

## 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 15 March 2023 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

#### Present:

Gerry O'Brien, Board Non-Executive Director - In the Chair  
Philip Macrae, Non-Executive, Committee Vice Chair  
Cllr, Christopher Birt, Highland Council  
Ann Clark, Board Non-Executive Director and Vice Chair of NHSH (to 4pm)  
Cllr, Muriel Cockburn, Board Non-Executive Director  
Pam Cremin, Interim Chief Officer  
Cllr, David Fraser, Highland Council (until 2pm)  
Cllr, Ron Gunn, Highland Council  
Joanne McCoy, Board Non-Executive Director  
Michael Simpson, Public/Patient Representative  
Michelle Stevenson, Public/Patient Representative  
Simon Steer, Director of Adult Social Care  
Elaine Ward, Deputy Director of Finance  
Neil Wright, Lead Doctor (GP)  
Mhairi Wylie, Third Sector Representative

#### In Attendance:

Rhiannon Boydell, Head of Strategy and Transformation  
Stephen Chase, Committee Administrator  
Tracey Gervaise, Head of Operations Women and Child Health Directorate  
Arlene Johnstone, Head of Service, Health and Social Care  
Michelle Johnstone, Area Manager North and West Operational Unit  
Kate Kenmure, Sutherland District Manager  
Ian Kyle, Head of Integrated Children's Services, Highland Council  
Fiona Malcolm, Head of Integration Adult Social Care, Highland Council (until 2pm)  
Jo McBain, Deputy Director for Allied Health Professionals  
Kara McNaught, Area Clinical Forum Representative (until 3pm)  
Christian Nicholson, District Manager North and West Operational Unit  
Jane Park, Head of Service (Health), Highland Council  
Kate Patience-Quaite, Deputy Director of Nursing  
Colin Stewart, Senior Contracts Officer  
Nathan Ware, Governance and Assurance Co-ordinator

#### Apologies:

Tim Allison, Sarah Bowyer, Claire Copeland, Louise Bussell, Sara Sears, Catriona Sinclair.

## 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 publicly available to view for 12 months on the NHS website.

The Chair thanked the attendees for agreeing to the rescheduled meeting date and apologised to those inconvenienced by the change, in particular to the Chair of the Adult Protection Committee, Gary Coutts for kindly cancelling the meeting of the APC to enable the rescheduled HHSCC to take place. The Chair noted that he will email the APC Chair to express his thanks.

The Chair welcomed P Cremin to the Committee in her new role as Interim Chief Officer.

The meeting was quorate.

### 1.2 DECLARATIONS OF INTEREST

J McCoy declared an interest in item 3.3 as an employee of HTSI, however after applying the tests in the Code of Conduct she concluded that she had no direct connection to the fund under discussion.

### 1.3 Assurance Report from Meeting held on 11 January 2023

[pp.1-14]

The draft Assurance Report from the meeting of the Committee held on 11 January 2023 was approved by the committee as an accurate record.

The Chair noted that he had reviewed the rolling actions and proposed a course of action for each in order to close off these items and will discuss the matter of governance routes between the HHSCC and Clinical and Care Governance Committee with its Chair and provide an update at the next meeting.

#### **The Committee**

- **Approved** the Assurance Report, and
- **Noted** the Action Plan.

### 1.4 Matters Arising From Last Meeting

In discussion, the following points were addressed,

- M Stevenson commented with reference to item 3.3 of the previous minutes which noted assurance received at the meeting from the Chief Officer regarding the plans for the Ross Memorial Hospital Rheumatology Service that the service would not be affected by the changes. However, she noted that two days after the meeting she received a phone call from the district manager who informed her as a Patient Representative of the Friends of the HRU that the General Ward beds would be moved into the area of the Rheumatology Unit where the outpatient redesign works had recently been completed. M Stevenson called for further fully transparent assurances and for a meeting with the Director of Estates.
- P Cremin apologised that the sequence of discussions had meant that a paper with the changed proposals had come to the senior leadership team shortly after the January committee. She also agreed for a meeting with M Stevenson to bring her up to speed on the improvement plans. The Director of Estates will attend if required.

