

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 June 2021 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
Deirdre MacKay, Vice Chair, Board Non-Executive Director
James Brander, Board Non-Executive Director
Philip Macrae, Board Non-Executive Director
Adam Palmer, Employee Director
Elaine Ward, Deputy Director of Finance
Paul Davidson, Medical Lead
Simon Steer, Director of Adult Social Care
Louise Bussell, Chief Officer
Julie Petch, Nurse Lead
Cllr Isabelle Campbell

In Attendance:

Neil Wright, Lead Doctor
Ian Thomson, Area Clinical Forum Representative
Catriona Sinclair, Area Clinical Forum Representative
Michael Simpson, Public/Patient Representative
Michelle Stevenson, Public/Patient Representative
Wendy Smith, Carer Representative
Fiona Malcolm, Highland Council
Fiona Duncan, Highland Council
Tracy Ligema, Deputy Director of Operations
Donnellan Mackenzie, Area Manager South & Mid
Rhiannon Boydell, Head of Service, Community Directorate
Elisabeth Smart, Public Health Team, NHS Highland
Stephen Chase, Committee Administrator

Apologies:

Gerry O'Brien, Cllr Linda Munro, Dr Tim Allison, Mhairi Wylie

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 publically available to view for 12 months on the NHS website.

The meeting was quorate.

No formal Declarations of Interest were made.

The Chair requested that the order of items on the agenda be changed to accommodate operational pressures. The items followed the suggested order: items 1, 3.3, 3.4, a 10 minute break (2.25pm to 2.35pm), then items 2, 3.2.1, 3.5, 3.1, and 4 through to 7. (Item numbers as amended from the circulated Agenda.)

The Committee was informed that a Development Session on the Committee Self Assessment process had been held that morning and was regarded as useful. A report recommending improvements to the operation of the Committee would be submitted to a future meeting.

It was noted that Nicola Sinclair has withdrawn from membership of the Committee due to her resignation as a Highland Councillor.

[Page numbers in square brackets refer to the collated papers for the meeting.]

2 FINANCE

2.1 Year to Date Financial Position 2020/2021

[PP.1-6]

E Ward, Deputy Director of Finance, provided an overview of the paper circulated prior to the meeting.

An amendment to the paper was noted: the last item of section 4.1 (p. 56 of the collated papers) should read, "Transitions/Young Adults with Complex Needs".

Following questions from members of the Committee the following responses were provided:

- Some in year allocations are expected. Generally additional allocations will have no impact on the forecast position as any additional allocation will have matched expenditure.
- In respect of the Primary Care Improvement Fund, an allocation of £4m has recently been made. This is in addition to £4 million received from Scottish Government later in the 20/21 financial year which was returned to Government with agreement that it would be re-provided in 21/22.
- It was confirmed that with regard to the transformational savings programme being overseen by the Joint Project Board of the Highland Health and Social Care Partnership, the Children's Health Services budget was in scope, albeit no savings had currently been identified.
- With regard to the overspend in Police and Custody services, it was confirmed that the pressures arose due to additional requirements from Scottish Government for these services. A business case was being developed for internal resource.
- With regard to the assumption in the forecast that recruitment challenges would not continue at the same rate in the current year 2021/2022. E Ward indicated that this will be kept under monthly review and adjusted once the pattern of recruitment becomes clearer.
- The share of NHS Highland's savings target allocated to Community Services was confirmed as £1.9 million

The forecast financial position was considered by the committee, noting the various budget pressures, the savings targets and that slippage on same attributable to COVID pressures may not be funded by Scottish Government in 2021/2022. An Amber rating was agreed by the Chief Officer and Deputy Director of Finance to be the current level of risk.

It was agreed that the next report to Committee should include further detail on the PMO workstreams. A future presentation to the Committee from staff involved in implementing PMO service redesign projects would be useful.

