

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 5 February 2020 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
Dr Paul Davidson, Medical Lead
David Garden, Director of Finance
Tracy Ligema, Head of Community Services
Deidre MacKay, Non-Executive Director
Adam Palmer, Employee Director
David Park, Chief Officer
Simon Steer, Interim Director of Adult Social Care

In Attendance:

Mary Burnside, Head of Midwifery (from 1.40pm)
Leah Girdwood, Board Committee Administrator (Observing)
George McCaig, Performance Manager (from 1.45pm)
Brian Mitchell, Board Committee Administrator
Ann Pascoe, Chair of the Carers Improvement Group (from 1.25pm)
Michael Simpson, Public/Patient Representative
Katherine Sutton, Head of Acute Services (from 3.00pm)
Ian Thomson, Lead Social Work Officer (North and West)(from 1.25pm)
Dr Neil Wright, Lead Doctor (Videoconference)

Apologies:

Rhiannon Boydell, Mid Ross District Manager
Councillor Biz Campbell, Highland Council
Dr Ann Galloway, Area Clinical Forum Representative
Dr Ian Kennedy, Lead Doctor
Margaret MacRae, Staffside Representative
Philip MacRae, Board Non-Executive Director
Cllr Linda Munro, Highland Council
Sara Sears, Associate Lead Nurse (North)
Cllr Nicola Sinclair, Highland Council

AGENDA ITEMS

- **Financial Position as at end December 2019**
- **Assurance Report from 7 November 2019**
- **Update on Flow Activity**
- **Progress Report on Implementation of Carers (Scotland) Act 2016**
- **Minute of Meeting of Clinical Governance Committee held on 3 December 2019**
- **Minute of Meeting of North Highland Local Partnership Forum held on 5 December 2019**
- **Minute of Meeting of North Highland Health and Safety Sub Committee held on 11 September 2019**
- **North Highland Performance Reporting – Health and Wellbeing Balanced Scorecard and Annual Operational Plan Performance Report**
- **NHS Highland Annual Operational Plan – Waiting Times Update**
- **Chief Officer’s Reports**
- **Update on Review of Partnership Agreement**
- **Monitoring the Delivery of Adult Social Care Contracted Services**
- **Scottish Parliament Adult Social Care Inquiry**

DATE OF NEXT MEETING

The next meeting will be held on Wednesday 15 April, 2020 in the Board Room, Assynt House, Inverness.

1 WELCOME AND DECLARATIONS OF INTEREST

At the commencement of the meeting a short Development Session was held, with a view to ensuring Committee members had a more in depth understanding of the underlying detail of financial reporting being presented to Committee, in relation to which they were required to take appropriate assurance or otherwise.

Members were advised D MacKay had agreed to accept the role of Committee Vice-Chair.

There were no formal Declarations of Interest made.

2 FINANCE

2.1 Summary Financial Position as at end December 2019/NHSH Recovery Plan Update

D Garden spoke to the circulated report advising as to the overall NHS Highland financial position, reporting a revenue budget overspend of £10.9m and a potential projected out-turn overspend of £14m, with £2.5m of required savings still to be delivered. The attention of members was drawn to Divisional area level performance, with aspects relating to Raigmore Hospital being highlighted, noting cost pressures relating to drug, locum and clinical supplies expenditure. Overall, movement from Months 8 to 9 had shown significant improvement. Members were also shown an indication of the summary subjective spend position, overall savings delivery to date and by Unit area, and locum/supplementary staffing spend comparison with previous years. D Park took the opportunity to advise the financial management and savings programme, through greater engagement levels, had been successful to date and allowed for greater confidence in reporting detail. He paid thanks to all staff who had been involved to date.

The Chair advised there would be a focus on locum and supplementary staffing spend at a future Committee Development session. She further welcomed the progress made in relation to securing a high level of recurrent savings. In terms of looking forward at the next meeting, D Park confirmed good progress was already being made in relation to developing both the Annual Operating Plan and Savings Plans required for 2020/2021.

After discussion, the Committee:	
• Noted the M6 year to date position of an £10.9m overspend on budgets, and a projected overspend of £14m.	
• Noted the forecast comprised £2.5m of unidentified savings.	

The Committee agreed to consider the following Item at this point in the meeting.

