NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**7 October 2020**
Title:	**Financial Position Report at 31 August (Month 5)**
Responsible Executive/Non-Executive:	**David Park**
Report Author:	**Elaine Ward**

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- Highland Health & Social Care Partnership Financial Position at 31 August 2020.

This aligns to the following NHS Scotland quality ambition(s):

- Effective

2 Report summary

2.1 Situation

This report ensures that Highland Health & Social Care Committee members are informed of the financial position at Month 5 2020/21.

2.2 Background

To achieve financial balance in 2020/21 NHS Highland are required to deliver £24m of savings as informed by the Annual Operating Plan and taking brokerage of £8.8m into accounts. This report details the Highland Health and Social Care element which feeds into the overall financial position. The report highlights ongoing uncertainties with regards to both funding and costs arising from Covid-19.

2.3 Assessment

Analysis of the situation and considerations are provided in the attached report.

2.3.1 Quality/ Patient Care

For savings schemes. the impact on quality of care is assessed at an individual scheme level using a Quality Impact Assessment tool. All savings are assessed using a QIA which can be accessed from the Programme Management Office.

2.3.2 Workforce

The impact on staff including resources, staff health and wellbeing is assessed at an individual scheme level within the Quality Impact Assessment tool. All savings are assessed using a QIA which can be accessed from the Programme Management Office.

2.3.3 Financial

We are reporting an overspend position of £1.274m, against a year to date budget of £154.121m, at 31 August 2020.

2.3.4 Risk Assessment/Management

Risk assessment of delivery is undertaken at an individual scheme and workstream level. Additionally, risk is assessed at an overall programme level and is summarised in the report.

2.3.5 Equality and Diversity, including health inequalities

n/a

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate through the following meetings:

- Workstream meetings held fortnightly
- Financial Recovery Board held weekly
- Scottish Government Oversight Board for NHS Highland

2.3.8 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- EDG 28 September 2020.

2.4 Recommendation

- **Discussion and noting**

3 List of appendices

The following appendices are included with this report:

- Appendix 1 HHSCC Finance Report – Month 5

HHSCP Committee
7 October 2020

HHSC Committee Report at 31 August (Month 5)

Report by: Elaine Ward

The Committee is asked to:
Consider the financial position of the HHSCP to Month 5 noting the overspend of £1.274m against a year to date budget of £154.121m.

1. The August 2020 position reports a £1.274m overspend against a year to date budget of £154.121m.

2. This position includes £3.630m of costs associated with Covid-19 – only £3.509m of these costs are currently funded resulting in an overspend of £0.121m. A further funding allocation is anticipated at the beginning of October but due to the uncertainty associated with this we have assumed no further funding at this time.

3. An underachievement on the savings plan for the Health and Social Care Partnership of £1.163m is also reflected in this position. Underachieved savings are included within the Covid Finance Return on a monthly basis but at this stage it is unknown if an allocation of funding will be made to cover this element.

4. A breakdown across services is detailed in Table 1 with a breakdown across Health & Adult Social Care shown at Table 2.

Table 2 - HHSCP Financial Position at Month 5

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	F'cast Outturn £m	F/cast Variance £m
	HHSCP					
211.898	**NH Communities**	84.059	84.256	(0.197)	210.993	0.905
39.484	**Mental Health Services**	16.125	16.076	0.049	39.822	(0.338)
5.781	**ASC Other**	2.391	1.910	0.481	5.781	0.000
130.928	**Primary Care**	55.129	56.326	(1.197)	131.568	(0.639)
388.091	**Total HHSCP**	157.705	158.569	(0.863)	388.164	(0.072)
	Costs held in Support Services					
3.509	Covid Costs	3.509	3.630	(0.121)	16.031	(12.523)
(3.100)	PMO Workstreams (excl housekeeping)	(1.292)	(0.129)	(1.163)	(0.920)	(2.180)
(13.993)	ASC Income	(5.801)	(6.673)	0.873	(15.143)	1.150
374.507	**Total HHSCP and ASC Income/Covid**	154.121	155.395	(1.274)	388.132	(13.625)

Table 3 - HHSCP Financial Position at Month 5 –split across Health & Adult Social Care

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	F'cast Outturn £m	F/cast Variance £m
	HHSCP					
229.354	**Health**	95.228	96.421	(1.194)	231.758	(2.404)
145.152	**Social Care**	58.894	58.974	(0.081)	156.373	(11.221)
374.507	**Total HHSCP**	154.121	155.395	(1.274)	388.132	(13.625)

5. The overspend within North Highland Communities is within the Badenoch, Strathspey and Ross-shire areas and relates to high cost long term and home support packages. This is being reviewed as part of the budget realignment exercise currently being undertaken.

