

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 30 August 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, Committee Chair, Non-Executive Director
Philip Macrae, Non-Executive Director, Committee Vice Chair
Tim Allison, Director of Public Health (until 3pm)
Cllr, Chris Birt, Highland Council
Ann Clark, Board Non-Executive Director and Vice Chair of NHSH
Cllr, Muriel Cockburn, Board Non-Executive Director
Claire Copeland, Deputy Medical Director
Pam Cremin, Chief Officer
Kate Dumigan, Staffside Representative
Cllr, David Fraser, Highland Council (until 3pm)
Julie Gilmore, Nurse Representative
Cllr, Ron Gunn, Highland Council
Joanne McCoy, Board Non-Executive Director
Kara McNaught, Area Clinical Forum Representative
Kaye Oliver, Staffside Representative
Michelle Stevenson, Public/Patient Representative
Simon Steer, Director of Adult Social Care
Elaine Ward, Deputy Director of Finance
Neil Wright, Lead Doctor (GP)

In Attendance:

Rhiannon Boydell, Head of Strategy and Transformation
Jo McBain, Deputy Director of Nursing (for Nurse Director)
Sarah Compton Bishop, NHS Highland Board Chair
Arlene Johnstone, Head of Service, Health and Social Care
Ian Kyle, Head of Integrated Children's Services, Highland Council
Fiona Malcolm, Head of Integration ASC, Highland Council
Jill Mitchell, Deputy Chief Officer
Nathan Ware, Governance and Assurance Co-ordinator
Stephen Chase, Committee Administrator

Apologies:

Mhairi Wylie, Louise Bussell.

1 WELCOME AND DECLARATIONS OF INTEREST

The meeting opened at 1pm, and the Chair 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 Chair offered apologies for the length of the agenda and noted the difficulties around the timely production of papers due to system pressures.

The Chair requested that item 3.9 follow 2.1 to assist the Committee with context for the information delivered.

1.2 DECLARATIONS OF INTEREST

There were none.

1.3 Assurance Report from Meeting held on 28 June 2023 and Action Plan

The draft minute from the meeting of the Committee held on 28 June 2023 was approved by the Committee as an accurate record pending the removal of a typo at the end of p.4.

- The Chair noted regarding the Action Plan, that he had met with the Chairs of the Audit and Clinical Governance Committees, and that the Chief Officer had been in discussion with the Director of Adult Social Care, the Deputy Medical Director and the Chief Social Worker for Highland Council to develop a Care Governance Framework. The Deputy Medical Director noted that there had been constructive dialogue and that a plan of action would be articulated by the end of September and that an update would be brought to the next meeting of the Committee.
- Further consideration would be given to reintroducing Staff Experience items to the Committee perhaps as part of development sessions.
- The Childrens Report item would be closed off following the November report to the Committee.

The Committee

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

1.4 Matters Arising From Last Meeting

It was confirmed that the Self-Directed Support item had gone back to the senior leadership team of the HHSCP to ensure the plan could be operationalised and that arrangements were being put in place to allow change in the payment rates. It was hoped that the changes could be implemented from October. The Director of Adult Social Care added the caveat that these actions were dependent upon successful recruitment of staff to undertake or provide support for self-directed care.

The Committee:

- **NOTED** the updates.

2 FINANCE

2.1 Year to Date Financial Position 2023/2024

The report of the position to month 3 was circulated ahead of the meeting having been previously considered by the Community SLT. The report offered limited assurance to the Committee due to the limited progress on savings delivery and the ongoing utilisation of locums and agency staff. The development of robust savings plans was progressing with the aim of supporting an increase in the level of assurance.