After discussion, the Committee:	
• NOTED The final position for the HHSCP for the 2020/2021 financial year. The overall financial position of NHS Highland is an underspend of £0.700m. This represents 0.7% of the full year budget.	
• CONSIDERED The HHSCP position at the end of Period 2 2021/2022. The HHSCP is reporting an overspend at month 2 of £2.133m against a year to date budget of £60.955m. The full year forecast is an overspend of £2.166m against a budget of £375.880m	
• NOTED The detail of the Financial Plan submitted to Scottish Government for the 2021/2022 financial year.	
• NOTED The progress on the delivery of ASC savings.	
• AGREED A paper to return to the next Committee meeting around the overall savings plan, including the relevant PMO workstreams.	
• AGREED A future presentation from staff involved in delivering savings workstreams.	

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Assurance Report from Meeting held on 28 April 2021 [PP.7-20]

The draft Assurance Report from the meeting of the Committee held on 28 April 2021 was circulated prior to the meeting.

An amendment was noted for the minutes: item 3.6, paragraph 3: should read, "...often a case of asking providers different questions...".

The Committee

- **Approved** the Assurance Report, as amended.

3.2 Matters Arising From Last Meeting

3.2.1 Adult Social Care Commissioned Services Fees Rates 2021-2022 [PP.21-30]

Follow up to item 3.7 from the meeting of 28 April 2021

Simon Steer provided an overview of the paper circulated ahead of the meeting.

In response to questions the following responses were provided:

- With regard to how any underspends are dealt with, the settlement from Scottish Government is passed through from Highland Council on the basis that the National Care Home Contract uplift will be applied in full therefore there is no scope for savings
- A standstill was applied to those fees where no national agreement was in place, taking into consideration the overall financial position of NHS Highland and the requirement to find £3 million of savings from the ASC budget.

It was agreed that a paper be brought to a future Committee meeting on Adult Social Care charges.

Revised Terms of Reference for Adult Social Care Fees, Commissioning, Instruction and Briefing Group

In response to questions the following responses were provided:

- The context for the lack of governance oversight in the decision making process was explained. The intention was not to remove governance but reflected the ceasing of the Finance and Performance Subcommittee.

- The Chair suggested that decision making on these issues requires some involvement of a governance committee of the Board and requested that the draft TORs be reconsidered, in discussion with the appropriate Executives and revised proposals brought to the next meeting.
- It was noted that the Finance and Performance Subcommittee had ceased operating because of concerns about duplication with discussions at HHSCC and then the Finance Committee of the Board. The Sub Committee had been removed from the TORs of the HHSCC following the governance review carried out by the Board during 2020.

After discussion, the Committee:	
• NOTED the process implemented for the setting of Adult Social Care Fees for 2021/2022.	
• AGREED A paper to be brought to a future committee addressing the position on charges.	
• AGREED that further discussion take place on the Terms of Reference for the Adult Social Care Fees – Commissioning, Briefing and Instruction Group.	

3.3 COVID-19 Overview Report

E Smart spoke in place of the Director of Public Health and Health Policy, and provided a verbal report and presentation to members of the overall position regarding COVID-19 and the Vaccination Programme in Highland.

COVID-19 update as of June 30 2021

- The number of confirmed cases within Highland has seen a steep rise within June. Figures for the number of confirmed cases and the 7 day rolling average were shown for 1st December 2020 to 25th June 2021.
- More staff from the Health Protection Team are carrying out contact tracing and cases averaging over 100 a day (as of the date of the meeting) is making it difficult for the team to deal with. Mitigation measures have been put in place including the introduction of texts rather than phone calls for less complex cases.
- Daily figures for numbers of PCR tests and the 7 day moving average over the period from 1st March 2020 to 1st June 2021 showed the latest peak to be at least as high as previous peaks.
- The number of confirmed COVID-19 deaths registered with NRS for NHS Highland local authority areas showed a decline in numbers in relation to the number of positive cases compared to previous peaks. The success of the vaccination programme was thought to be the main contributing factor to this fall.

