

Highland Health and Social Care Committee

01 March 2024

Item 4.2

NHS Highland

Highland Health and Social Care Committee Annual Report

To: NHS Highland Audit Committee

From: Gerry O'Brien, Chair, Highland Health and Social Care Committee

Subject: Highland Health and Social Care Committee Report 2023/24

1 Background

In line with sound governance principles, an Annual Report is submitted from the **Highland Health and Social Care Committee** to the Audit Committee. This is undertaken to cover the complete financial year, and allows the Audit Committee to provide the Board of NHS Highland with the assurance it needs to approve the Governance Statement, which forms part of the Annual Accounts.

2 Activity April 2023 to March 2024

The Highland Health and Social Care Committee met on six occasions during 23/24. Development sessions formed an important element of committee development opportunities and three were held in 23/24. The minutes from each meeting have been submitted to the appropriate Board meeting. Membership and attendance are set out in the table below. Membership and Attendance from 02 March 2023 to 31 March 2024

MEMBER (Voting)	15/03/23	26/04/23	28/06/23	30/08/23	01/11/23	17/01/23	06/03/23
Gerry O'Brien, Chair 2022	✓	Apols	Apols	✓	✓	✓	
Philip Macrae, VC 2023	✓	Chair	Chair	✓	✓	✓	
Ann Clark	✓	✓	✓	✓	✓	✓	
Joanne McCoy	✓	✓	✓	✓	✓	✓	
Muriel Cockburn	✓	✓	✓	✓	✓	✓	
Pam Cremin, CO	✓	✓	✓	✓	✓	✓	
Tim Allison, Dir of Public Health	Apol	✓	✓	✓	✓	✓	
Claire Copeland, Medical Lead	Apol	✓	✓	✓	✓	Apols	
Cllr David Fraser	✓		✓	✓	✓	Apols	
Cllr Chris Birt	✓	✓	Apols	✓	✓	Apols	
Cllr Ron Gunn	✓	Apols	✓	✓	✓	✓	
Simon Steer, Dir of Adult Social Care	✓	✓	✓	✓	✓	✓	
Elaine Ward, Deputy Dir of Finance	✓	✓	Apols	✓	✓	F Gordon	
Nurse Lead (rotational: Julie Gilmore & Sara Sears)	Apols			J Gilmore	Apols	S Sears	

IN ATTENDANCE (Stakeholders)							
Michael Simpson, Public/Patient 2023	✓	✓	n/a	n/a	n/a	n/a	
Diane van Ruitenbeek, Public/Patient 2024	n/a	n/a	n/a	n/a	n/a	✓	
Michele Stevenson, Public/Patient	✓	✓	✓	✓	Apols	✓	
Wendy Smith, Carer					✓		
Catriona Sinclair, ACF	Apols	Apols	Apols		Apols	X	
Kara McNaught, ACF	✓	✓	✓	✓	✓	✓	
Neil Wright on behalf of Iain Kennedy, Lead Doctor (GP)	✓	✓	✓	✓	✓	✓	
Mhairi Wylie, Third Sector	✓	✓	Apols	Apols	Apols	✓	
Kate Dumigan, Staffside	n/a	✓	✓	✓	Apols	Apols	
Kaye Oliver, Staffside	n/a		✓	✓	✓	✓	
Fiona Malcolm, Head of Integration, Highland Council	✓	✓	Apols	✓	✓	✓	

During the period covered by this report the Committee Chair was Gerry O'Brien. Philip Macrae fulfilled the role of vice-chair for the period covered by this report. During the year Michael Simpson came to the end of his term as a lay member of the committee and the committee thank him for his contributions over his term of appointment. Following a recruitment process Diane Van Ruitenbeek joined the committee as lay member from February 2024.

2.1 The Pandemic

The pandemic continued to impact on the business of the Committee and delivery of services with reports regularly describing the long-lasting impact of the pandemic. The Committee has been particularly concerned to understand the impact on users and carers of the changes to services necessitated by measures to control COVID-19.

2.2 Service Planning and Commissioning

The Committee considered various aspects of the planning, commissioning and co-ordination of services across Highland Health and Social Care Partnership including: Commissioned Care at Home services, Care at Home Oversight Group, Primary Care Improvement Plan implementation, Mental Health Services, Children's and Young People's Services, progress with the commissioning of services from the Third Sector, Carer's Strategy implementation and implementation of a new strategy for Self-Directed Support services for adult social care. Common themes across all of these reports were the impact of the cost-of-living crisis, rising energy costs and continued recruitment and retention difficulties. The absence of an agreed commissioning strategy for services continues to hinder the introduction of revised commissioning arrangements. Following agreement of the Joint Strategic Plan 2024-2027 in January 2024, it is essential that commissioning arrangements are reviewed and revised within that strategic context. The Committee noted on several occasions' issues arising from the utilisation of the National Care Home Contract as a basis for commissioning care home services. The construct of the contract appears to be unsuitable for the majority of care homes across North Highland leading to increased sustainability issues for service providers.