**The Committee:**

- **NOTED** the updates.
- **AGREED** that the CO will meet outwith the Committee with M Stevenson to discuss updates to the plans for the Ross Memorial Rheumatology Unit and provide an update to the April committee.

**2 FINANCE****2.1 Year to Date Financial Position 2022/2023**

[pp.15-26]

E Ward gave an overview of the month 9 position from the paper and planning for the next financial year.

- At the end of month 9 NHS Highland reported an adjusted forecast of £22.61m overspend which was a significant improvement on the position at month 8.
- Recovery plan actions had been coming to fruition and significant additional allocations had come through from Scottish Government in respect of new medicines funds.
- There had also been a reduction in the Board's contribution to CNORIS.

In discussion, the following areas were addressed,

- E Ward confirmed that NHSH is currently site near the top of other health boards in terms of the national picture.
- A Clark asked what tactics or processes are being implemented that will allow NHSH to be more robust with its savings plans for the next financial year.
- P Cremin noted that through the Joint Officer Group some proposals had been agreed around areas for savings and further meetings are planned to address the integration arrangements and where a redesign of services is wanted in order to develop effective transformational change.
- E Ward noted the need to do a further piece of work around years 2 and 3 of the plan to look at how far it is possible to get into financial balance by 31 March.
- A Clark asked what areas identified for savings were tied to national programmes of work and how far the overall Board approach might impact on the health side of the Communities Directorate.
- E Ward noted that it is a mix of attempting to replicate the ten areas within the national programme within both acute and community each of which has a low, medium and high savings target. The current work is addressing the medium targets.
- P Cremin added that there are some areas within the gift of the health board such as GP practices run by the Board and frameworks to control costs around pharmacy.
- N Wright commented that he would be keen to see more information about the national programmes of savings and that it would be good see a strategic view of savings noting that investment in areas such as Community and Primary Care would yield savings in other areas of the service such as Acute.
- The Chair suggested that part of a development session could be given over to give some detail around savings in terms of strategic priorities, guidance from government and cross-cutting programmes.

**After discussion, the Committee:**

- **AGREED** to receive **limited** assurance from the report noting the financial challenge faced by ASC.

### 3 PERFORMANCE AND SERVICE DELIVERY

#### 3.1 Highland Commissioned Services Assurance Report

[pp.27-73]

T Gervaise and I Kyle provided an overview of the report respectively from an NHS Highland and Highland Council perspective

- I Kyle noted the complex reporting and governance structures around this area of work which is reported to the HHSCC, the Joint Monitoring Committee, and the Community Planning Partnership.
- Sections 11 to 14 of the report were highlighted as of particular interest to the HHSCC.
- I Kyle noted the strong partnership working across both organisations.
- The report provided detail of the performance management framework for the Integrated Children Services plan and its measures and it was noted that this is in the process of further refinement for the next iteration before the final draft is taken to the Community Planning Partnership Board in May for final sign off before being submitted to Scottish Government.
- In developing the plan the Integrated Children's Services Planning Board had undertaken a joint strategic needs assessment and data gathering from the activity will support an evaluation of the performance management framework.
- The next iteration of the plan, will reflect the undertaking to develop a whole system approach following the work responding to the impact of the pandemic and the re-establishment of priority themes.

T Gervaise noted the work of the Clinical Director for CAMHs, Duncan Clark, in writing the NESH part of the paper.

- CAMHs remains under special measures at the current time and there are regular meetings with the Scottish Government team and the Minister. Initial feedback from a meeting with the Scottish Government CAMHs advisor is that they feel they have a much better understanding of the current position for NESH and its improvement plan and the progress made. Further official feedback will be received once the team meet with the Minister in the coming weeks.
- T Gervaise noted the programme board work streams established around clinical modelling, clinical governance, risk and performance work and finance, E Health, service, user and carer experience and colleague experience.
- The review of current provision has targeted a return to locality-based services for core service provision, whilst maintaining the current successful urgent care model. The intensive home treatment model and service provision for young people presenting with eating disorders has also seen further development.
- Further interventions include a focus on early intervention and working with partners across the Highland Council and School Nursing, Primary Mental Health and also the third sector interface.
- In terms of clinical governance, risk and performance, there is a clear model of governance and reporting in place and significant work has been undertaken on the validation of week list cases to ensure systems and processes are fit for purpose.
- The service has continued to benefit from direct funding from Scottish Government in addition to substantive funding to address the shortfall of trained professional staffing. However, there had been some recent successes recruiting to the nursing and psychology teams.
- A clear public engagement plan is under development and several engagement events had already taken place working closely with groups supporting children and young people to engage and participate.
- Improvements continue around performance data and reporting clinical risk.