Vaccination Update

Percentage coverage of dosage for ages 18+ at 28th June 2021 were shown with 84% having received the first dose and 66% the second dose. The data for age cohorts shows a near 100% coverage for both doses for the 60+ age cohort.

The Vaccination programme is split into three tranches:

- Vaccination of the adult population (18+ years) to be completed on 18th July (on track, with second doses expected to complete by mid-September)
- Delivery of flu vaccination and Covid Boosters to begin on 1st September
- Future vaccination to be confirmed.

NHS Highland had generally performed slightly better than the national average for the initial cohorts in Phase 1. Reaching the younger age group had initially proved more difficult as a result of our mixed model of delivery but now was almost in line with other Boards. Further information on the model of delivery in Highland was provided as follows:

- NHS Highland utilised GP practices to deliver the vaccination to the programme.

- Approx. 1 third of practices have now withdrawn from the programme and NHS Highland is running clinics using a number of models to administer vaccination in their place, including mobile units and clinics including some drop in locations
- Use of the national vaccine scheduling system for appointments has been challenging in the context of our delivery model but we remain committed to its use
- NHS Highland have carried out highly successful engagement with various communities/population segments and a summary of our work in this regards has been requested by the national programme to inform the work of other boards – particularly with regard to outreach to the Chinese community.

In response to questions the following responses were provided:

- It was confirmed that substantial research is underway in the universities on data showing the connection between second vaccine jabs and positive retests.
- The mean age of those with a positive test from the latest surge in cases is 30 years old, and anecdotal evidence has shown an association with the lifting of restrictions and the Euro football games.
- There is a portal through NHS Inform to access appointments for test centres, the Medical Lead agreed to find out about locations of drop in clinics. These are now on the NHS Highland web site:
<https://www.nhshighland.scot.nhs.uk/COVID19/Pages/Vaccination.aspx>
- There are difficulties with engagement of younger cohorts although every effort is being made through social media, for example.
- The aim for those who cannot take the vaccination is that with enough overall vaccination cover of the rest of the population the risk to this cohort is reduced.
- It was noted that although the current wave is not seeing the same level of illness in care homes there is risk from stress on carers both working in care homes and elsewhere. Four care homes have closed to admissions (with another four closed due to other issues). Brexit, furlough and recruitment were noted as contributing factors too.
- The Medical Lead noted that current analysis shows that the connection between Covid and severe conditions appears to be broken by the vaccination programme. However, meeting in indoor settings in larger family and social groupings is an issue. Like influenza, Covid is a significant illness especially to those already vulnerable.
- The Chief Officer noted the issue of staff fatigue, with issues arising from staff having carried over leave from last year. Teams are working to be flexible with the use of bank and agency staff but it is a challenge.
- Enhanced Community Services provision has seen more movement out of hospitals freeing up bed space, however: there will be pressure points on A&E and the system in general with tourism and the breakup of schools for holidays.

The Committee:

- . Thanked E Smart for the report and **NOTED** the report.

3.4 Enhanced Community Services Update

[PP.31-42]

Rhiannon Boydell, Head of Services, Community Directorate, gave a presentation, providing the strategic context for the service developments described in the previously circulated paper. Some key points from the presentation included:

- The Covid 19 Clinical Expertise Group produced a paper, “Enhanced Community Health and Care Model” in June 2020 which served as the basis for the Enhanced Community Services Strategy in response to COVID and to assist with remobilisation and more effective use of community hospital resources. A steering group was established September 2020.
- Following a successful funding bid from Scottish Government a remobilisation plan for Inverness only was implemented for enabling scheduled care for September 2020 to March 2021.