6. Whilst the position within Mental Health Services is closely in line with budget an increase in costs associated with Police & Custodial Services is resulting in an overspend within Drug & Alcohol Services.

7. There are a number of factors driving the overspend within primary care.
   - £992k has been passed to GPs for Covid-19 related costs and we await funding from Scottish Government to cover this. As indicated at paragraph 2 we have not assumed funding in respect of Covid-19 other than that received.
   - The increased cost of Sertraline continues to impact on prescribing costs nationally.
   - Locum costs in 2C Practices remain high.

8. It is anticipated that across the HHSCP all housekeeping savings for 2020/21 will be achieved.

9. An overspend of £13.625m is forecast at 31 March 2021 with £12.523m of this being related to Covid-19 and a further £2.180m resulting from slippage against the Cost Improvement Plan. An over recovery of income of £1.150m is forecast.

10. The budget realignment exercise mentioned at the previous committee meeting is now underway and the outcome will be presented in future finance reports.

Summary

9. The financial position reported to committee is significantly impacted by costs incurred as a result of the initial response to Covid-19 and forecast costs to year end. A Covid Finance Return is submitted to Scottish Government Health Finance on a monthly basis and this is subject to detailed scrutiny. To date an element of funding has been provided to support sustainability payments to care providers but at this stage this does not reflect the actual payments made – details on payments made are also submitted to SG monthly. A further allocation of funding is anticipated to be made at the beginning of October based on these submissions – this further allocation has not been reflected in the Month 5 figures due to uncertainty over the value.

Elaine Ward
Deputy Director of Finance
21 September 2020

HIGHLAND HEALTH & SOCIAL CARE GOVERNANCE COMMITTEE
Report by Committee Chair

The Board is asked to:

- **Note** that the Highland Health & Social Care Governance Committee met on Wednesday 5 August 2020 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

Present:

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

In Attendance:

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

Apologies:

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

AGENDA ITEMS

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

DATE OF NEXT MEETING

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

1 WELCOME AND DECLARATIONS OF INTEREST

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

There were no formal Declarations of Interest made.

2 FINANCE

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

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

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

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

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

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

2.2 Digital Technology

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

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

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

The Committee Noted the reported position.

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Assurance Report from Meeting held on 5 February 2020

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

The Committee Approved the circulated draft Assurance Report.

3.2 Matters Arising

3.2.1 Update on Partnership Agreement

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

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

The Committee so Noted.

3.2.2 Implementation of Carers (Scotland) Act 2016

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

The Committee:

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

3.3 COVID-19 Overview Report

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

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

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

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

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

The Committee:

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

3.4 Inclusion Scotland Report on COVID and Disability

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

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

After discussion, the Committee:

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

3.5 Chief Officer's Assurance Report

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

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

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

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

After discussion, the Committee otherwise Noted the detail of the Chief Officer's Assurance Report.	

3.6 NHS Highland Plans for Remobilisation of Activity

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

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

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

The Committee:

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

4 HEALTH IMPROVEMENT

There were no matters discussed in relation to this Item.

5 COMMITTEE FUNCTION AND ADMINISTRATION

5.1 Highland Health and Social Care Committee – Revised Terms of Reference

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

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

5.2 Remaining 2020 Meeting Schedule

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

8 October
10 December

6 FOR INFORMATION

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

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

The Committee Noted the circulated Annual Report.

