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 31 August 2022 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
Tim Allison, Director of Public Health
Louise Bussell, Chief Officer
Cllr, Christopher Birt, Highland Council
Cllr, Muriel Cockburn, Board Non-Executive Director
Cllr, David Fraser, Highland Council (until 3pm)
Philip Macrae, Board Non-executive Director
Joanne McCoy, Board Non-Executive Director
Gerry O'Brien, Board Non-Executive Director
Michael Simpson, Public/Patient Representative
Wendy Smith, Carer Representative (from 2pm)
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 (until 3pm)

In Attendance:
Christopher Arnold, Area Manager, Flow & Performance, Community
Stephen Chase, Committee Administrator
Patricia Hannan, Pharmacy Services
Arlene Johnstone, Head of Service, Health and Social Care
Campbell Mair, Managing Director, Highland Home Carers
Fiona Malcolm, Head of Integration Adult Social Care, Highland Council (from 2pm)
Jill Mitchell, Primary Care Manager
Nathan Ware, Governance and Assurance Coordinator

Apologies:
Catriona Sinclair, Ian Thomson (P Hannan attended), Kate Patience-Quaite, Fiona Duncan, Pam Cremin, Jacqueline Paterson, and Tracy Ligema.

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 NHSH website.

The meeting was quorate.

The meeting began with a short video showcase of responses from some unpaid carers who have received funding from NHS Highland through the SDS Option 1 Short Breaks Direct Payment Fund produced by the Comms Team.

2 FINANCE

2.1 Year to Date Financial Position 2022/2023 [PP.1-10]

E Ward spoke to the paper, and clarified that the month 4 position was included in the report (as opposed to month 5 as stated incorrectly in the agenda).

L Bussell noted the extent of the financial challenge facing the Directorate. Each of the Heads of Service for Primary Care, Mental Health and Community will be focusing on individual areas but also what can be done across the organisation to address efficiencies and savings targets. An additional focus will be on services which have been started as part of redesign initiatives without an identified budget source.

In discussion, the following issues were addressed,

- M Simpson asked if it was ever possible to balance the budget for the organisation.
- The Chair noted that the financial plan approved by the Board at the start of the financial year included a £16m unfunded gap which indicated that it would not be possible for the organisation to achieve balance this year. The year-to-date position is showing significant overspend against the plan and the main target is to meet the original plan.
- M Simpson asked how much NHS Highland spends on energy and if each area was responsible for its energy usage with one provider.
- E Ward responded that she could bring the information to the next committee and noted that a significant energy budget was factored in at the start of the financial year.
- It was asked if an increase in staff working part time hours was having an impact on locum/supplementary costs.
- E Ward assured that it is recruitment difficulties that are creating cost pressures.
- G O'Brien noted that other than in relation to Adult Social Care, the Directorate was reporting a significant shortfall against its savings targets and asked how this would be addressed.
- E Ward addressed the matter of operational overspend which is largely driven by difficulties with recruitment which is a national issue. Savings programs are in the early stages of development and this is being reviewed weekly. Service pressures make it challenging to allocate staff part time to develop savings plans.
- L Bussell added that areas such as procurement, use of buildings and resources was a key focus, but acknowledged that there may be some areas such as successful pilot projects which will not be continued due to cost pressures. There is a need to include teams in addressing these issues in order to best resolve problems. Some difficult decisions may be necessary.
- The Chair commented that the savings process has a quality impact assessment that has to be completed. She asked whether in making the ‘difficult decisions’ there would be a similar process and what the Committee’s role might be.
- L Bussell answered that where local teams considered that a decision could have an impact on quality this would be escalated to the Board Finance Committee and the Medical and Nursing Director and their deputies would be part of that process. Given the timescales and practical challenges the committee’s role would be one of scrutiny and assurance.

- J McCoy asked about the overspend from use of locums and agency nurses and if there were time scales for the dedicated piece of work to reduce these costs.
- E Ward answered that this was a national piece of work reviewing expenditure and agency rates across all areas with details expected to come to the Board later this year.

After discussion, the Committee:	
– **AGREED** to receive **limited** assurance from the report.	

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Assurance Report from Meeting held on 29 June 2022 [PP.11-21]

The draft Assurance Report from the meeting of the Committee held on 29 June 2022 was approved by the committee.

- The Chair requested an amendment to the end of p.3 of the report where some text was missing.

The Committee	
– **Approved** the Assurance Report pending the amendments referred to, and – **Noted** the Action Plan.	

3.2 Matters Arising From Last Meeting

- Together We Care: The committee noted that information about which groups were contacted for engagement was due to be circulated.