At the meeting an update to the report was presented and circulated showing the position to month 4:

- A total year-to-date overspend of £25.519m was reported with the overspend forecast to increase to £55.774m by the end of the 2023/2024 financial year. The year-to-date position included slippage against the Cost Improvement Plan (CIP) of £8.171m. Cost improvement/reductions of £28.843m were assumed within the year end forecast and the forecast position was £12.898m better than that presented within the financial plan submitted to SG in March 2023. This reflected additional funding received from SG in respect of Sustainability & NRAC Parity (£8.030m) and additional New Medicines Funding (£6.590m).
- Within the partnership, the year-to-date overspend was reported at £4.492m and was forecast to increase to £5.335m by the end of the financial year. Slippage of £2.998m against the CIP was reported with full delivery forecast for the financial year end.
- Pressure on the position of the Partnership had been driven by the impact of locum usage within Mental Health and 2C practices. Focussed work was underway within the 3 Horizons programme to deliver cost reductions/improvements.
- The rising costs of drugs and the volume of prescriptions were noted as carrying a risk of costs increasing ahead of the forecast position.
- North Highland Community Hospitals had been reviewing the costs of unfunded services within Chronic Pain and Enhanced Community Services, and supplementary staffing pressures for in-house care homes had added pressure.
- The forecast for Adult Social Care projected a breakeven position and assumptions around potential additional costs had not materialised at the anticipated levels and the position was supported by funding held by Highland Council from the 2021/22 financial year. However, a number of sustainability issues were noted around an increase in the number of high-cost LD packages, and NHSX were working with the independent sector to address challenges faced by partner organisations.
- A number of schemes were underway to address, agency nursing, medical locum costs, prescribing (wound management and continence products in particular), OOH redesign and digital systems.
- The Finance Innovation Group (FIG) had been implemented as a forum to generate and share ideas to identify efficiencies for consideration by service leads and the Partnership.

During discussion,

- It was clarified that within the partnership, there was a target of £10.7m which included £4.113m within Adult Social Care. £555,000 worth of savings had been achieved to date with overall slippage of £3m. Work was underway using the 3 Horizons template to produce a refined position and address the risks by the Efficiency and Transformation Governance Group on a fortnightly basis.
- The pressures on staff within Adult Social Care were noted in relation to areas such as retirement due to stress, and the demands on staff who have to travel across the Highland region to see patients.
- The efforts of staff at local and national levels to address the financial situation were acknowledged in terms of assurance to the Committee that all avenues within the Partnership's control were being explored.
- It was noted that there was work at a national level to address issues around increased volumes of prescribing and drug approvals.
- It was noted that the assumption around savings, had been taken at an early stage because additional cost containment work was underway to address plans for this in order to gain more control over areas such as recruitment.
- With regard to professional support packages for people with complex needs, the Head of Service noted that these packages were expensive but that they were assessed on an ongoing basis to see which areas could be reconsidered or stepped down in order to be most effective. The costliest packages had tended to be for those individuals living in

isolated tenancies instead of cluster arrangements which were simpler to support and conversations with providers and the Highland Council were underway around the strategic direction and supporting people to live within their own homes.

- It was also noted regarding LD packages, that a key issue was that all commissioned services were struggling to meet staffing needs and that the number of young people coming into the system via Transitions requiring 24/7 support had seen a rise.
- It was requested that an update on the overspend in the context of the overall adult social care situation be brought to the Committee in order to better understand the driving pressures.
- The Director of ASC commented that support work had been under significant pressure and was beginning to see the fragility already seen in the Care Home and Care At Home sectors, and that addressing care hours was as important if not more so than finding money to support packages and that there was significant risk around equitable access to care with unmet need. The difficulty of assessing care packages with a long-term focus at the funding stage was acknowledged.
- The Director of ASC gave assurances that the concerns over risks around unmet needs are being addressed in a joint report with the Chief Social Work Officer which will go to the next meeting of the Joint Monitoring Committee

The Committee:

- **NOTED** the report and accepted **limited** assurance.
- **Requested** that an update on the overspend in the context of the overall adult social care situation be brought to the Committee in order to better understand the driving pressures.

3.9 Chief Officer's Report

The Chief Officer gave a presentation which provided an overview of the Horizon transformation and efficiency programme of work which had been presented to members of the Board the previous day.