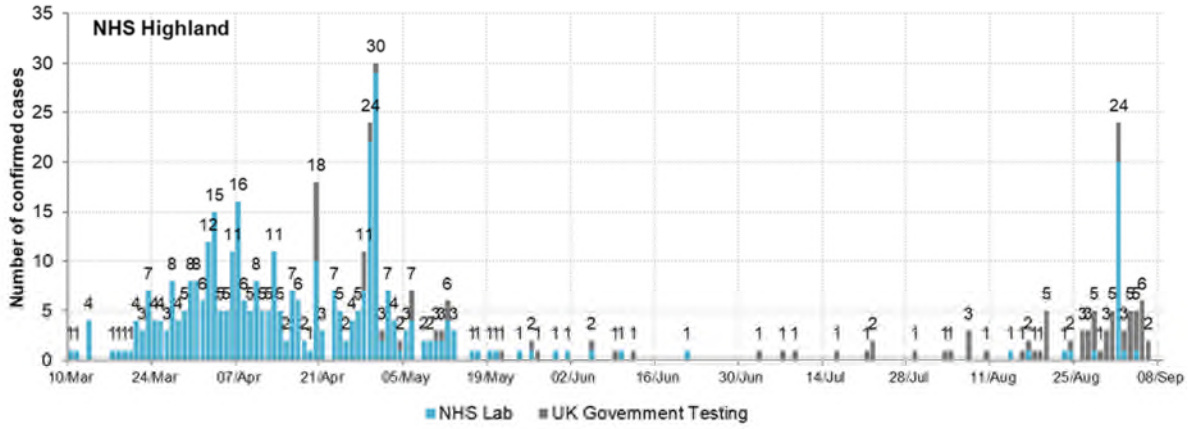
7 DATE OF NEXT MEETING

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

The Meeting closed at 2.10pm

COVID-19 Update

NHS Highland continues to face significant challenges caused by COVID-19. The number and spread of infections continues to change day by day and the latest picture will be covered in the presentation that accompanies this short paper. The number of cases has risen since a lull over the summer both nationally and locally and the picture for NHS Highland at the start of September 2020 is shown in the following chart.



Management and control of COVID at a personal or local level includes following guidance such as hand hygiene, social distancing, testing and self-isolation by cases and contacts. Actions at the level of NHS Highland include increasing the availability of local testing capacity, provision of additional contact tracers and the management of local cases and outbreaks. Positive tests since the summer lull have been primarily among young people and those of working age and most have been asymptomatic or had limited symptoms. However, it is important to seek to maximise control of the virus at this stage to reduce the potential for spread among more vulnerable people such as care home residents.

Care home staff participate in the national programme of weekly COVID testing and recent coverage has been in excess of 85%. However, capacity constraints within the UK laboratory service have led to some significant delays in reporting. Should a member of staff test positive for COVID as part of the programme then contract tracing is undertaken and in addition all staff and residents are tested and visiting suspended. Should one or more further positive tests be found then further action would be taken through an Incident Management Team.

Care home visiting criteria have been assessed by Public Health for independent care homes and by Infection Control for NHS care homes across North Highland. Many homes have been able to move from a position of allowing only outdoor visits to one where limited indoor visiting is allowed. However, the desirability for residents and their friends and relatives of visiting must be balanced against risks. Local decisions on this may need to be made using clinical judgement. For example visiting was suspended in the three care homes in Grantown on Spey following a local outbreak.

It is highly likely that considerable efforts will need to be made over the winter to control sporadic cases and outbreaks of COVID. Community control measures will be vital in mitigating the onward impact on care home residents and other vulnerable groups. Should a vaccine become available then that will offer another opportunity to reduce the impact of the disease but will also need a huge effort to implement.

Tim Allison

Director of Public Health and Policy

September 2020

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**7 October 2020**
Title:	**Care Home Oversight Board**
Responsible Executive/Non-Executive:	**David Park, Chief Officer**
Report Author:	**Simon Steer, Head of Adult Social Care**

1. Purpose

To provide assurance on and updates on new arrangements for the oversight and support of Care Homes.

In May the Cabinet Secretary wrote to Health Boards and Councils outlining new arrangements for the oversight and support of Care Homes.