- NHS Highland's CEO and Chair have put in place a 1 year strategy for Integrated Planned and Unplanned Health and Social Care focussed on a Home First approach and developing an integrated team model at the local level.
- A Multi stakeholder North Highland Steering Group was established with representatives from Local Implementation Groups (from, for example, the Acute sector, Adult Social Care and in house and independent GPs, independent sector providers, and professional leads), this includes a large work stream with Palliative Care led jointly with the hospice, and Unscheduled Care workstreams.
- QI methodology is being employed to measure impact and give the plan more robustness and sustainability.
- Smaller defined areas of change in all other districts outwith Inverness are in the process of being identified as opportunities by local teams detailed in the circulated paper based on the Inverness model (these areas are not in receipt of the government funds for Inverness).
- The principles of Enhanced Community Services were described:
 - Improved Coordination: multi-disciplinary, person-centred decision making (with an appropriate mix of staffing expertise).
 - Improved Identification of people in hospital and at home who require support.
 - Increased capacity in the community integrated team and community resource to improve responsiveness.
 - Establishing new pathways: 'Home First' (early assessment, where possible at home before hospitalisation), anticipating crisis to avoid admission where appropriate.

Early results have been positive, with reduced length of stay in Raigmore and RNI, and positive feedback from trials in Nairn and Mid Ross, with resulting improved staff experience, and better consultation and evaluation of bed capacity requirements at RNI.

The next aim is to secure investment for sustaining and furthering Inverness developments and to implement the principles across North Highland along with developing a performance dashboard and appropriate reporting measures.

In response to questions the following responses were provided:

- Any adverse impact from the service changes would be recorded using the same process as when identifying any harm, i.e. through Datix. However, capturing and evaluating those areas of experience that fall outside this reporting system through more informal questions to clients and patients is key to understanding achievement of integration aims.
- It was thought unlikely that similar levels of funding to that found for Inverness can be secured from Scottish Government for other areas of North Highland and therefore a process of identifying the release of internal funding from savings realised from reductions in delayed discharges and admissions was underway, though this is unlikely to be at Scottish Government levels. It was recognised this will be a challenge.
- There is currently no specific stakeholder carer representation and R Boydell will have further discussion with W Smith about this.
- Patient and carer representation around service changes in Inverness including use of the RNI is being addressed through working with Highland Senior Citizens Network and LGOWIT (Let's Get On With It Together), and through the GP forums and the GP Subcommittee.
- The Community Hospital strategy is interlinked with the Enhanced Community Services strategy, for example, avoiding admissions to Raigmore through the use of community hospitals, which raises the matter of what resources a community hospital requires in order to assist with the necessary care.
- In terms of the impact on life outcomes, it is recognised that this is difficult to measure with most information arising out of patient feedback. It was suggested that advice and assistance will be required in this area.
- Small-scale change in each locality is required to inform a wider business case for the organisation to fund successful service developments in the longer term.

- It will be difficult to follow the same model as for Inverness but some areas have taken on the same underlying principles of the changes, and if support can be provided to enhance these teams a good working model should be possible, taking into account each area's different needs.
- It was acknowledged that there are challenges around capacity with regard to social care following hospital discharge. The data is being examined with regard to how overburdened independent sector providers can be supported by reference to in house service models.

In discussion, the committee agreed there was a question to be considered about how and when to present this good news story to stakeholders and the public. Further assurance was asked for in two areas:

- 1.) To assess and embed findings from patient and carer experience through consultations with a commitment to provide an update on this and plans for community engagement around the RNI and its future.
- 2.) 2.) That the business case to be developed to embed the new models would achieve parity across the region.

It was agreed this will be an action for L Bussell and R Boydell.

Thanks were given for the work undertaken and on going on this project.

After discussion, the Committee:	
• NOTED the paper and agreed that an update should come to a future meeting.	
• REQUESTED further assurance on plans for parity of opportunity across the region to support a business case.	
• ACTION for R Boydell and L Bussell for paper to come to future committee.	
• AGREED discussion to be had outwith the committee on carer stakeholder representation between R Boydell and W Smith.	