- The importance of maintaining an eye on longer term planning from Horizon 1 through to Horizons 2 and 3 in order to achieve transformation plans, workforce redesign and team and service integration.
- Digital solutions were being explored to address unfunded posts and reduce the burden on Corporate Services in recruiting to positions when the labour market is limited in terms of available GPs and other specialist roles.
- Internal analysis had shown that systems needed to be put in place for locality planning and work with Community Planning Partnerships. An example was given of the temporary closure of the Macintosh Centre where the speed of the situation had not allowed for engagement with the public or elected members.
- The CO noted that the focus of Horizon 1 was foundational in terms of transformation planning and therefore required proper public engagement with the public and staff to ensure a good, shared understanding of the larger strategy.
- It was commented that the strategy was about using buildings in the best and most efficient way which may include changing some hospitals into community hubs following a collaborative and co-produced model following successes in North Highland.
- It was noted that unscheduled care is a big focus for community services and therefore work was underway to consider out-of-hours redesign and aligning primary care emergency with community. The Urgent and Unscheduled Care Programme Board was reviewing these areas which included Winter Planning Readiness (see item 3.4), and reducing waits.
- Cost containment had been engaged with addressing unfunded posts with vacancy control principles by stopping recruitment to unfilled vacancies and considering workforce redesign.

- Work around Contracts had been assessing care at home packages and new contract arrangements which were under development and being tested for effectiveness. A consensus workshop had been held the previous week for the senior leadership teams in Acute and Community Services to better understand the challenges across each part of the organisation such as delays to care at different stages.
- The Digital and technology-enabled care workstream was working in partnership with housing services around care delivery such as E-Rostering.
- Eight high impact changes were articulated by the government for the Urgent and Unscheduled Care Programme Board, and conversations had been ongoing with the Centre for Sustainable Delivery to produce five portfolios around community urgent care with consensus across Acute and Community Services senior leadership teams to ensure the right direction of travel and that the right systems were in place to deliver at pace.
- Changes to Ross Memorial Rheumatology Unit plans: Discussions and engagement work were ongoing with community members, Rheumatology clinicians and service users on progress to undertake fire upgrade work at RMH, and the Chief Executive and Chief Officer, met with Dingwall Community Council on 29 July.
- The Committee's attention was drawn to the Scottish Social Services Awards which had opened for nominations and was noted as a way of acknowledging the hard work of colleagues addressing the various system pressures.

In discussion,

- Assurance was given that the strategic work described was fully communicated to Third Sector and external partners, especially in terms of the redesign work with community planning partnerships.
- It was clarified that the report mentioned would go to the Joint Monitoring Committee and that discussions would be had about the appropriate governance route for the NHS Highland Board to have sight of the report. The Chair noted that he would pick this item up with the Chief Officer for consideration.

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Primary Care Overview Report

The Chair noted in introducing the item that the report purposely did not include work on the Primary Care Improvement Programme due to a substantive item on this topic scheduled for the November meeting.

The Deputy Chief Officer introduced the paper which was offered for awareness and moderate assurance.

During discussion,

- It was confirmed, regarding the planned closure of the Culloden practice, that information would be shared on the practice website and a comms plan to help patients with accessing registration and reassigning patients would be put in place as part of the process.
- It was noted that similar to the situation with Dental Services and access, the learning around gaining intelligence to be forewarned about practice closures was being monitored closely with monthly meetings to address mitigating actions such as group arrangements with practices in areas of more chronic need.
- The issue of an increase in dental treatment fees was raised but at present the details were with Scottish Government for negotiation and would likely follow the implementation of the new contract which was expected in November.

The Committee:

- **NOTED** the report, and
- **Agreed** to accept **moderate** assurance.

3.2 District Reports & Community Services Overview

The Chair, by way of introduction to the report, noted that the full suite of reports was for information and in order for the Committee to discuss how reporting could be standardised and best used by the Committee.

