

## 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 1 September 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  
Cllr Deirdre MacKay, Vice Chair, Board Non-Executive Director  
James Brander, Board Non-Executive Director  
Philip Macrae, Board Non-Executive Director (had to leave the meeting at 3pm)  
Gerry O'Brien, Board Non-Executive Director  
Cllr Linda Munro, Highland Council  
Cllr David Fraser, Highland Council  
Elaine Ward, Deputy Director of Finance  
Paul Davidson, Medical Lead (had to temporarily leave the meeting around 3pm)  
Simon Steer, Director of Adult Social Care  
Louise Bussell, Chief Officer

#### In Attendance:

Neil Wright, Lead Doctor  
Ian Thomson, Area Clinical Forum Representative  
Mhairi Wylie, Third Sector Representative  
Michael Simpson, Public/Patient Representative  
Michelle Stevenson, Public/Patient Representative  
Wendy Smith, Carer Representative  
Rhiannon Boydell, Head of Service, Community Directorate  
Elisabeth Smart, Public Health Team  
Jane Park, Head of Service (Health), Highland Council  
Arlene Johnstone, Head of Service, Health and Social Care  
Tara French, Head of Strategy and Transformation, HHSCP  
Anne Campbell  
Evelyn Newman  
Stephen Chase, Committee Administrator

#### Apologies:

Adam Palmer, Tim Allison, Julie Petch, Sara Sears, Catriona Sinclair, Tracy Ligema, Heidi May.

## **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 NSH website.

The meeting was quorate.

The Chair welcomed Anne Campbell and Evelyn Newman who attended with a view to considering positions as Staff Side Representatives, and Bert Donald as a Non Executive and the Board's Whistleblowing Champion.

The Chair thanked all staff across the health and social care system for their continued effort to maintain services in spite of tremendous pressures, due in part to the direct and indirect impacts of the pandemic as well as the pressures of the tourist season. Apologies were offered to members of the public whose care is being impacted by these pressures. Assurance was given that the Board is aware of the pressures and is being kept informed. She encouraged all stakeholders of the committee to assist where they can in directing the public to non-emergency services where appropriate. The Board is in close contact with the Highland Council to see what kinds of mutual aid can be offered to each other and the Chair thanked the Council for their support.

L Munro declared a financial interest in Self-directed Support in case the subject arose in discussion during the meeting.

*[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. 1-3]**

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

An amendment to the report was noted for the HHSCP Financial Position at Month 4 (July 2021). For Table 2 of the paper (p. 2, collated papers) 'Primary Care' and 'Adult Social Care' descriptors had been mistakenly transposed and should be switched round.

The forecast position for Highland Health and Social Care Partnership of a year end position of an overspend of £1.287 million was being driven by two main factors:

- Police Custody has an anticipated £500,000 overspend. A business case is being prepared to include in the 2022/2023 financial plan.
- Pressure with Care at Home packages means a £1.8 million overspend is anticipated to year end, but in reviewing the link between additional care at home packages and Covid, the expectation is that a significant amount will be charged to Covid costs in month 5.
- The Primary Care position continued to be driven by the use of locums.

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

- It was clarified that for forensic services there will be an overspend of £½ million for this year, however corrective action will not be required because this is being managed at a Board level and is being built into the overall financial plan for next year.
- The pressure within the Care at Home budget of £1.8 million correlates with the packages identified in the Chief Officer's Report. There is the potential for more as demand pressures are managed over the winter period.
- The risk adjusted £1.768 million of ASC savings at the end of month 4 is set against the £3.300m, set in the context of £11.3m (£4m of which is funded by Scottish Government, £2m Highland Council, £2m NHS Highland £2m (built into the Financial Plan). This gives a savings target of £3.3m.
- Next year is giving cause for concern with an increased pressure on Adult Social Care funding in the region of £13m pending future funding agreement with Scottish

Government and Highland Council. The next Joint Project Board meeting will feature a paper flagging this risk.

