

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 August 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 (Videoconference)
Dr Paul Davidson, Medical Lead (Videoconference)
Tracy Ligema, Head of Community Services (Videoconference)
Deidre MacKay, Non-Executive Director (to 1.55pm)
Philip MacRae, Non-Executive Director (Videoconference)
Linda Munro, Highland Council Representative (Videoconference)
Adam Palmer, Employee Director (Videoconference)
David Park, Chief Officer
Simon Steer, Interim Head of Adult Social Care (Videoconference)
Elaine Ward, Deputy Director of Finance (Videoconference)

In Attendance:

Tim Allison, Director of Public Health (Telephone)
Pam Dudek, Deputy Chief Executive (Videoconference)
Manar Elkhazindar, Area Clinical Forum Representative (Videoconference)
Arlene Johnstone, Head of Service (Learning Disability/Autism Service) (Videoconference)
Brian Mitchell, Board Committee Administrator
Karen Ralston, Chief Social Work Officer (Videoconference)
Michael Simpson, Public/Patient Representative (Telephone)
Emma Watson, Deputy Medical Director (Videoconference)
Claire Wood, Associate AHP Director (Videoconference)
Neil Wright, Lead Doctor (Videoconference)

Apologies:

Councillor Biz Campbell, Highland Council
Dr Ann Galloway, Area Clinical Forum Representative
Dr Ian Kennedy, Lead Doctor
Margaret MacRae, Staffside Representative
Iona McGauran, Lead Nurse (Raigmore)
Kate Patience-Quate, Lead Nurse
Cllr Nicola Sinclair, Highland Council
Katherine Sutton, Head of Acute Services

AGENDA ITEMS

- **Year End Financial Position 2019/2020 and NHS Recovery Plan Update**
- **Assurance Report from 5 February 2020**
- **COVID-19 Overview Report**
- **Inclusion Scotland Report on COVID and Disability**
- **NHS Highland Plans for Remobilisation of Activity**
- **Highland Health and Social Care Committee Annual Report**

DATE OF NEXT MEETING

The next meeting will be held on Wednesday 7 October, 2020 in the Board Room, Assynt House, Inverness and on a virtual basis.

1 WELCOME AND DECLARATIONS OF INTEREST

At the commencement of the meeting the Chair took the opportunity to apologise for not relaying more widely to members the revised governance arrangements that had been put in place during the pandemic period. She thanked all those who had been working tirelessly to help keep Highland communities safe during this time and acknowledged the strong partnership working with Highland Council and all external organisations.

There were no formal Declarations of Interest made.

2 FINANCE

2.1 Year End Financial Position 2019/2020 and NHS Recovery Plan Update

E Ward spoke to the circulated report advising as to the financial position relating to the Highland Health and Social Care Partnership area (excluding Acute Services). The year-end position for 2019/2020 had shown a total overspend of £248,000. A specific underspend within the Adult Social Care (ASC) budget was being analysed to understand relevant drivers and establish if there is a recurrent impact that may help improve the existing funding gap.

For 2020/2021, it was reported that in the context of the NHS Highland position overall, and as at end June 2020, the Highland Health and Social Care Partnership area was showing an underspend of £225,000. Work was underway to identify any reduction in costs associated with lower activity levels due to COVID-19. All in year housekeeping targets were expected to be achieved, with £203,000 identified against the target of £900,000. D Park added there continued to be a significant financial gap between the funding received, and actual spend in relation to Adult Social Care, and as such discussion with Highland Council continued. A joint proposal had been agreed, to work through a Project Board to reconcile the financial position and establish an agreed service model. The Scottish Government had also been involved in those discussions.

E Ward went on to advise that NHS Highland continued to identify those areas of spend impacted by COVID-19. The Scottish Government had yet to indicate the level of funding allocation to support additional associated costs. Financial reporting arrangements had been improved to ensure this better reflected the current organisational structure. She stated timely reporting would be essential to facilitate the achievement of financial targets for the HHSCP. Strong governance and a planned approach to financial and savings targets would be crucial.

During discussion, J Brander sought an update on the success or otherwise of the financial control measures introduced in 2019/2020. D Park stated measures such as grip and control had continued under the auspices of the Programme Management Office (PMO), with processes subject to appropriate review. A performance Review board had also been developed and introduced. With regard to identification of key financial risks, D Park stated one area of particular concern would relate to the financial sustainability of partner organisations. The potential for a challenging financial future was acknowledged.