During discussion

- The Chief Officer suggested that the district reports ought to inform points of discussion in terms of current services, costs, challenges and areas of good practise, and would usefully serve in discussions with the Community Planning Partnerships. The reports could also serve to make connections between the larger partnership strategy and work at an operational level and providing evidence to assist with messaging for both workforce and public.
- Councillor Birt thanked the teams who had worked on the documents and the large amount of useful information, but expressed disappointment at the lack of data on areas such as obesity in different age groups across Highland and a general lack of health data for health improvement purposes.
- The Chief Officer noted the importance of reframing the information in order to find consistency in reporting and assist districts with achieving an integrated model.
- A Clark commented on the role of the committee in relation to Community Planning and a recent Internal Audit report on the topic which identified improvements needed in terms of Board governance and Community Planning. She also noted the need to address different arenas such as local community planning partnership and Community SLT and that therefore the reporting ought to have broad content from which items could be selected to address the requirements of different audiences.
- The need to address the differing timelines and data sets in finding measurable consistency was raised.
- It was noted that access to the reports was currently via the Committee's publicly available papers on the NHS Highland website.

The Chair noted that he would discuss with the Chief Officer the best way to take this matter forward through the use of a development session for the Committee where the Community Planning Internal Audit recommendations would play a role.

The Chair asked the Deputy Chief Officer to let the teams involved in the reports know that they had been well received.

The Committee:

- **NOTED** the reports and that there would be a fuller discussion at a forthcoming development session.

3.3 Children and Young People Services Plan

The Chair of the Integrated Children's Services Planning Board spoke to the latest iteration of the plan and noted how it had been developed in close partnership between public sector bodies and the Third Sector, and how it had been informed by the voice and testimony of children, young people and their families.

I Kyle noted that the plan had taken a three-stage life course approach to more readily identify opportunities and help minimise risks and enhance protective factors.

- In a bid to improve continuity and prevent duplication in service delivery, where pre-existing partnership groups exist, they had been brought together into the Children's Services planning landscape which included the Highland Child Protection Committee, the Promise Board (previously the Corporate Parenting Board), and the Highland Alcohol and Drug Partnership. The existing Community Planning Partnership delivery groups now also have discrete subgroups for integrated children's services, with a focus on poverty and mental health. The plan sets out the partnership's aspirations to develop a community-based whole family wellbeing approach, aims to reduce inequalities of health and wellbeing of the Highland population.
- The plan was formally launched the week preceding the present meeting in Inverness with an event that brought together over 70 organisations and teams and was attended by over 500 people during the day. The event showcased the range of services and support that is currently available in Highland for children, young people and their families.

The Chair noted that the November meeting would see the 6-month update on delivery but given the timing of the launch of the new plan it was felt important to provide further context which would inform fuller discussion at the November meeting.

In discussion,

- A number of members noted the successful launch event and the useful and important recommendations in the report.
- Councillor Birt noted the lack of any item in the report to address data on nutrition which was a large determinant of future health outcomes. I Kyle noted that there was a commitment to adding to the data sets via the Joint Strategic Needs Assessment but that also there were a number of initiatives ongoing outwith the plan to address the themes raised.
- The issue of children who move around the country with their families such as those in the Armed Forces was raised in terms of engaging these communities to avoid disadvantaging them from the continuity of available care afforded to other families. It was noted that though this was not positioned as a priority it had been factored in to the planning and would require further consideration.
- It was suggested that consideration be given to the integration work across Children's and Adult services for further discussion.

The Committee:

- **Noted** the report.

3.4 Winter Planning

The report outlined the task of the NHS Board and integration authorities to undertake Winter Planning activities and that this work was supported by collaboration, engagement, assessment and learning across Scotland. Draft Winter Priorities and Actions had been outlined by Scottish Government and these had been considered at an NHS Scotland Winter Summit held in Glasgow on 22 August, attended by a number of NHS Highland employees in key roles across urgent and unscheduled care, scheduled care and strategy and performance roles. The Board is in planning to be prepared for Winter Planning Readiness for 2023/24 by working collaboratively and learning from across Scotland to maximise planning and resilience for the forthcoming winter period.