- Distinguishing COVID costs from remobilisation has an associated risk because the additional funding is not yet in place.
- The Deputy Director of Finance and Chief Officer agreed that the current risk level was appropriately ragged at amber. The key pressures are known and plans are in place to mitigate these as far as possible. However, uncertainties remain especially around any future agreement with Scottish Government and Highland Council around funding for Adult Social Care.
- NHS Highland is not in an outlying position in terms of health expenditure compared to the other Scottish boards but it is somewhat in terms of Adult Social Care due to the partnership operating under the Lead Agency model. However, all other health and social care partnerships are facing the same issues.

<b>After discussion, the Committee:</b>	
- <b>NOTED</b> the NHS Highland financial position at the end of Period 4 and the projection to year end.	
- <b>CONSIDERED</b> the HHSCP financial position at the end of Period 4 2021/2022 and the projection to year end.	
- <b>NOTED</b> the progress on the delivery of ASC savings.	

### 3 PERFORMANCE AND SERVICE DELIVERY

#### 3.1 Assurance Report from Meeting held on 30 June 2021

[PP. 4-14]

The draft Assurance Report from the meeting of the Committee held on 30 June 2021 was circulated prior to the meeting.

<b>The Committee</b>	
• <b>Approved</b> the Assurance Report and Rolling Action plan.	

#### 3.2 Matters Arising From Last Meeting

In response to a question from Wendy Smith about remobilisation of services that support family carers, it was agreed that this would be addressed at item 3.6.

#### 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 regarding the overall position regarding COVID-19 and the Vaccination Programme in Highland.

##### COVID-19 update as of 27 August 2021

- The number of confirmed cases within Highland has seen a steep rise within June. There are currently 6,000 cases across Scotland with 200 cases in Highland.
- Trends show the number of cases has increased significantly with numbers almost doubling in some areas.
- Significantly, the number of deaths relative to cases of COVID is much lower than previously and the take up in vaccination is thought to be the key mitigating factor.

##### Vaccination Update

The Vaccination update shows a better story with very good percentage coverage by age group across Highland.

In response to questions, the following responses were provided:

- It was confirmed that vaccination is not 100% effective against the disease so people who have two vaccinations may still catch COVID but will generally experience a much

milder form of the disease. Vaccination is also having a downward impact on transmission rates in the community.

- Data regarding hospitalisation rates for those double vaccinated is available at national level but data protection regulations may prevent this information being made public because it might be possible to infer patient identity. The Medical Director pointed to the most recent large study at Imperial College London which shows that those who have received both doses are three times less likely to catch Covid than those who have not.
- In relation to difficulties accessing a local PCR test, it was confirmed there is a capacity issue with PCR tests and whilst people will generally be directed to the nearest available facility this may be some distance away and there have been reports of some people travelling significant distances to get a test. Home delivery and pick up by courier is also an option for PCR tests. Good communication as to where and when mobile units are to be stationed is important.
- Plans are in place for an Autumn/Winter booster programme although it is not yet clear how the Influenza vaccine programme will fit into this. The JCVI has interim guidance on a COVID booster programme for the over 70s and vulnerable people but a final decision rests with Scottish Government. The Flu vaccine will be delivered mainly by GPs in Highland but there is a wait due to COVID planning and the matter of ordering vaccines. The vaccination supply is secure but there is a lot of work involved in maintaining supply levels. It was noted that Highland has the most complex vaccination programme in Scotland but is managing well.

The problems of getting a clear message across about the pressures in the system and the importance of using sources of help other than A&E including NHS 24, community pharmacies and minor injuries units were discussed:

- Multiple networks are involved and therefore working with partner organisations is key, for example, Fire and Rescue, the Police and employers.
- Different generations use different media to receive information and the Public Health Team is fully engaged with putting out the message to different media platforms.
- N Wright noted that GP practices had found a falloff in engagement with the under 65s (the majority working population) due in part to inflexibilities around working hours.

#### **The Committee:**

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

### **3.4 National Care Service Consultation (NCS)**

The Chair noted the useful Development Session held recently on this topic. The importance of the proposals for a NCS could not be underestimated and today's discussion would be the Committee's opportunity to influence any response from NHS Highland and/or the HHSCP.