After discussion, the Committee:	
• Noted the year-end financial position for 2019/2020.	
• Noted the HHSCP year to date position of a £225,000 underspend.	

2.2 Digital Technology

N Wright emphasised the importance of information Technology at this time and stated delays in the rollout of MS Teams was a concern. He advised, within his own Practice, the

use of Near Me technology had reduced, with telephone triage being utilised to identify the best route for individual patient interaction. There was a learning curve for patients and clinicians using technological approaches and it was emphasised where physical patient contact was required then this was undertaken. It was about ensuring the right approach for individual patients at this time. He advised physical meetings were again increasing in number and patients were becoming more comfortable in sending through images etc to enable prior consideration of the appropriate consultation approach required etc. P Davidson advised the rollout of Teams was being taken forward, with 3,000 staff now having access to the same. It was anticipated this would be accessible to all GPs in Highland by 10 August 2020.

L Munro stated she had been impressed by the part played by new technology during the pandemic period, and remarked on the positive, and at times transformational, impact this had had for her constituents in terms of travel and time commitment. On the point raised, E Ward confirmed relevant IT matters were included as part of the NHSH Remobilisation Plan, the worked up costs in relation to which would form part of the submission to Scottish Government relating to additional funding for costs associated with COVID-19 activity.

The Committee Noted the reported position.

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Assurance Report from Meeting held on 5 February 2020

There had been circulated draft Assurance Report and associated Rolling Action Plan from the meeting of the Committee held on 5 February 2020.

The Committee Approved the circulated draft Assurance Report.

3.2 Matters Arising

3.2.1 Update on Partnership Agreement

D Park advised both the Highland Council and NHS Highland Board had recently considered a formal paper in relation to the review of the current Scheme of Integration, in line with appropriate guidance on consideration of the same. The subsequent formal submission had indicated that the original Scheme of Integration had been reviewed, with both partner organisations looking to continue with the Partnership Agreement subject to further improvement in certain specific areas as and when required. The formal Agreement documentation would be updated, and relevant discussion was continuing.

L Munro advised The Highland Council were looking to make early progress on this matter and D Park confirmed a meeting the previous week had agreed the relevant forward plan and establishment of the relevant Project Board and Team. This was being taken forward in association with F Malcolm, Interim Head of Adult Social Care Integration for Highland Council. A key discussion would relate to formal arrangements around financial governance. It was anticipated discussions would be concluded by calendar year end. K Ralston confirmed reports, including aspects relating to changes to existing governance arrangements and formal Terms of Reference for the Project Management Board, would be considered by the full Council at their meeting to be held on 26 August. D Park would be in attendance to present the reports.

The Committee so Noted.

3.2.2 Implementation of Carers (Scotland) Act 2016

D Park advised, in relation to discussion at the last meeting, having further reviewed financial controls relating to the funding for Carers the decision had been taken to not proceed as originally reported and agreed. There would be further discussion of the key issues at a meeting to be held the following day, with the Deputy Director Finance present for that discussion. He emphasised support continued to be provided to Carers in the meantime. The proposed new service delivery model would be reviewed again, and amended if necessary, to ensure this meets the original intention. If the general direction of travel remained consistent then the model would be taken forward however if this varied markedly from that agreed at the last meeting then fresh proposals would be submitted to the next meeting for approval.

The Committee:

- **Noted** the position.
- **Agreed** the service model be taken forward should the general direction of travel, after discussion, remain consistent with that already agreed.

3.3 COVID-19 Overview Report

P Davidson spoke to the circulated report and provided a presentation to members in relation to the overall position regarding COVID-19 in Highland. He outlined the relevant incidence rate across NHS Boards in Scotland, advising Highland and Argyll was at the lower end of these figures. He detailed the overarching COVID-19 objectives for NHS Highland, advising the whole system response had been planned via a Gold/Silver/Bronze command structure underpinned by formal governance and reporting arrangements. The NHS Highland Major Incident Management Plan and Pandemic Flu Plan provided the response structure and Business Continuity plans had been reviewed and updated where necessary. As previously reported, the Mobilisation Plan had been submitted to Scottish Government and would continue to evolve as more information became available. An outline of the current infection and ITU admission rates in Highland was given and it was stated monitoring of potential and actual cases within the Care Home sector continued. A system to overview testing, results, surveillance and arising issues had been developed. Further updates were provided in relation to capacity, activity, Remobilisation, Home Farm and RNI, Inverness.