The Chief Officer gave a presentation that outlined the learning from winter planning approaches in 2022/23 and the approach to be taken for the Highland Partnership to develop and deliver a robust Winter Plan for 2023/24.

Learning from last winter included the usefulness of twice weekly meetings of senior leadership teams who were action focused delivering against key performance indicators within the Urgent and Unscheduled Care Programme, and the current focus was on five portfolios focussed on sustainability of delivery following a joint workshop last week. Issues around areas where the detail could have been better for key performance indicators had been considered as were communications with the public about how to use services effectively. The development of the OPEL escalation framework had been a good support to addressing challenges for staff across the system.

The offer of moderate assurance to the Committee was based on assessment of the learning to achieve a state of readiness going in to the winter period 2023/24.

In discussion,

- It was noted how Winter Planning is in essence 'business as usual' in terms of the wider transformation programme aimed at getting the system back into balance.
- It was suggested that some of the protection measures ought to be revisited in order to encourage mask wearing and good patient hygiene measures where appropriate and continue to emphasise prevention methods to avoid having to go to hospital.

The Committee:

- **Noted** the report and accepted **moderate** assurance.

[The Committee took a rest break from 3.20 to 3.30]

3.5 Draft Mental Health Strategy

The Chair noted that the report was a draft of the strategy and should be taken by the Committee as an opportunity for comment.

The Head of Service gave a presentation outlining the strategy and noted that it would be shared at an event with the newly formed Mental Health and Longevity Strategic Partnership Group to receive their feedback.

- The strategy team carried out 76 'conversation cafes' and network engagement events in which included meeting with street pastors and providers in informal settings to hear what people wanted from a strategy and what was important to them about the mental health and learning disability services.
- It was clarified to those involved that this engagement work was about Mental Health and Learning Disability services and that mental wellbeing sat within a different strategy.
- The strategy for Highland sits within a newly launched Scottish Government Mental Health and Wellbeing strategy 'Coming Home' and reports on MAT standards.
- A central message received from the engagement work was that good care cannot exist without good relationships, and this message had been key in creating a strategy.
- The Strategic Partnership Group consists of a 50/50 split between NHS staff who deliver services and partner colleagues with the aim of strengthening ties.

In discussion,

- The issue of independent living and independence via employment as an aim was addressed in terms of both supporting those who live on their own and those who may live with their family. It was suggested that this aim might be better thought of in terms of enablement in order to emphasise the aim to understand what each individual wants.
- The challenges to implementing a strategy were raised in terms of the difficulties around recruitment and the pressures upon existing staff. It was felt that the strategy could serve as a way to help teams prioritise what needs to be done at an operational level.
- It was suggested that reference be made in the strategy document to the new Workforce Planning Standards from Scottish Government to emphasise a multidisciplinary approach to service delivery.

- The issue of making a principle-based approach to service redesign was raised and that this was an area that could be strengthened in the report via examples.

The Head of Service confirmed that after the forthcoming meeting with the Strategic Partnership Group the report will be revised to reflect feedback received. Checks will be carried out to ensure public engagement and quality impact assessment work is complete after which the strategy will go the Board for approval.

The Committee noted receipt of the strategy and had discussed it and the Committee looked forward to the progression of the strategy via the formal Board approval process. Members who have further comments should contact the Head of Service, A Johnstone (arlene.johnstone2@nhs.scot).

The Committee:

- **NOTED** the report.

3.6 Highland Drug and Alcohol Recovery Services (DARS) Summary Report

Following the launch of the National Mission DARS service delivery had been undergoing improvement work aimed at delivering MAT, mindful that alcohol use remains the main reason for referral into the specialist service. Progress had been slow, primarily due to existing skill sets across NHS Highland to deliver MAT and recruitment challenges. The report notes an improving picture with 2023 having seen continuous improvement across the service as a whole. The report provided a summary of progress to date.

The Interim Head of DARS spoke to the report and noted the recent publication of the Alcohol Death figures which illustrated the real need to address the issues. Moderate assurance was offered to the Committee based upon the planned actions.