3.8 Chief Officer's Report

The Chair requested that the CO Report be considered at this stage in the meeting.

L Bussell drew the committee's attention to the key points of the report which included information about the most recent meeting of the Joint Monitoring Committee, the first since the Highland Council elections. She highlighted the following:

- The Sexual Assault Referral Centre which had been referred to as the Forensic Medical Examination Service will be known as The Shores and based on the Raigmore site. The service still contains a forensic medical examination section. A satellite building in Caithness set up to reduce travel will be known as the Northern Shores.
- The Highland Alcohol and Drug Partnership submitted its annual report to Scottish Government on 5th August, this focussed on education, prevention, treatment and recovery, and children and young people, as the backdrop to work ongoing to improve services in Highland. National figures published in 2022 sadly show an increase in drug-related deaths in Highland in 2021 compared to 2020. The MAT standards are aimed at reducing drug-related deaths. In addition, there is a new target for OST (opioid substitution treatment) and a need to improve treatment waiting times, the target for which is 90%, with current performance sitting at 76%.
- Recruitment remains a challenge in some areas, with some pockets of good well-established teams.
- Another focus is on improving whole family support when someone faces with drug and alcohol-related challenges.
- The Chair asked if Highland is on target to submit an improvement plan regarding achievement of the MAT standards by the end of September as required by Scottish Government, and if there are particular challenges, other than recruitment, in the way of achieving the target.
- T Allison noted the complexity of governance with the HADP (Highland Alcohol and Drug Partnership) reporting to the CPP (Community Planning Partnership). The Alcohol and Drug Service (NHS Highland) delivers the MAT standards.

- The plan is to complete standards 1 to 5 by April 2024 and the remaining standards by April 2026.
- There are geographical issues which present a challenge for NHS Highland for some of the MAT standards such as ensuring that appropriate transport is available to get to the service. It is likely to be more of a challenge in our remote and rural areas.
- A Johnstone added that the national team are confident that they have gathered everything needed for the improvement plan. The non-fatal overdose team has recently seen some successful recruitment within Inverness and a venue is being sought for the team to be based in.
- M Cockburn expressed concern that the local CPPs were functioning less well in rural areas yet drug and alcohol issues exist in most villages and towns.
- T Allison responded that HADP was accountable to the HCPP and that services are delivered on the ground by a range of partners. The aim is for an equitable service across the region but it was inevitable that people may have to travel to services from some of our more remote and rural areas.
- Cllr Birt noted that the continuing high level of drug deaths is of great concern and asked what services were doing currently to address the issue of drug deaths.
- L Bussell noted that the MAT standards are the real focus (reducing deaths), and that additional funding has been made available, for example, for recruitment to new roles with an emphasis on early intervention and work with families to create a 'wrap around' service. More work with Primary Care, schools and other agencies to get a more proactive/preventative approach is the method being taken.
- T Allison commented that this is a complex societal issue for Scotland which has the highest drug-related death numbers in Europe and that many of the issues are long standing and will therefore take much time to fully address. He gave examples of preventive work such as a pilot of the 'Icelandic' model with young people. He also noted that the number of people dying from alcohol is much higher and there is a need to look at substance use in the round. When working with people we know are using substances the focus is on reducing harm. Action needs to be multi-faceted and done in partnership.

The Chair requested that a future Chief Officer Report confirms the submission of the improvement plan by the due date, and that thought be given to which indicators in terms of service improvement in relation to the Drug and Alcohol service be added to the reporting dashboard.

- L Bussell noted that, with reference to Long COVID, some recruitment was underway in relation to Occupational Therapy and Physio as part of the rehab aspect of Long COVID.
- The Committee workplan included a commitment to provide information about the development of a Care Academy. S Steer referred to different aspects of current plans to encourage recruitment and retention. These include developing an assessment and recruitment centre model to streamline the application process and foster an encouraging atmosphere with new recruits, and promoting the full range of opportunities within social care. NHSH is working closely with partners and the independent sector in this area as it is known that there is increasing pressure as staff move between sectors and to health roles for better opportunities.
- C Mair, Highland Home Carers and Scottish Care, commented on the importance of a Care Academy approach as a way of encouraging recruitment and retention, valuing staff and the care sector as a validated and important area of employment.
- He summarised the initiatives his organisation is involved with including working closely with Skills Development Scotland looking at modern apprenticeship opportunities, developing accredited qualifications to be delivered 'in house', with investment in a state of the art learning and training environment in Inverness, and finally, commissioning reforms and different approaches to culture and to relationships to move away from the thinking and the language of the funded and the funder and instead as co-investors in the national economy, to the highland economy and people's lives.