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Progress Report on Implementation of Carers (Scotland) Act 2016

I Thomson spoke to the circulated report, advising as to progress in relation to bringing together a Carers Programme, developing a comprehensive Carers Strategy, understanding available resources and developing a Carers Programme budget, developing a new range of services for Carers in Highland, development of Short Breaks Statement, the waiving of charges for services for Carers, and otherwise supporting practice across Highland. It was noted A Pascoe, NHSH Non-Executive Board member had been appointed Chair of the Carers Improvement Group. A Pascoe stated current focus related to establishing pilots to help gather evidence of Carers actual needs and training requirements, as well as an audit of all Delayed Discharges over 6 months in duration so as to define what it is that Carers

actually need at this time. She stated there was also a need to consider cultural elements relating to the inclusion of Carers as part of a wider person-centred care approach. She stated oversight of the relevant £1.8m budget was key, recognising support provided to the client also represented a level of benefit to the associated Carer(s) involved.

On the points raised during discussion, I Thomson undertook to establish the level of Carers Support Plans currently in place, confirmed activity was underway to bring relevant budgets together and advised the £1.8m resource outlined was provided for new Carer Improvement activity only. The Chair agreed the need for receipt of assurance in relation to available resource and direction of associated spend. M Simpson sought further information on the three pilot areas identified and was advised these had been chosen on the basis they met the criteria of having the necessary facilities to enable a full Carer needs evaluation to take place prior to any eventual rollout, at which point consideration would be given to equity of access to services. D Park welcomed progress to date, and an increased spend profile. He highlighted the need to remain sighted on the total level of resource available and to be able to ensure this was utilised in the most effective and informed manner. A Pascoe confirmed officers were sighted on relevant GDPR legislation as part of any evaluation of direct/indirect benefit to Carers.

In terms of Strategy development, I Thomson advised this would take place as learning was received and appropriately evaluated. He added much of the available resource would be consumed through provision of the Information and Advice Service, provision of Local Carers Link Workers and for Self-Directed Carer Support. As the outcome of pilot areas was received a high level Strategy would emerge, with rural areas to be a particular focus. In terms of unmet need, P Davidson sought an update on how individual Carers were to be identified and suggested this as a role for the Carers Practice Development Officer. It was confirmed those involved were working closely with Lorraine Coe, Sutherland District Manager on this point whilst recognising that some individuals would be reluctant to self-identify as a Carer at all. I Thomson confirmed creative approaches were being encouraged, and that officers continued to work with Public Health on relevant aspects.

After discussion, the Committee:

- **Noted** the outline for progressing a Carers Programme, the steps proposed to bring together a comprehensive Carers Strategy, the outline of a development of a Carers Programme Budget, and the work being undertaken to comply with full range of duties contained within the Act.
- **Agreed** the expenditure necessary to implement three Carers Services pilots.
- **Agreed** the high-level profile to direct a tender for high quality and effective Carers services in Highland.
- **Agreed** proposals to progress recruitment of a Carers Practice Development Officer.

A Pascoe and I Thomson left the meeting at 2.00pm

3.2 Assurance Report from Meeting held on 7 November 2019

There had been circulated draft Assurance Report and associated Rolling Action Plan from the meeting of the Committee held on 7 November 2019. The Chair advised the Rolling Action Plan would be developed to become a live document.

The Chair went on to advise literature relating to recruitment of Lay Representatives had been reviewed prior to a new recruitment exercise planned for late February/early March 2020. Discussion had been held with the Communications Team following the previous recruitment exercise with a view to improving the level of interest generated.

The Committee Approved the circulated draft Assurance Report.

3.3 Matters Arising

3.3.1 Update on Flow Activity (incl Delayed Discharge)

D Park gave a presentation to members on delayed discharges which had been considered by NHS Oversight Group. Displaying data relating to Delayed Discharge across NHS Highland sites, members were advised this had increased in the previous year, with the predominant rise relating to Raigmore. The closure of a 28 bed Care Home in late 2019 had impacted however underlying Care Home and Care at Home capacity constraints were the major contributors. It was reported these constraints accounted for 83% of delays, with 54% of lost bed days related to Care Home/Adults with Incapacity. Care at Home capacity was reported as being directly related to recruitment issues, with Highland experiencing a relatively low unemployment rate at that time. In Highland over 75% of Care Home capacity was provided by the Independent Sector. D Park went on to advise that two new Care Homes were to open within six months. In terms of an Action Plan moving forward, there would be discussion with the Independent Sector to address issues of risk and to consider block purchase arrangements, continued discussion on developing a Care Academy and Care Staff Bank, pilot of a front end Enhanced Recovery Service to support discharge and ensure best use of available resources, development of an enhanced support service for Care Homes so as to prevent admissions, and provision of additional coordinated assistance in association with Scottish Government.