In discussion, the following areas were addressed,

- I Kyle noted the need to caveat some of the data around target indicators for children in residential care with a stronger narrative about the work during the pandemic. There had

been a significant increase from a risk management perspective about the number of youngsters in these settings. Since then a large piece of targeted work had taken place with specific reference to proactively returning children to Highland who were living outwith the region and ensuring robust, residential or at home packages to support them, and with a significant focus on quality of the education provision. This data was not able to be fully captured within the report.

- The next iteration of the Integrated Children Services Plan will include detail around developing approaches for whole family support as a preventative model to ensure families have the right support at the right time and that it is properly sustained.
- J Park noted the challenges around the changes to school nursing which aims to build 80% capacity into the school nursing workforce to address mental health and wellbeing as part of the core new role of school nurses.
- Highland has gone from having 10% to 80% of its school nursing workforce at advanced nurse practitioner qualified level. This is due to a master's level course offered through the Highland Council team with increased support from the Scottish Government allocation.
- The pressures on the system of supporting staff through advanced training were noted but the risks had been addressed through the clinical and professional governance.
- The Commissioned Service in Child Health now includes a lead nurse, and two associate lead nurses with five child health team leads to be recruited who will have clinical and professional responsibility for the 150 nursing staff.
- Work is progressing with the universities to support members of staff who do not have an advanced qualification to do additional top up modules to help raise the levels of skill and competence across the piece.
- T Gervaise noted that the additional resource via school nursing would support the work of CAMHs by providing a tier 2 service in conjunction with the mental health worker service but that further work to determine a whole system approach would be required to assess the changes to the services.
- J McCoy requested more information about the waiting list information provided in terms of how those removed from the wait lists were supported.
- T Gervaise noted the significant work still needed to address the waiting lists and that it had necessitated additional hours to support to initiative to reduce the lists which had required support to be provided to staff.
- M Cockburn asked about the reach and capacity across the region to avoid unsupported pockets in rural areas and what both organisations could be doing to address this factor.
- T Gervaise commented that the review of current provision had targeted a locality based approach but also acknowledged the need for cooperation between CAMHs, Highland Council and Third Sector teams to be most effective in those communities.
- The Chair requested that a mid year report on services for children and young people come to the September meeting of the committee with a fuller annual report to follow in March 2024. and for P Cremin to coordinate the direction of the content to ensure that the requirements for an assurance report are clearly defined and delivered against
- A Clark and M Cockburn suggested that the Committee accept moderate assurance due to the numbers on CAMHS waiting lists but noted substantial assurance around the improvement plan and its processes.

Following discussion, the committee agreed to accept **moderate** assurance from the report due to the issues around waiting times but acknowledged the substantial challenges faced by the teams and the ongoing work to address all the issues.

**The Committee:**

- **NOTED** the reports, and

- **Agreed** to accept **moderate** assurance acknowledging the substantial challenges.
- **AGREED** that a mid year report come to the September meeting of the Committee.

### 3.2 Mental Health Services Assurance Report

[pp.74-81]

A Johnstone gave a presentation summarising the findings of the report.

And noted the key achievements over the past year which included an updated Psychiatric Emergency Plan providing a service model for escorts, to ensure the safe transfer of patients and an audit plan for ligature risks in Places of Safety to be conducted in 2023/24.

