a challenge and this would be addressed for the current year.

Due to time constraints, the Chair requested that detailed questions be submitted after the meeting.

The Chair advised that work will continue on tidying up the report before submission to Scottish Government.

After discussion, the Committee:	
- NOTED the terms of the report.	

3.7 Chief Officer's Report [PP. 63-75]

The Chief Officer provided an overview of the paper which had been circulated prior to the meeting.

- Project work has completed on bids for third sector report and all bidders have been contacted.
- The Caithness and Locharber redesign has been submitted to Scottish Government.

- ASC: Care Homes and Care at Home are experiencing substantial pressures. There has been a significant increase in Adult Support and Protection cases in the last two years.

There followed a number of questions and discussion regarding the outcome of the under £50k funding process for Third Sector organisations. Members were advised that there was no single theme emerging as to why bids were unsuccessful however feedback suggested that larger bodies may have more experience and capacity to prepare a successful bid. It was noted this may be an issue for the Board given its aim of developing community led supports to complement formal services. Other options and support for unsuccessful organisations are being pursued. Various options for improving the process were suggested including shifting to a commissioning rather than bidding process.

- Concerns were expressed about the impact on users and carers of continued difficulties in remobilising day and respite services and the level of communication with families about options available. Further assurance was sought on which services had remobilised, how many people were receiving a reduced or altered service and any plans for changes in provision going forward. It was acknowledged that some services have been reduced or altered during the pandemic. Work was on-going to remobilise or plan alternatives within current guidance on COVID safe practice. The Chair advised that the workplan included a paper on provision of day services, including feedback from people with lived experience on the impact of the pandemic. In terms of communications with clients and families about service changes, there have been regular 6 month reviews. In addition, informal contact has been on a weekly basis during the pandemic.

- Further data to evidence the narrative will be brought to the next committee.
- Regarding Adult Support and Protection, Ian Thomson, as rep for the Social Care and Social Work Advisory Committee thanked the CO for highlighting the work on-going in this area. There has been a 300% rise in activity for a variety of reasons placing the service under significant strain. S Steer provided a commitment to further analysis of Adult Support Protection. An external inspection of Adult Support Protection was carried out three years ago and much work was done to put in place recommendations for robust procedures for evaluating this work.
- An update on the North Coast redesign was requested with regard to when work beyond the decision to progress with a care hub will advance. It was answered that there is much work to be done in this area but that it is now underway if only at an early stage and it was too soon to give a realistic timetable.

After discussion, the Committee:	
- NOTED the report.	
- REQUESTED more detailed evidence on Day Centre use in report for January, including feedback from a range of people with lived experience of services.	

4 HEALTH IMPROVEMENT

There were no matters discussed in relation to this Item.

5 COMMITTEE FUNCTION AND ADMINISTRATION

5.1 Review and Update of Annual Work Plan

[PP. 76-77]

The revised work plan was circulated ahead of the meeting.

- A draft workplan for 2022-23 will be considered at the March meeting.
- The Annual Report on Care Home Oversight will appear at the April meeting.

The Committee	
- APPROVED the revised Work Plan.	

6 AOCB

6.1 Meeting Dates for 2022

The members noted the dates for the meeting of the Committee during 2022.

(All Wednesdays from 1pm)

12 January

2 March

27 April

29 June

31 August

2 November

The Committee	
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- Noted the dates for the meeting of the Committee during 2022.	
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7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 12th January 2022** at **1pm** on a virtual basis.

The Meeting closed at 4.18 pm