On the point raised, it was advised Dr J Wares was leading the NHS Highland contact tracing and advice service, this having proved effective to date. Future testing activity would be planned, taking into account the need for this in relation to older staff as well as those from the BAME community and those with underlying health conditions. It was stated current access to testing for patients could be better. P Davidson advised all patients who required a test had received the same via relevant Resource Centres. Noting that communications were provided by the Scottish Government, it was suggested the Schools Immunisation programme should run concurrently with that for adults to ensure heightened awareness levels in relation to the same. T Allison undertook to take this matter up further.

In terms of planning for the winter period, and the potential impact on service provision etc, P Davidson advised that learning from the earlier phase of the pandemic meant the organisation was in a better position to manage that than had originally been the case. Community services would be enhanced however the overall potential impact was unknown. D Park emphasised services were being designed on the basis of the continued presence of COVID-19 and its associated impact.

N Wright stated the delivery of a Flu Programme under COVID-19 conditions had been discussed as part of the Primary Care Improvement Plan, with associated GP modelling and a mapping of financial resource requirements. He asked if NHSH had been suitably sighted

on this activity given the associated financial implications. It was confirmed the NHS Board had been sighted on the matter and discussions were underway. P Davidson emphasised that enhanced GP activity was subject to discussion by the UK Government however NHS Highland stood by to provide assistance where required.

The Committee:

- **Noted** the report detail.
- **Noted** Public Health would take up the suggestion of linking the Schools Immunisation Programme with that for adults.

3.4 Inclusion Scotland Report on COVID and Disability

A Johnstone spoke to the circulated report summarising the detail of findings of a survey undertaken during the early phase of COVID-19 and describing the experiences of people with a disability living in Highland. Survey respondents had been asked about the challenges and barriers they had faced and also sought information on any positive experiences. The Summary Findings were detailed, and the responses to these from both NHS Highland and Highland Council were outlined. It was noted the Survey had been taken in May of 2020 and as such findings were reflective of that period and the level of unknown within the general population at that time. In Highland, services had continued to be delivered for this sector of the population, albeit with adjustments. The associated impact on Carers and others had been recognised, and was a concern moving forward. It was reported there had been an increase in the use of digital technology to deliver services during the pandemic period, in an attempt to maintain a degree of consistency for those with a disability however the nature of this sector meant unfortunately not all clients could take advantage of this approach. D Park emphasised it was difficult to determine if responses had come from the disabled person direct or through a carer however the Survey results presented an opportunity to work closely with Highland Council in relation to providing improved support for relevant adults, children and families.

During discussion, D MacKay referenced the review of support provisions after a relaxation of general restrictions and was advised discussion was underway in relation to what was required, how this would be undertaken, and the areas to be assessed. Guidance in relation to Day services was expected by end August 2020, with critical support only being provided at that time, this taking place within NHS Highland settings. K Ralston confirmed some partial assessment activity had begun, with national Guidance in relation to the same expected to clarify how this was to be taken forward. The Chair sought an update on follow up from these results and any future Survey. Relevant results would be considered in detail, with a report brought to the Committee for consideration.

After discussion, the Committee:

- **Noted** the Summary Survey Findings.
- **Agreed** a report on the Findings from a follow up Survey would be brought to the Committee for consideration.

3.5 Chief Officer's Assurance Report

D Park spoke to the circulated report which provided an overview of the key Adult Social Care service delivery and activity areas prior to and during the COVID-19 period. The report provided focus on the availability of ASC dashboard information to inform organisational decision making during this time; ASC oversight activity; the delivery/provision of care home, care at home, younger adult support services and third sector activity. Other areas of focus included PPE availability, the approach taken in relation to contract monitoring and provider

communication, and the financial supports available in relation to ASC commissioned providers during the COVID period. He added that the NHS Testing Group had provided support where this had been required and that in association with relevant partners and external organisations the overall position in relation to PPE had improved greatly. On the point raised it was advised all relevant PPE used in NHS Highland complied with national guidance in this area.