During discussion, reference was made as to night time care levels and S Steer advised this was impacted by relevant Working Time and Living Wage Regulations. As a result, consideration was being given as to the need for continued overnight presence and whether alternative, responsive, mobile solutions could be introduced where applicable. He stated this became more difficult within remote and rural areas. Overall, there was a need to ensure the total available resource was utilised in a coordinated manner for the widest benefit to Highland patients. A care cluster approach may be considered.

On working with Care Homes to avoid hospital admissions, it was advised a Flow Programme Board was to be established to consider aspects including pre-hospital care. He emphasised the importance of clinical interface arrangements. Dr Wright confirmed the value of being able to discuss care matters with relevant colleagues, highlighting community resource constraints as a very real issue. The Chair raised the subject of Hospital at Home services, as supported by the Cabinet Secretary, and was advised there was no set framework as to what that should or may involve. This had yet to be considered for Highland. It was confirmed that IV antibiotic delivery at home was provided in some areas of Highland however this was not a universally available service. The Chair, in welcoming the intended Programme Board approach, also heard that the overall Oversight Board structure being implemented by Scottish Government was in place for all NHS Boards under Level 4 support arrangements, with the individual topic areas subject to change.

The Committee otherwise Noted the presentation content and update provided.

3.4 Sub Committee and External Groups

3.4.1 Clinical Governance

There had been circulated Minute of Meeting held on 3 December 2019.

On the point raised in relation to Migdale Hospital, D Park advised staffing resource had been identified and the Strathy Ward re-opened. One patient had been transferred to New

Craigs during the period of Ward closure. Whilst no changes were envisaged at that time, activity was underway to secure an enhanced Mental Health Leadership Team. T Ligema confirmed recent successful recruitment activity in this area.

3.4.2 North Highland Local Partnership Forum

There had been circulated Minute of Meeting held on 5 December 2019.

3.4.3 North Highland Health and Safety Sub Committee

There had been re-circulated Minute of Meeting held on 11 September 2019.

The Committee otherwise Noted the circulated Minutes.

M Burnside left the meeting at 2.55pm.

3.5 North Highland Performance Reporting – Health and Wellbeing Balanced Scorecard and Annual Operational Plan Performance Report

G McCaig spoke to the circulated report, Balanced Scorecard and Performance Report. The attention of members was drawn to the projected outturn on Outpatients and TTG Waiting Times for North Highland, plus declining performance in relation to both Enablement and Psychological Therapies activity.

During discussion, S Steer highlighted strong Grading performance within the Highland Care Home sector. He stated NHS Highland was a strong deliverer of Social Care activity and took the opportunity to thank those involved in delivering relevant services. In relation to Enablement, he stated there was a need to evaluate the associated impact of this service and whether this was meeting the needs originally identified. T Ligema expressed the view Enablement activity should not sit as an isolated service and should be considered day to day activity. The Chair reminded members that NHS Highland was commissioned to provide Adult Social Care services on behalf of Highland Council and as such the relevant Indicators being measured may not necessarily directly align to NHS priorities. This point would be raised with Highland Council. D Park stated the circulated reports should be utilised to help identify particular areas of concern requiring greater detailed consideration, and reiterated that NHS Highland was a strong performer in relation to Adult Social Care activity although Mental Health performance remained a concern. He advised Annual Operational Plans would help inform relevant Performance Indicators moving forward.

After discussion, the Committee otherwise Noted the content of the circulated report.

G McCaig left the meeting at 3.10pm.

3.6 NHS Highland Annual Operational Plan – Waiting Times Update

K Sutton gave a presentation to members and advised current activity was being led by B Steven, with specific targets having been set in relation to both Outpatients and Treatment Time Guarantee activity. Officers were on track to deliver the agreed improvement trajectory for Outpatients, with additional capacity contracted where appropriate, and efficiency work expected to produce positive results over time. In relation to TTG improvement activity, it was reported this had been impacted by winter pressures and a series of relevant coding issues. The overall position was recovering at this time. Members took the opportunity to recognise the improvement evidenced in relation to Outpatient activity and offered their thanks to all relevant staff involved.

During discussion, the Chair sought an update on the key improvement activity for the coming year, significant risk areas and associated mitigating actions being taken. K Sutton advised all patients were prioritised on a clinical basis (Emergency, Urgent, Others) and as such those in hospital have a reason to be there. Re-prioritisation was undertaken where appropriate, in consultation with patients and according to clinical need. She went on to advise that, as an example of cross-cutting activity, Theatre capacity across NHS Highland would continue to be released and NHSH continued to lobby the Scottish Government for additional resource. It was stated any move to more strongly apply the NHS Local Access Policy would require Committee and NHS Board support.