In the discussion that followed,

- It was asked what the role of the Highland Council is in terms of encouraging people into working in the care sector
- C Mair noted that in terms of governance, the council are part of the Joint Monitoring Committee, and commented that there are some good people committed to developing this work. He also noted the importance of the independent and Third Sectors having to behave as leaders in order to drive the work forward with the support of agencies such as Skills Development Scotland.
- S Steer gave assurance that NHS Highland are working with National Education Scotland, Skills Development Scotland, the Highland Council, and Highland and Islands Enterprise to develop a tactical approach and encourage skills development and support staff retention in the care sector with three-year workforce development plans. This approach is intended to work with the apprenticeship approach taken by Highland Council.

The Committee:

- **NOTED** the update.
- The Chair requested that a future Chief Officer Report confirms the submission of the MAT Standard improvement plan, and that thought be given to which indicators in terms of D&AS service improvement be added to the reporting dashboard.

3.3 Learning Disability Services Assurance Report

A Johnstone gave a presentation outlining the key points of the paper which had been circulated ahead of the meeting.

During discussion, the following areas were addressed,

- The Chair asked what the next steps would be for the Coming Home project
- A Johnstone noted that there are a number of workstreams working in the area of housing to prevent people being housed out of area and isolated from their families. This is challenging outside of cluster housing because there is less of a support network for workers especially in crisis incidents. The aim is to add two more clusters in Inverness and explore what options there are in areas such as Caithness.
- There is work underway concerning Positive Behaviour Support (PBS) which is a model for working with individuals with challenging behaviour patterns to support them to improve their interactions with workers.
- It was asked how far the service has gone in its transformation journey to ensure opportunities for people with complex needs experience a life within their own communities.
- A Johnstone noted that there are still difficulties in placing people within a community and that there can still be negative responses to news that people with complex needs may be housed nearby, but that work is ongoing to address these areas.
- It was asked how a family would become known to the service and if the support covers all age groups.
- A Johnstone answered that the majority of people with complex needs will be known to services from a very young age through children's social work services or children's paediatric services or learning disability nurses. After this point, through the transitional arrangement with Highland Council, an individual's needs are then addressed by NHS Highland's Learning Disability Service. In those instances where someone's needs have gone under the radar they are usually individuals living in remote and rural areas with an ageing family who are no longer able to support their needs. However, most individuals will be known to their GP or social worker.
- L Bussell paid tribute the work over the challenges of the last two to three years and how positive it is to see progression into new models of working and new approaches.
- A Johnstone commented on the challenges ahead with a shrinking workforce which is likely to make this work much more difficult for staff to address individual needs.

- W Smith commented that she felt, having a family member who uses these services, that the report bore little resemblance to real life experience for people who use learning disability services. W Smith referred to the Community Care Act which she felt still encourages that people live in institutional settings, and expressed disappointment at the lack of data from families using the services, and expressed a desire to see a more independent approach to gathering intelligence.
- A Johnstone responded that there is the intention to use some of the funding from Scottish Government to outsource some engagement work for future strategy to skilled consultants but that plans are at an early stage.
- W Smith offered to give some time to support these discussions.
- A Johnstone thanked W Smith for the offer and this will be followed up. She also noted the need to distinguish between consultation with users of services and with carers carried out alongside Ian Thomson's team and to fulfil the requirements of the Carers Act.
- M Cockburn requested if more information on the transition element of the service between the council and the health board could be brought to the committee to highlight the challenges in this area.
- The Chair suggested that this be added to discussions around the workplan as it may not be possible to address at the next meeting.
- The Chair asked for clarification on the difference between the new Annual Health Checks to support people with learning disabilities and those carried out pre-COVID.
- A Johnstone clarified that Scottish Government direction to NHS boards is that annual health checks will now move to primary care and that it will be for every person with a learning disability, regardless of whether they are known to the service. Clarity has been sought from government about the budget, and there are conversations to be had with primary care colleagues as to how this work is carried out in future.
- The Chair requested that an interim update come to the committee as part of the Chief Officer's Report.

The committee **noted** the ongoing strategy development work and how the service is responding to the Coming Home report.

The Committee:

- **NOTED** the ongoing strategy development work and how the service is responding to the coming home report.
- **AGREED** that more information on the transition of service between Highland Council and NHSH be added to discussions around the workplan.
- **AGREED** to accept moderate assurance from the report.

The committee held a short break.

3.4 Primary Care Improvement Plan Assurance Report

J Mitchell introduced the report and noted that the two areas that the team is focusing on currently include Community Care and Treatment. There is not yet an agreed model for this and a comprehensive survey is underway of the team's practices to ascertain what staff is available to support this as a work stream. From next year the focus will be on urgent care.