The Director of Adult Social Care spoke to the Scottish Government PowerPoint presentation circulated ahead of the meeting which outlines the basis for the public consultation on the proposed new service.

The presentation raised the following points and questions:

- There will be a massive change in legislation required. The plan is for the legislation to be passed within a year, with implementation of the NCS commencing by 2023 and fully implemented by the end of the current parliamentary term.
- It was noted that the scope and reach of the proposed NCS would entail significant change incorporating a number of areas formerly outwith the remit of the HHSCP such as Justice Services and Children's Social Care Services. Social Work governance may change significantly.
- The aim of the new service is to bring a national approach informed by local needs. An example of the changes includes the move from a local approach for care homes to an approach commissioned by the minister who may decide rates and allocations (it was noted that this will not be an easy balance).

- It was noted that a lot of detail is lacking at present, making it harder to comment on the proposals but that people should be encouraged to put their voices forward at individual and organisational levels in order to help shape the way in which the service is put into practice.
- The Chair noted that a large amount of effort will be required to influence the direction of travel and that this should be viewed as an opportunity as well as a risk, especially with Highland's rural and remote context.
- A clear process for agreeing how to implement any changes required as the proposals develop, both as organisations and a partnership will be required working with stakeholders and partners.

Key points from members' discussion of the Consultation Paper included:

- Lack of clarity around a number of issues including what the NCS means for GP contracts and services, whether the Health and Social Care Boards will employ staff providing services as well as planning and commissioning teams.
- Concerns about the scale of the task to manage integration of such a wide range of services which is likely to require dedicated teams and the resulting impact on staffing and finances.
- Problems with previous centralisation of services were noted, for example with Fire Service recruitment in remote and rural areas.
- It was affirmed that people with lived experience will be involved in the planning and the working approach of the NCS. A Social Covenant Steering Group has already been established at national level.
- The human rights and person centred ethos was welcomed as was the strengthening of community health links, but misgivings were voiced about how the sharing of information will be managed.
- The intention of the NCS is that local people are at the heart of decision making but it is not yet clear how this can work in practice if the minister is allocating budgets and making decisions to be enacted by the new NCS boards, this also raises questions about what role health boards and councils will play.
- The HHSCP does not currently have the structures and support in place to engage with users and carers to the full extent implied by the NCS proposals.

Caution was raised that, even though there has probably never been a better time to address the many issues of the Care sector, the workforce is exhausted from the experiences of the past year and a half and is now going into winter still dealing with the Covid pandemic and the flu season.

The Chair summarised the key themes raised in discussion:

- 1.) A need to be proactive in identifying opportunities as well as risks, and the need to influence the way in which the NCS is put into action, especially in terms of getting a voice heard for rural and remote communities.
- 2.) There is a need to continue with improving integration of health and social care while legislation is awaited, for example in the area of user and carer experience.
- 3.) The proposals raise a number of questions about how the HHSCP will manage responses when it is clearer what the direction of travel is.

<b>After discussion, the Committee:</b>	
- <b>NOTED</b> the Scottish Government presentation and invitation to contribute to the consultation.	
- <b>AGREED</b> the Chief Officer's report will include a regular update on the progress of the NCS and how the partnership is responding and considering changes at the local level.	

### 3.5 Children's Services Report

[PP. 15-22]

The Head of Service (Health) at Highland Council thanked the Chair and the committee for its acknowledgement of the hard work all staff across the Partnership continued to carry out and noted that she will pass this appreciation on to her team. She introduced the report, referencing a number of key points and noting the intention to provide a fuller assurance report to the next committee including performance data.