During discussion, the following points were raised,

- The Chair noted that the IPQR data indicated significant waiting times for community mental health services.
- A Johnstone noted that there is a significant piece of work about data collection around community mental health teams to increase confidence in the accuracy and consistency of reporting which should conclude within the next 2 to 3 months.
- In addition, there is work underway to be able to move staff from Inverness to provide additional support to areas such as Caithness and address wait times.
- J McCoy asked if funding requirements for the DBI and Stress and Distress Service had been built into spend projections or if this was a requirement for additional money that would be required.
- A Johnstone commented that the DBI service would require additional funding but that work was underway with Finance colleagues to build in the Stress and Distress Service into projections and a business case was in progress to request the additional funding.
- A Clark asked what themes had emerged from the 'coffee conversation' engagement sessions and how these had been influencing work on the draft strategy.
- A Johnstone commented that there had been no particular surprises and that a main theme had been patient access at times suitable for the patient especially in terms of crisis response. This is a challenge for community services which mostly take place between 9-5 Monday to Friday hours.
- Another theme was the need for a 'no wrong front door' approach so that patients are not required to continually re-explain their needs and that there cases can be better triaged.
- There had been good stories of support received from Mental Health Services in the conversation cafes.
- It was acknowledged that work to reorganise services at local, integrated and Highland wide levels had included staff side.

In terms of any negative response to the reorganisation plans, assurance was given that the plan is not to centralise the system but to provide more effective reporting structures for governance so that managers and teams are working more effectively together for their localities.

The Chair asked if there was a good degree of confidence that a draft strategy will be brought to the next committee to which A Johnstone assented.

#### The Committee:

- **AGREED** to accept moderate assurance from the report noting the areas of challenge.
- **AGREED** that the assurance report for 2023/24 will be considered in 12 months time.

*The committee held a short break at 2.55pm and reconvened at 3.05pm.*

### 3.3 Third Sector Mental Health Funding Report

[pp.82-101]

M Wylie introduced the report and outlined some of the key areas,

- Scottish Government had indicated that it is anticipated that this will be the closing year for the funding, however it is hoped that another round will be announced.
- The fund distributed more than anticipated with an allocation of around £703,000.
- She noted the increasing frustration within the sector that it is seeing short term funding strategies and annual funding cycles to address long term systemic issues.
- An interesting trend was noted in relation to remote and rural areas where it was felt that those who would seek counselling-based interventions feel excluded due to the distance of travel required to access them.
- It had been felt that the first year of funding did not quite hit targets to address needs for groups such as vulnerable women, young people over the ages of 16, the LGBTQ+ and BAME communities and refugee communities. The second year saw further developments around investment in these communities.

During discussion, the following points were addressed,

- M Wylie noted that ideally, the work carried out by most of the organisations involved would be preventative and therefore less observable in terms of impact on NHS services apart from GP-based link work.
- M Cockburn expressed concern about the lack of engagement in areas of rural deprivation and the problem of volunteer fatigue in the wake of COVID, and asked if this should be addressed as a risk.
- M Wylie acknowledged the significant concerns around the East and Mid Ross area and commented that funding support will be sought to see if it is possible to put a dedicated support worker in place for the area to address and focus community concerns and support community capacity for advocacy.
- The difficulty of working with an effective standstill budget was acknowledged and that this affected Third Sector capacity.
- It was noted that some organisations are better able to describe and measure efficacy and outcomes and succeed far better in traditional funding formats than organisations with less capacity and experience. M Wylie acknowledged the need to address the efficacy of the TSI matrix for appraising the best investment.
- M Wylie noted a specific piece of research undertaken, through the LEADER programme that looked exclusively at remote and rural deprivation to address those communities who had not been pulled out using the national government approach, and added that Public Health and Highland Council would be better placed to explain the detail around this work.
- With regard to volunteer fatigue, M Wylie commented that unlike larger organisations such as the NHS and the Council, Third Sector providers are not in a position to bargain for better working conditions and that consequently have been undervalued.
- P Macrae commented as Chair of the Community Partnership for Mid Ross that capacity is a serious issue which they are trying to address and acknowledged the difficulties for remote and rural areas.

The Chair in summing up requested that an update come to a later committee meeting once the outcomes and evaluation work around the report has been carried out.

#### **The Committee:**

- **AGREED** to accept **moderate** assurance from the report.
- **AGREED** that an update report come to a later meeting of the Committee.

### **3.4 Adult Social Care Fees and Charges Update**

[pp.102-107]

- C Stewart gave an overview of the report and requested a single item meeting of the Committee to approve the final recommendations when they become available.