In discussion, the following issues were raised,

- N Wright commented that GPs are not yet seeing the results of the work addressed by the paper and asked what the situation was with recruiting a primary care mental health team for Lochaber.
- A Johnstone noted the challenge of recruitment and that work to explore how staff from other areas might support the Lochaber area is being undertaken, with the proviso that this would place a limit on time available in the area due to travel.

- N Wright asked why we are not yet using all the budget and suggested that there had been quite a slow start to the programme, and asked what more can be done to speed up progress.
- J Mitchell agreed that there had been recruitment challenges. Workstreams are developed in agreement with the GP Sub-committee. The approach has been to develop very practice-centric solutions. Where recruitment is not possible remote solutions are explored. The workstreams that have managed to recruit into new roles have experience different challenges including an eventual return of people recruited from Community Pharmacy to Primary Care after a couple of years. Working out how to encourage retention and development in role will be important. Scottish Government have assured NHSH that there is some latitude to use some of the underspend to work such as digitizing records and assisting with accommodation requirements.
- The Chair asked if the Primary Care Improvement Fund slippage in previous years is included in the sums held by Scottish Government on NHS Highland's behalf for use in this financial year.
- E Ward clarified that the money is part of the monies which were returned to Scottish Government to be held for NHS Highland.
- J Mitchell confirmed that the team were exploring ways of using the slippage such as training and IT developments and suggestions will be discussed with GP Sub-Committee.
- The Chair asked for confirmation that the national funding table in the papers showed that Highland is doing reasonably well compared to many boards in terms of slippage.
- J Mitchell confirmed that after a slow start to the programme, momentum had been built, and that there is now a clear direction for the programme and a move to use our fuller allocation.
- G O'Brien asked what plans have been built in to evaluate the model that has been implemented in terms of assessing how GP's time is being freed up and how they are using this time, and what the impact is as seen from the patient perspective.
- J Mitchell answered that each of the work streams are linked into a national group with a separate national evaluation team established to run alongside this work.
- M Stevenson raised a concern about the use of a third party to scan patient notes and asked whether patients' consent would be sought for this.
- J Mitchell answered that any arrangement made with the provider is on a national contract framework, but offered to provide more information about the governance and the opt in/opt out status for patients in this area.
- M Simpson asked why it appeared to be easy to recruit locums to remote areas but not a resident GP.
- N Wright noted the difficulty of recruiting resident GPs and how some doctors stay as locums because they enjoy the flexibility and it suits their career stage. He also commented that numbers of GPs are an issue across the UK.
- J Mitchell noted the difficulties of finding suitable accommodation but also that work was underway with Scottish Rural Medicines Collaborative promote the attractiveness of working in Highland, but that there is no straightforward solution to the matter.

The Chair asked J Mitchell to consider what indicators around the objectives of the programme could be developed to be included in the committee's dashboard reporting.

The Committee:

- **AGREED** to accept moderate assurance from the report.

3.5 Vaccination Strategy Update

C Arnold noted the report circulated ahead of the meeting and invited questions from the committee.