- Around 300 Highland Council staff deliver the commissioned service and have all responded well across the pandemic period. The establishment of a health leadership structure with clear lines of accountability is helping to create robust governance of and strengthened practice within the council.
- There is an established professional and clinical governance framework with risk management mechanisms to escalate matters to the NHS Highland Board via the HHSCC and Highland Council.
- Opportunity has been taken in the last 18 months to increase scrutiny of data and improve its collection for the purposes of improving outcomes for families.
- A lot of work is being carried out on workforce profiling, planning and development to ensure a workforce which is fit for purpose to assist families with better life outcomes.
- The past 18 months have seen an aggressive recruitment programme, including establishing advanced nurse training programmes. The vacancy rate has fallen sharply (to 5 or 8% across the disciplines), however Health Visiting is the one occupation on the risk register.
- 20% of the Health Visiting workforce is due to retire within the next 18 months meaning the loss of experience and knowledge of communities in addition to numbers on the ground.
- There are pressures around the Vaccine Transformation Programme. The team are working with NHS Highland on delivering the expanded Flu programme for secondary level school students (13,000 pupils and 5,000 teaching staff).
- The role of School Nursing service has changed since the introduction of the integration partnership with significant increase in demand for an immunisation programme, and this has impacted other areas of the service, especially for families who are vulnerable or at risk.
- The Transforming Nursing Role programme has been set up to assist School Nurses to focus on mental health and wellbeing within school communities and meeting the needs of care-experienced and vulnerable children and their families. This is an area of on-going work which continues to face pressure.

Two items of note absent from the report were mentioned:

- J Park recently met with T Ligema and S Amor to discuss plans for Performance Management over the next 6 months, to provide a minimum core data set, to determine additional assurance measures for the committee and partnership, as well as service improvement measures.
- In terms of finance and resources, since 2012, the focus has been on using an integrated budget to promote family health and life outcomes. The Care and Learning Service is currently being disaggregated to create an Education and Learning Service and a Health and Social Care Service. The budget for the latter is being examined in order to provide assurance to NHS Highland on use of the budget for delegated services.

In discussion, the following points and questions were raised:

#### Recruitment and Retention of Workforce

- With regard to the geographical distribution of the expected 20% retirement of the Health Visitor workforce there are challenges in the South and Mid Highland areas with regards to retirement and with Maternity Services in the South area.
- In relation to pathways for young people to enter the health and social care workforce, various initiatives to improve recruitment were outlined, including 'grow your own' to

enable clinical support staff to take on nursing or AHP roles, joint working with Independent sector providers to recruit social care staff and fast track in-house traineeships. It was noted that school leavers tend to go into childcare or nursing rather than social care. It was agreed that further information about initiatives to encourage young people into health and social care roles along with any pre-university qualifications required would be provided outwith the meeting.

IT

- With regard to the MORSE system, this was being rolled out across community health and social care teams to improve information sharing and data collection.

COVID

- Noting that many services had continued during the pandemic, it was asked what work was not carried out. Services during the pandemic had been heavily influenced by guidance from Scottish Government in particular the Chief Nursing Officer. Maintaining child protection activity despite a reduction in core visits and the need to work remotely had been a priority. New technology solutions and fully utilising the skills of all staff had helped build capacity. However, undoubtedly parenting support has suffered.

Communications

- With regard to promotion of sources of advice and information for children and families such as the ‘Just Ask’ helpline, various methods including facebook, You Tube, leaflets and posters and signposting by community members were highlighted. The ‘named person’ contact is an important support for young people and able to connect young people with appropriate services. Community signposting is central, with leaflets and posters provided in key areas.

Cllr Munro noted that in response to Caithness Cares (the Caithness mental Wellbeing Pathfinder Project), a related project has been developed for Sutherland with Scottish Government funding for 15-26 year olds, focussed on looking and listening within communities. This initiative is due to roll out across Highland.

A full report on Children’s Services will be available within 6 months, a minimum data set will be provided for the next committee in November.

<b>After discussion, the Committee:</b>	
- <b>NOTED</b> the terms of the report.	
- <b>NOTED</b> a full report on Children’s Services will be available within 6 months, a minimum data set will be provided for the next committee in November.	
- Actions: To provide M Simpson outwith meeting with information on pre-university qualifications for those looking to work in Health and Social Care.	
- Actions: J Park will provide M Stevenson with links to support for vulnerable children and their supporters.	