- The Chair suggested that due to the Committee meeting later than the required approval deadline in early April, that instead there be a meeting of the Chair, the Chief Officer and the Deputy Director of Finance outwith the Committee to consider and approve the recommendations and that the outcome is reported to the April meeting of the Committee for formal approval.

During discussion,

- A Clark asked how close a conclusion is to the work on fees for PAs, which are currently under review. C Stewart confirmed that this agreement is outwith the remit of the ASC Fees Group. S Steer added that a paper was due to go to ASC the next week and is going through the management structures for consideration before it would reach governance level.
- A Clark also inquired if any minor local adjustments to fees were under consideration in relation to enhancements. C Stewart commented that this would be dependent on what money was available.

**The Committee:**

- **Accepted limited assurance** from the report, and
- **Agreed** that the Chair, the Chief Officer and the Deputy Director of Finance would meet outwith the Committee to consider and approve the final recommendations once they are available.

### 3.5 IPQR Dashboard Report

[pp.108-131]

R Boydell introduced the paper to the committee and proposed it accept moderate insurance having considered the discussion from the January meeting around assurance levels where limited assurance was taken instead, and having assessed the assurance level against the Board risk matrix and considered the mitigating actions around the data.

In discussion,

- S Steer confirmed that there is further data outwith the IPQR, relating to the recovery of funds not used which gives a fuller picture of the outcomes of people moving to Option 1 of self-directed support where there is an illusion of choice because of instances where the other options were not available due to challenges around staffing and that this had been noted as an emergent issue the previous year.
- A Clark suggested that a development session be held for the Committee to review and consider what it would like to see from the IPQR.
- P Cremin noted that in terms of Adult Services there are discussions planned for the end of March with the Joint Officers Group and the JMC with the aim of taking a paper to help frame future reporting.
- The Chair proposed that the Committee accept moderate assurance noting the caveats outlined at the January meeting and acknowledged the work ongoing to address the challenges.

**The Committee:**

- **NOTED** the report, and
- **Agreed** to accept **moderate** assurance from the report noting the caveats outlined above.

### 3.6 Chief Officer's Report

[pp.132-164]

The Chief Officer introduced the report to the Committee and noted that some of the engagement events had taken place since the writing of the report and the rescheduling of the meeting where there had been good feedback from the attendees. A similar engagement event is planned for Lochaber in April.



- The CO noted the significant ongoing challenges of workforce sustainability around Care Homes and Care At Home support and the reductions in availability of commissioned services.
- Peer engagement work is underway to understand the specific challenges for staff at individual and collective levels.
- An examination of how services are commissioned and how in house services are carried out is also underway.
- Dental Services have also been experiencing workforce challenges and work is underway to address the fragmentation of dental service provision across Highland as this is an area of risk.
- In terms of the Vaccination Transformation Programme there had been an issue at the start of the childhood vaccination programme where the staff were in place, but were not in a state of readiness in terms of all of the competencies and further training. A minimal amount of clinics were cancelled and colleagues from NHS Grampian were engaged to offer support and work alongside staff to bring them up to speed and no further disruption is anticipated.
- The Joint Strategy is in development and it had been hoped that it would be presented to the present meeting but due to the scale of the project it was decided that more time is needed to scope out the components in discussion with partners to ensure that the right engagement framework is in place for full engagement with the workforce, stakeholders and communities.

In discussion,

- M Simpson noted the ongoing lack of progress and community engagement around the North Coast Redesign project compared to other areas such as Caithness and requested assurances around this work.
- P Cremin invited M Simpson to meet outwith the Committee to address and follow up on his concerns.
- M Johnstone confirmed that Care Home workers across Sutherland and Caithness do have access to pool work cars or vans but that some staff opt to use their own vehicles.
- A Clark asked how the Committee can assure families and communities that the decisions taken are made within an overall agreed framework to demonstrate a fair and proportionate approach
- P Cremin confirmed that there is a framework for decision making and that there is a need for transparency and to engage with communities to show how difficult decisions such as those around Care Home closures are carried out by the Board and in partnership with Highland Council.
- S Steer commented on the various difficulties in the sector in relation to Highland and its geography and history and emphasised that the problem is less a matter of finding more money and more a case of considering the sustainability of staffing models and addressing equity of access across the region.
- A Clark asked about what successes or areas of positive impact there had been in the Care Home sector around workforce issues.
- S Steer noted the national focus on nurse recruitment which had perhaps overshadowed Care Home working as a career option and that there was a need to engage with smaller local organisations and their successes linking in with communities. In addition there is an initiative called the NHS Reserves which has seen a good response, to work with the limitations and short to medium term availability of staff in other areas of service. However, it was commented that HR onboarding processes had been an area of delay within the NHS.
- P Cremin noted some innovative work in Self-Directed Support in remote rural areas such as Dalmore where staff have been offered opportunities to work in care homes during the temporary pause to the respite service.