During discussion, the following points were addressed,

- The Chair thanked C Arnold for the paper and commented on the complexity of the task faced by the vaccinations team, and the progress that had been made since the start of the pandemic and the ongoing implementation of the Vaccination Transformation Programme.
- It was noted how the VTP would take vaccination duties away from school nurses in order to free them up for other advanced work. This is an area of challenge in providing a like for like service replacement in order to minimise disruption within schools. Systems would remain the same but different people would administer the vaccinations.
- It was noted that there are still a number of issues to be resolved in establishing the approved model for VTP adult vaccinations such as recruitment of staff and training. It was commented that only 50% of slots for vaccinators from the bank had been allocated. C Arnold responded that 50% is a good amount at this stage of the winter campaign given previous experience and that work is moving in the right direction to address this.
- It was noted that there are some national issues to be resolved such as the extent of temporary registrations for staff returning to vaccination work after retirement and the tax status of such staff. Conversations are ongoing on a weekly basis with Scottish Government to resolve this.
- N Wright asked what the current situation was regarding the coordination of a new IT system and childhood vaccinations. Child Health leads are leading on this work to establish an effective system. Initially, it is likely that the current paper system familiar to GPs will continue with an electronic system hoped to arrive by 2024.
- N Wright commented that the system which records COVID and flu auto populates clinical records and is an effective system for staff to use.
- L Bussell noted the challenges posed in establishing locations across the dispersed geography of Highland. It is felt that there is a good spread of locations but that it will be a different experience for the public who have previously engaged with their local GP for vaccinations.
- It was asked if it had been possible to model and set limiting factors for the distances which individuals will have to travel for vaccinations, taking into account accessibility of public transport.
- C Arnold answered that a number of different models, formulas and algorithms have been trialled. For the current vaccination plans the aim is to have a sub-fifteen minute travel time. This is an ideal and it is recognised that this is not currently possible for everyone. However, 85-87% of people are likely to have a vaccination location within this time limit.
- A particular challenge in achieving this target is the Aviemore, Kingussie and Laggan area and work is underway to find suitable locations.
- T Allison commented that whilst some people may have to travel further than we would like, especially if the appointment offered isn't suitable, every effort was being made to respond to justifiable public demand for easy access to clinic locations.
- M Cockburn asked what flexibility there was for households where partners may fall into slightly different age brackets to arrange joint appointments.
- C Arnold answered that there is a degree of eligibility flexibility afforded by government models where a household could reduce its travel by attending a vaccination appointment together.
- J McCoy asked if it was possible for people to choose not to have the flu and COVID vaccinations at the same time.
- C Arnold answered that this was technically possible. An individual in this instance would need to self-book a second appointment, however due to the pressures on the booking system it may not always be possible to book for the same location.
- Cllr Birt asked whether given the financial situation accommodating such requests might be an area for potential savings
- T Allison clarified that the vaccinations are not mandatory and that there are people who have a bad reaction to vaccines, despite lack of scientific evidence against both vaccines

being administered at same time. However, there is a balance to be struck between efficiency, improving public health by maximising take up and accommodating the wishes of individuals, and while this may not always be easy the team will try to accommodate as far as is practical.
- C Arnold asked that members raise awareness of the campaign and encourage particularly those in the 50-64 age bracket to attend their appointment.

The Chair commented on concerns in the media that people may have become a little complacent with the long duration of living with the pandemic, and that therefore communications and encouragement to attend will be important.
It was agreed that C Arnold's slide presentation would be circulated to the committee members.

The Committee:	
• **AGREED** to accept moderate assurance from the report.	

3.6 IPQR Dashboard Report [PP.76-88]

- It was agreed that this item would be discussed at the committee's development session on **29 September**.

- It was commented that some of the graphs are difficult to read due to the colour visual presentation.

3.7 Hearing and Sight Care (3rd Sector Project Board Funding Uplift) [PP.89-92]

L Bussell took questions on the paper on behalf of J Paterson.

- The Chair noted that this was the second SBAR recommending an uplift for one of the three organisations involved in delivering sensory services across Highland and that the Committee had approved an uplift for services in Lochaber at a previous meeting. She requested clarification if there would be a third SBAR and was informed this was unclear and would depend on outcome of discussions on-going with the organisation in question.
- P Macrae asked for clarification and assurance that what was being delivered was value for money.
- L Bussell noted that these contracts had not been reviewed for several years and had therefore required a number of months of dialogue to establish up-to-date figures. A new tender process is just underway for the entirety of services across Highland which aims in part to address the issues that were coming to the fore while the old contracts were still in use. The current position is a holding position for the next 18 months. There are cost pressures to the tendering process but the costs were considered to be much higher if they were to have been brought in house.
- The Chair expressed concern that there may be more issues like this to come.
- L Bussell noted that this particular contract was considered an outlier and that similar issues had not been identified with other contracts.

After discussion, the Committee:	
- **Agreed** to the uplift in support.	

3.8 Chief Officer's Report [PP.93-100]

See above.

4 HEALTH IMPROVEMENT

There were no matters discussed in relation to this Item.

5 COMMITTEE FUNCTION AND ADMINISTRATION

5.1 Committee Annual Work Plan [PP.101-103]

The Chair noted that the workplan would be reviewed at the next agenda planning meeting in light of the fragility of the current situation, and would be presented for consideration at the next meeting.

The Committee APPROVED the Work Plan.

5.2 Review and Update of Committee Terms of Reference [PP.104-107]

The Chair noted that Governance Committees required to review their TORs on an annual basis. She invited comments or proposals for amendment to the existing TORs and none was forthcoming.

The Committee APPROVED the Terms of Reference.

6 AOCB

Proposed dates for 2023 were approved

11 January
1 March
26 April
28 June
30 August
1 November.

- M Simpson requested that there be an update on the North Coast service redesign included for the next meeting. L Bussell apologised that details had not come to the meeting due to the team being currently overstretched.

The Committee: – **APPROVED** the proposed 2023 dates.

7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 2nd November 2022** at **1pm** on a virtual basis.

The Meeting closed at 4.15 pm