**3.6 Chief Officer’s Report**

[PP. 23-30]

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

In discussion, the following areas were reviewed:

Day and Respite Care

- With regard to W Smith’s question raised above (3.2), it was acknowledged that remobilisation of day and respite care still carries challenges.
- The Head of Service (Health and Social Care) noted that the pandemic had required a shift to a flexible model of support, with increased use of self-directed support to provide tailored support in communities, making use of buildings differently due to restrictions on numbers, with booking of space and specialist resources, e.g. for those with complex needs. Some support has been passed to independent providers, and there has been much online activity too.

- Feedback is gathered from families on an individual basis, but the picture is mixed around Highland.
- W Smith reiterated her view that remobilisation from a service user perspective was very slow and inconsistent, with a lack of clear advice about direction, and that many families are without support.
- It was agreed that, as the January 2022 meeting has a commitment to discuss Day Services, an assurance report would be provided for Learning Disability Services.

#### North Coast Redesign

- It was noted that the North Coast Redesign project had been on-going for many years and concern was raised that the next meeting of the Highland Council would have all the necessary information available to enable decisions that would finally allow the project to proceed. L Bussell noted that the Care Hub is a standing item on the agenda for meetings of the North Coast Redesign Programme Board. L Bussell will update the committee and M Simpson after meetings to be held on 9<sup>th</sup> and 16<sup>th</sup> September.

#### Adult Social Care Fees

- Further discussion is required regarding the revised governance and assurance process and an update will be provided to the next meeting.

#### Care at Home

- With regard to the significant staffing pressures being experienced across the social care system various mitigating measures are in place to manage risks. Meetings have been held with those providers experiencing difficulties in delivering care packages and NHS Highland will provide support in hotspot areas

<b>After discussion, the Committee:</b>	
- <b>NOTED</b> the terms of the report.	
- <b>AGREED</b> the Chief Officer will update the committee and M Simpson on developments regarding the North Coast Redesign.	-
- <b>AGREED</b> that an assurance report would be provided for Learning Disability Services for the January 2022 meeting.	

## 4 HEALTH IMPROVEMENT

There were no matters discussed in relation to this Item.

## 5 COMMITTEE FUNCTION AND ADMINISTRATION

### 5.1 Review and Update of Annual Work Plan

[PP. 31-32]

The revised work plan was circulated ahead of the meeting. The Annual Performance Report will be added.

<b>The Committee</b>	
- <b>APPROVED</b> the revised Work Plan.	

### 5.2 Committee Self-Assessment

[PP. 33-40]

The Self-Assessment report was circulated ahead of the meeting. The Chair noted that:

- The content reflects previous discussions.
- Some of the actions are Board wide which will influence timescales for some actions included in the Committee's Action Plan.

<b>The Committee</b>	
- <b>APPROVED</b> the Committee Self-assessment Action Plan.	



### 5.3 Annual Review of Committee Terms of Reference

[PP. 41-44]

An amended Committee Terms of Reference was circulated ahead of the meeting. The Chair noted a further amendment required:

- Due to the removal of subcommittees to the HHSCC the attendance of the Health and Safety Officer and the Occupational Health Manager is no longer a requirement.

#### The Committee

- **AGREED** the revised Terms of Reference as amended, for submission to the Audit Committee and for approval by the Board.

### 6 AOCB

- The Committee acknowledged Nicola Sinclair's contribution as a member of the committee and wished her well in her new role.
- Cllr David Fraser was welcomed to the membership of the Committee and gave a brief outline of his background in Adult Social Care both locally and in the wider Highland region.
- Tara French was welcomed to the Committee having recently started as Head of Strategy for the HHSCP.
- It was asked if Highland is likely to be affected with respect to recent reports in the press about limits being placed on blood tests in England due to a shortage of equipment.
- The Medical Director replied that Highland uses a different system to that used in England to carry out the majority of its blood tests and so is unaffected, however the labs are keeping an eye on this development.

### 7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 3<sup>rd</sup> November 2021** at **1pm** on a virtual basis.

**The Meeting closed at 4.10 pm**