During discussion, the position in relation to Care Homes was raised, with D Park advising the position in Highland was no more serious than in other parts of Scotland. Recent press coverage had shone a spotlight on Highland however it was emphasised Care Home testing had been introduced in Highland at an early juncture, with the relevant support team providing both a quick and comprehensive responsive service. The Executive Group considering Care Home activity met every two weeks and included appropriate clinical representation. Advanced support mechanisms were in place for this sector.

M Elkhazindar raised the matter of fit testing in relation to PPE equipment utilised within Raigmore Hospital, noting this was being undertaken each time products were changed. It was advised that NHS Highland was part of the national procurement and distribution process and as such similar issues were being faced across NHS Boards in Scotland. The System Leadership Group was sighted on the issue and consideration was being given as to how to improve the current position.

After discussion, the Committee otherwise Noted the detail of the Chief Officer's Assurance Report.
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3.6 NHS Highland Plans for Remobilisation of Activity

T Ligema gave a presentation to members, providing an update in relation to remobilisation activity and advising as to relevant guidance and activity submission templates provided by Scottish Government. The scope of the existing remobilisation programme was outlined, as were relevant Workstream Performance Recovery Plan Summaries in terms of Objectives and key measures of success. T Ligema took members through Summaries in relation to Mental Health, Primary Care, Adult Social Care, and Community activity. She advised as to the phased approach being taken and indicated NHS Highland had moved to Phase 2, ensuring priority enabling activity was complete; priority workstream outputs had been delivered; service resilience/business continuity plans were in place; and the scope for Phase 3 agreed. An indication of the newly established, revised NHS Highland governance model was also provided, as was an indication of the compressed timescales that had been involved up to and including submission of the NHS Highland Remobilisation Plan by 31 July. Key risks and challenges had been identified as relating to the impact of winter planning requirements on remobilisation timescales and implementation; prioritisation of deliverables; agreement of and engagement around the full Community Plan; and the integration of Community Health and Social Care Plans.

P Dudek took the opportunity to emphasise the workload involved in developing the Remobilisation Plan and highlighted the role played by earlier scenario planning activity. She stated whilst winter planning activity relating to physical space and eHealth utilisation etc would be crucial there was a need to remain sighted on the underlying health debt incurred during the pandemic period and ensuring appropriate capacity to respond to the same. There was a requirement for strategic alignment across all service areas through the Programme Recovery Board and enhanced governance arrangements relating to Project Initiation Documents (PIDs). She emphasised whilst much had been achieved to that point, more would be required, recognising the risks being faced and the need to appropriately manage these in partnership.

P MacRae raised the matter of remobilisation in the wider community sense and noted an outstanding action for NHS highland to address resource challenges in supporting local community partnerships. D Park stated this was the time to recognise the effort made by communities during this period and to be considering all relevant issues including service capacity. L Munro stated recent events had highlighted the key role played by communities in meeting relevant challenges and urged consideration and taking of shared learning where appropriate. The ability of remote and rural, super-sparse and fragile communities to cope during the pandemic period had been impressive. Communities would be at different points in their discussion of these matters and an overall update to this Committee should be scheduled for the next meeting.

The Committee:

- **Noted** the presentation content relating to Remobilisation activity.
- **Agreed** an update be brought to the next meeting in relation to wider community activity and the resourcing of support for community partnerships.

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 Committee – Revised Terms of Reference

The Chair advised the Committee Terms of Reference would require to be revised to reflect any new or revised governance structural arrangements introduced as part of the ongoing discussion with Highland Council around the current Partnership Agreement.

The Committee Noted revised Terms of Reference would be submitted to the Committee later in 2020.

5.2 Remaining 2020 Meeting Schedule

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

8 October
10 December

6 FOR INFORMATION

6.1 Highland Health and Social Care Committee Annual Report 2019/2020

There had been circulated the Committee Annual Report for 2019/2020, this having been agreed and submitted to the Audit Committee as part of the Annual Accounts process.

The Committee Noted the circulated Annual Report.

7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on 7 October 2020 in the Board Room, Assynt House, Inverness and on a virtual basis.

The Meeting closed at 2.10pm