The Chair recommended a position paper on the situation for Dentistry in Highland come to the next Committee and that the matter be escalated to the Board.

**The Committee:**

- **NOTED** the report, and
- **Agreed** that a position paper on the situation for Dentistry in Highland come to the next Committee and that the matter be escalated to the Board.
- P Cremin invited M Simpson to meet outwith the Committee to address and follow up on his concerns.

#### **4 HEALTH IMPROVEMENT**

##### **District Reports**

**[PP.137-164]**

##### **Sutherland**

K Kenyon provided an overview of the report and explained that the reports give a narrative and description on the districts. The Demographic area in Sutherland is predominantly rural with the aging population being higher than the rest of the UK in ratio with population size. A brief overview was given about the hospitals in the region and the services that they can provide. It was noted that the community teams are facing challenges with recruitment across all services. Day Care centres are currently run by unregistered independent and third sector organisations and funded through service level agreements. It was noted that there is ongoing work to engage with the community to develop services further and introduce new ideas based on feedback received from community drop-in sessions. Rural Support Worker role has been introduced to help make the services within Sutherland more robust, this position holder is capable of care at home and within a care home.

In discussion,

- M Johnstone commented on the progress of the North Coast redesign explaining it has been ongoing since 2015 with extensive consultations and further engagement sessions in process. Planning application has been submitted to Highland Council, currently awaiting outcome, once this has been received it will be fed back to communities.
- M Simpson expressed concern regarding funding for the Day Care centres that provide personal care and support workers to service users that has not been increased since 2012. Asking if there is intention to increase funding.
- K Kenyon explained in response to M Simpson's question, no further funding was provided nor was there any further expectation of funding given at the point of transition from Highland Council. Hubs have access to apply and receive funding from other sources.
- S Steer explained that Day Care services need to be reviewed to provide understanding of the valued services and shift focus onto those, as there are savings that need to be made within the next financial year.

**Action:** P Cremin agreed to discuss and review the Day Care funding with M Simpson at a future point.

##### **Caithness**

C Nicholson provided an overview of the report and explained that the reports give a narrative and description on the districts. The estimated population size of 25,500 people living in Caithness is split between Wick, Thurso and in rural locations. A brief overview of the district hospitals, care homes and day care centres were provided alongside the services that the community hospitals can provide. It was noted that Community teams within East and West Caithness are facing challenges with recruitment across all services. Alternative methods have

been reviewed to address recruitment challenges. There is ongoing work to engage with the community to develop services more widely and to increase the Caithness populations knowledge of services available to them.

**The Committee**

- **noted** the reports.
- P Cremin agreed to discuss and review the Day Care funding with M Simpson at a future point.

## **5 COMMITTEE FUNCTION AND ADMINISTRATION**

### **5.1 Committee Work Plan**

**[PP.165-168]**

The Chair introduced the Work Plan for approval by the Committee noting its status as a fluid document to be updated throughout the year.

**The Committee**

- **noted** and **agreed** the Work Plan for 2023-24.

### **5.2 Annual Committee Assurance Report**

**[PP.169-172]**

The Chair noted the draft report to be submitted for endorsement by the Audit Committee before final approval by the Board.

**The Committee**

- **approved** the Annual Committee Assurance Report to be submitted for endorsement by the Audit Committee before final approval by the Board.

## **6 AOCB**

- None.

## **7 DATE OF NEXT MEETING**

The next meeting of the Committee will take place on **Wednesday 26<sup>th</sup> April 2023** at **1pm** on a virtual basis.

**The Meeting closed at 4.18 pm**