Update on Third Sector Commissioning Strategy

Rhiannon Boydell introduced the paper previously circulated:

- The tendering process has been reviewed by the Third Sector Funding Project Board.
- The previous tendering process resulted in contracts being issued for one year and as a result of the impact of the Covid 19 pandemic, contracts had been extended by one year up until the end of March 2022. It was felt by both the Project board and Third Sector organisations that the previous process had been difficult and that the experience and outcomes could be improved, hence contracts were awarded for one year with a commitment to this review of the process. This has now taken place with the Third Sector in a more collaborative and coproduced approach.
- The Committee is due to receive a full report from the Third Sector Funding Board in November 2021, the report provided an update on the under £50K tendering process.

In response to questions the following responses were provided:

- The budget for this round was £500-600,000 with four times as many applicants for the amounts available in the previous round. The vast majority of applications met the priorities but sustainability and impact were also key factors in determining allocation.
- It was noted that Mhairi Wylie has been key in building relationships with the Third Sector. In terms of the end process, it was thought more difficult to assess how well the plans met needs but a clearer understanding should emerge from feedback.
- It was noted that discussion is underway regarding the appropriate communications strategy when the awards are made. It is thought that a strategy will be necessary in the near future for communicating information about the awards from the current process but

it is perhaps too soon in terms of communicating the aims and outcomes of the larger project.

3.5 Chief Officer's Report

[PP.43-54]

The Chief Officer provided an overview of the paper circulated prior to the meeting.

In response to questions the following responses were provided:

- Sally Amor will provide a paper on Children's Services Reporting to the next meeting.
- A response to the Mental Welfare Commission Report and provision of an Action Plan is required by August and will be shared with the Committee at the next meeting.
- Legal advice had advised concerns around the sharing of data between NHS Highland and the Council. After consultation, the sharing of data was agreed but the delay meant that the information was not available for reporting.
- The Chief Officer confirmed that the Chief Officers Report contained answers to questions raised by W Smith at the meeting of 28 April 2021 and invited further discussion. It was noted that it was important that management's response to questions raised at Committee is reported back to the Committee as it is the Committee as a whole that receives assurance, rather than the individual raising the initial questions.
- The Chief Officer stated there was a keen interest in establishing and developing carer representation and other sources of lived evidence in service planning and redesign.
- There are still challenges and limits in terms of restrictions in the remobilisation of Day Care Centres, however sessional work should be just one part of a package agreed with the carer and client. It was agreed that L Bussell and W Smith will discuss these issues further outwith the Committee.
- A business case for the new Skye hospital was recently submitted and discussions are underway with the Director of Finance with regard to workforce planning and the numbers of staff required.
- It was noted that the North Coast Redesign remains a separate project from the Caithness redesign, however with a number of staff involved in both projects it made sense to discuss them together.
- It was noted that a paper is going to Highland Council on the North Coast project for September.
- The Chair suggested and it was agreed that a CO report be produced specifically on the North Coast redesign.
- It was agreed that L Bussell and F Davies will discuss how the local population be kept up to date with progress on the project.

After discussion, the Committee:	
• NOTED the terms of the report.	
• AGREED that L Bussell and W Smith will discuss the issues mentioned above further outwith the Committee.	
• AGREED that L Bussell and F Davies discuss how the local population be kept up to date with progress on the North Coast project.	

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.55-56]

It was agreed that the Chair and Chief Officer will propose a revised workplan.

The Committee	
• AGREED that the Chair and Chief Officer will propose a revised workplan.	

6 AOCB

M Simpson noted the lack of a Community Engagement item for the workplan. It was noted that the Head of Communications was developing a Communications and Engagement Strategy for the Board. Agreed that Louise Bussell will discuss with Ruth Fry a suitable opportunity for a report on the topic to the Committee.

It was answered that there is an intention to develop this area with the Chief Officer and across the Board. L Bussell will discuss this with Ruth Fry.

7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **1 September 2021** at **1pm** on a virtual basis.

The Meeting closed at 4.04 pm

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