- Work was ongoing to implement the Medication Assisted Treatment (MAT) standards, introduced nationally in 2021. Highland had got off to a slow start but in the last quarter report it had started achieving the national treatment standard that nobody should wait longer than three weeks from referral to service and start treatment. The aim is for all patients across the region to be able to access this service and standards and steering groups are in place to act as an interface between drug and alcohol services and primary care to ensure a seamless service for anybody who presents.
- Psychological interventions and trauma-informed care had been seeing more challenges of implementation with a lack of rooms in some areas to deliver therapies. The steering group is picking this challenge up and recruitment had increased in terms of psychological expertise within the service.
- Much work had been carried out with custody services to address drug-related deaths following data that 26% of deaths occurred in custody.

During discussion,

- The issue of addressing rural communities, older women and drink driving was raised and it was noted that there is quality improvement work underway to consider the issues at a local level and work with locality teams to develop plans.
- The Inverness and Caithness outreach teams were noted for their work and that these models were under consideration regarding a wider and effective Highland roll out.

The Committee:

- **NOTED** the and accepted **moderate** assurance report, and noted that a further update to the committee would be presented in 12 months.

3.7 IPQR

The Interim Head of Strategy spoke to the report and noted the graph on Drug and Alcohol waiting times which were progressing towards the Scottish average, and that 18 week waits for CMHT had seen improvements. Adult Social Care had seen a steadying off in the numbers of people who had previously been awaiting receipt of a care package and a slight improvement in the numbers around Care At Home and Delayed Discharges. Although the overall position remains very challenging, the data indicated that the revised processes implemented by staff were having a positive effect in slowing the overall rate of increase in Delayed Discharges despite the adverse impact of reducing care home beds, reducing care at home hours and other significant system pressures.

In discussion,

- It was suggested that seasonal spikes in numbers could be an area to articulate in order to address the issues.
- In terms of the position around delayed hospital discharges, the Deputy Director of Nursing commented there had been a significant programme of work over the past 12 months to improve the flow and management of people within the system. However, there had been a loss of capacity within North Highland of both care home beds and Care At Home hours. It was noted that despite new process in place for locum and agency staff to address recruitment issues embedding these systems was proving difficult. In addition, anecdotal evidence had shown that there had been a change in the level of complex conditions from people presenting at hospitals.
- It was noted that the average length of hospital stay in Highland is well below the Scottish average.

The Committee:

- **NOTED** the report and accepted **moderate** assurance noting the stressors on the system.
- **The Chair noted** comments from the previous meeting by J McCoy to be picked up in a development session around the IPQR.

3.8 Annual Performance Report

The Chief Officer introduced the report which was for noting by the Committee ahead of going to the Board to be approved for publication alongside the Annual Performance Report for Argyll and Bute. It was noted that the document was intended for the public and addresses outcomes, the commissioning of services and effectiveness of service activity. The report recommended substantial assurance to the Committee due to it following the national framework guidelines for its publication.

Thanks were given to the Interim Head of Strategy and her team for producing a readable and useful document.

The Committee:

- **NOTED** the report.

3.9 Chief Officer's Report

(See above, between 2.1 and 3.1.)

4 HEALTH IMPROVEMENT

District Reports

(See item 3.2 above.)

5 COMMITTEE FUNCTION AND ADMINISTRATION

5.1 Committee Work Plan

The Chair noted that he would meet with the Chief Officer and colleagues to discuss the work plan and get the most value for the Committee while addressing the large agenda.

The Committee

- **noted** and **agreed** the Work Plan for 2023-24 in its current form.

5.1 Committee Terms of Reference

The Chair invited the Committee to consider the Terms of Reference and that if any changes were identified to contact him in advance of the next meeting where the Terms of Reference were due to be agreed and sent to the Audit Committee for recommendation to the Board.

The Committee

- **noted** the Terms of Reference.

6 AOCB

There was none.

7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 1 November 2023** at **1pm** on a virtual basis.

The Meeting closed at 4.20pm