2.3 Scrutiny of Performance

2.3.1 Service Delivery

The Committee has received assurance reports on particular areas of service delivery including mental health services, learning disability services, children's services and a range of reports covering adult social care services and Primary Care Services including Dentistry. The question of assurance on Clinical and Care Governance in relation to areas within the committee's remit is now close to being resolved with significant work having been undertaken by Highland Health and Social Care Partnership Quality and Patient Safety forum which is multi professional and now reflects care governance in line with the Vincent Framework. At each meeting the Committee received an exception report from the Chief Officer focusing on current service issues, developments in relation to local care home discussions, the National Care Service, significant capital developments underway, and celebration of team and individual staff awards and achievements and recognition for service delivery.

The Committee received an excellent report from the Director of Dentistry in relation to the provision of NHS Services across North Highland. A series of factors including recruitment, retention and national contractual issues have resulted in a significant proportion of the population being unable to routinely access NHS Dental services and those that can, may have to undertake significant and arduous travel to their nearest location. As well as the impact on dental and oral health, emergency requirements of the population are placing an increased strain upon the Public Dental Services as the provider of last resort.

Although an undoubted success story, the implementation of the Medical Assisted Treatment standards for addiction services highlighted once again the geographical issues facing services and the problem of ensuring that transport issues are not permitted to prevent full access to services. We heard through a number of service reports the vital importance of listening to the voices of carers and ensuring that solutions and services are truly co-designed and implemented appropriately.

2.3.2 Finance

The Committee received regular reports on the financial position of services within its remit. The 23/24 financial position was extremely challenging with the opening financial plan supported by the utilisation of £9.734m of non-recurring reserves carried forward from financial years 21/22 and 22/23 and the delivery of a savings target of £11.012m. During the year it became apparent that the £11.012m target for recurring savings from transformational redesign of services and efficiencies would not be achieved. Forecast savings sit at £4.633m for the full year. Additional expenditure pressures arose during the year in relation to locum and agency costs, particularly in Primary Care and Mental Health, rising costs associated with care home, care at home and a significant increase in the number and associated cost of care packages for individual clients. The forecast outturn position at month 09 sits at £15m and this position assumes a degree of non-recurring support from The Highland Council in relation to the non-delivery of Adult Social Care savings. Progress on the transformational change required to return to a sustainable financial position can only be achieved through the implementation of the Joint Strategic Plan and implementation of a new Health and Social Care Partnership Commissioning Strategy addressing continued financial pressures in adult social care.

3 Corporate Governance

The committee undertook a self-assessment exercise in December of 2023 and the results and resulting actions will be reflected in our 24/25 work plan and operational methodology. Terms of Reference have been reviewed and no significant changes have been made although there may be changes arising from the self-assessment exercise.

4 External Reviews

None

5 Key Performance Indicators

The agreed workplan for the year attempted to group key service issues together to allow committee members the opportunity to explore areas in more detail at individual meetings. Following implementation in 22/23 we have been able to make use of the Highland Health and Social Care IPQR for all of the year. This report has graphically illustrated the unmet need in our Adult Social Care Services with the report regularly showing a shortfall of 2,600 hours per week in Care at Home services, utilisation of available Care Home beds at 94%-95% and a steadily increasing number of Hospital Delayed Discharges, sitting at 186 at January 2024. These stark figures mask the collective efforts of our staff to deliver health and care services in an extremely challenging environment. On a more positive note, we have seen a steady increase in Self Directed Support Option One, with current performance now at 12.88% of all clients. However, there must be a sense of caution when looking at this figure as it may well be a manifestation of no other options being available. Currently the IPQR concentrates primarily on adult social care indicators, further development work is required in areas such as mental health, primary care and community services and this will be a major thrust of 24/25 work.

Performance against the CAMHS target has been encouraging in the first half of the year with an increase to 80% in those receiving services within the 18-week target. The second half of the year has not been as positive with performance levels now dropping back to 74%. Performance against the NDAS target is significantly below required levels. Waiting lists now sit at 1,336 children, almost 50% of that figure now waiting in excess of 52 weeks. An improvement action plan is expected to be produced shortly following a successful multi agency event in December 2023. Performance in both of these areas will be closely monitored by the committee in the year 24/25.

A report on performance for the 23/24 year will be published in July 2024. The 22/23 Performance Report showed improvement is required in the following areas: delayed discharges, capacity within Social Work services to undertake legal duties of assessment and review and timescales for accessing drug and alcohol services.

6 Emerging issues for 2024/25

It is likely that workforce issues of recruitment, retention and staff wellbeing will be critical to NHS Highland's ability to manage the competing priorities of post pandemic service recovery and improving outcomes for our population. Decisions about the scope and implementation of a National Care Service and the extreme financial pressure across the entire health and care system will inevitably mean discussions will need to take place about new models of integration and service delivery. As the vaccination programme moves to a locality-based model the committee will closely monitor performance level as well as the more qualitative aspects of patient experience

7 Conclusion

Gerry O'Brien, as Chair of the Highland Health and Social Care Committee has concluded that the systems of control within the respective areas within the remit of the Committee are considered to be operating adequately and effectively.

Gerry O'Brien, Chair

Highland Health and Social Care Committee

DATE 6 March 2024