On the question as to what support the Committee/NHS Board may be able to offer, it was advised the relevant Access Recovery Board had suggested consideration of adoption of the Glasgow model in relation to which a full report was to be submitted both to this Committee and the NHS Board for support and approval. At the close of discussion, D Park reminded members such improvement activity was being undertaken at a time of ever increasing demand levels.

After discussion, the Committee otherwise Noted the updated position.

D Garden and K Sutton left the meeting at 3.35pm.

3.7 Chief Officer's Reports

D Park 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 People (Recruitment and Selection, staff Experience and Sickness Absence), Quality and Safety (Improvement Activity, Infection Prevention & Control, and Patient Safety), Care (Adult Social Care, Integrated Health & Social Care Community Services, Mental Health & Learning Disabilities and Drug & Alcohol Recovery, Support for People with Dementia and their Families, Primary Care Services, Midwifery – Community Midwifery Units, Chronic Pain Service, Highland Sexual Health, Technology Enabled Care, Dental and Prison/Custody Services) and Service Redesign.

During discussion, it was confirmed the report on the Caithness Maternity Services community engagement exercise was in draft format, and would be subject to further discussion prior to submission to the NHS Board. Once finalised the report would be shared with the Committee. The Chair sought a future update in relation to HQA, wider leadership training, and Value Management activity. On the issue of GP recruitment, the Chair also sought an update in relation to the possible development of innovative approaches in this area such as the use of resource sharing arrangements, joint working and peripatetic recruitment. D Park advised that whilst creative solutions were being considered, he reminded members that GPs were independent contractors for the most part.

ACTION: Agreed to receive a full report on Quality Improvement activity at a future meeting – **D Park**

After discussion, the Committee otherwise Noted the detail of the Chief Officer's report.

4 HEALTH IMPROVEMENT

There were no matters discussed in relation to this Item.

5 COMMITTEE FUNCTION AND ADMINISTRATION

5.1 Highland Health and Social Care Partnership Updates

D Park advised discussion continued with Highland Council in relation to agreeing a new Partnership Agreement and Scheme of Integration. Financial resource remained a key discussion point in relation to which an early resolution would be sought.

The Committee Noted the position.

5.2 Remaining 2020 Meeting Schedule

The Committee **Noted** the following remaining meeting schedule for 2020:

9 April
11 June
13 August
8 October
10 December

6 FOR INFORMATION

6.1 Monitoring the Delivery of Adult Social Care Contracted Services

There had been circulated a report summarising outcomes from 49 contracts monitored during Quarters 2 and 3. A further monitoring visit was undertaken for The Highland Council. It was reported the number of operational meetings with providers had significantly increased in recent months. Monitoring of the payment of the Living Wage for care staff remained a priority. It was noted contract monitoring activity regularly highlighted issues and concerns requiring follow up action and review. Forty main areas had been identified and which were being acted upon, including in relation to management/staffing issues, service delivery concerns; potential or actual Large Scale Investigations; concerns with financial viability, a change of provider/owner and transfer of packages to another provider. Progress had been, and was ongoing, with regard to service delivery concerns previously identified and this had led to discussion under the LSI Protocol and the ongoing review of provider Service Improvement Plans. The Contracts Team continued to implement a new system for escalating and de-escalating of risks to service delivery. It was stated routine contract monitoring continues to identify and resolve issues in relation to Adult Social Care contracted services and the intention remained to focus effort on priority areas.

The Committee Noted the outcomes of the second and third quarter reviews and progress made in resolving issues highlighted in previous reviews.

6.2 Scottish Parliament Adult Social Care Inquiry – Call for Views

There had been circulated a report advising as to a call for views on a Social Care Inquiry, in relation to exploring the future delivery of Social Care in Scotland and what is required to meet future needs, by the Scottish Parliament Health and Sport Committee. It was advised the key questions in the call for views related to “experiences of Social Care in Scotland” and “the future delivery of Social Care in Scotland”. The Highland response would be developed by the Joint Monitoring Committee following a Workshop to be held in mid-February 2020. This would in turn be considered by the Strategic Planning Group prior to submission on behalf of the Highland Health and Social Care Partnership.

The Committee so Noted.

7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on 15 April 2020 in the Board Room, Assynt House, Inverness.

The Meeting closed at 3.50pm