NHS Highland agreed with the Highland Council and Argyll and Bute Council to establish an oversight group with the purpose of ensuring that all of the actions arising from the letters **(attached)** from the Cabinet Secretary direction for a multi-professional approach to care homes were implemented and any issues that cannot be resolved are escalated to Executive Director level.

In NHS Highland, this group is chaired by the HSCP Chief Officers and is a sub-group of the Executive Directors Group.

Prior to the establishment of this structure, the work to support care homes had been successfully actioned and monitored through the Board's COVID19 Gold Silver Bronze structure where all members were present. However that decision making structure has now been integrated into the Boards standard decision making structure, and as a result it was felt that this group should be formally convened to oversee the work, not least because it is clear that this is now likely to be a longer term requirement.

The Group meets on a fortnightly basis at present. Initially, a joint A&B/Highland meeting underpinned this, however this approach proved unsatisfactory in terms of addressing local characteristics, therefore in Highland the work is has been supported by regular safety huddles and a Care Homes Programme Group (encompassing all improvement and support work). This arrangement is being extended to support the Care@Home agenda.

The principle agenda for the Oversight Group is outlined in the Cabinet Secretary communications and includes:

- A report from the daily Bronze huddles including any escalations
- A report from the Director of Public Health as submitted weekly to Scottish Government
- Review of testing adherence and results to the latest SG policy
- Review of Nursing support to Care Homes
- Review and implementation of latest SG policy in relation to Care Homes
- Review of Care Inspectorate gradings and reports for Care Homes

2. Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Executive Directors Group – Reviews output from this meeting every two weeks

Confirmation received from EDG on TBC

3. Recommendation

- The Committee are asked to note that the above agenda of testing, support visits, oversight and engagement represents a significant new area of work throughout the Covid period and provides assurance that appropriate and compliant oversight is in place to ensure support of Care Homes

- The Committee are asked to note that the requirements of the attached letter have been actioned as required.

Coronavirus+(COVID+19)+-+enhanced

Letter+from+Cabinet+Secretary+for+H

Scottish Government
Riaghaltas na h-Alba
gov.scot

Coronavirus (COVID 19): enhanced professional clinical and care oversight of care homes

17 May 2020

Introduction

The nature of the Covid 19 pandemic means that care homes in particular need extra support to help them ensure the wellbeing of people who live there, and the staff who care for them. In particular, straightforward and transparent Covid-related oversight for every care home is vital. This document sets out arrangements that must be put in place to ensure appropriate clinical and care professionals across Health and Social Care Partnerships (HSCP) take direct responsibility for the clinical support required for each care home in their Board area.

Professional roles

Every Health Board and its Health and Social Care Partnership colleagues in the Local Authority must put in place a multi-disciplinary team comprised of the following professional roles:

- The NHS Director of Public Health
- Executive Nurse lead
- Medical Director
- Chief Social Work Officer
- HSCP Chief Officer: providing operational leadership

Support and role

The Health Board and Local Authority will provide support to the Care Home Clinical and Care Professional Oversight team to enable it, in conjunction with the healthcare associated infection (HAI) lead, to hold daily discussions about the quality of care in each care home in their area, with particular focus on infection prevention and control, but also to provide appropriate expert clinical support to residents who have Coronavirus:

1. Care needs of individual residents
2. Infection prevention and control measures, including PPE and cleaning requirements
3. Staffing requirements including workforce training and deployment
4. Testing arrangements for outbreak management and ongoing surveillance

These senior leaders will be responsible and accountable for the provision of professional oversight, analysis of issues, development and implementation of solutions required to ensure care homes remain able to sustain services during this pandemic and can access expert advice on, and implementation of, infection prevention and control and secure responsive clinical support when needed. The Executive Nurse and Medical Directors may devolve these roles where appropriate but will retain accountability through clinical governance arrangements. Close

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relationships will be maintained between this group and the Care inspectorate relationship manager.

This will be done by continually taking account of up to date data and the latest guidance available, published 15 May https://www.gov.scot/publications/coronavirus-covid-19-clinical-and-practice-guidance-for-adult-care-homes/, national reporting requirements and operating framework as set out at **Annex 1**; and via reporting on the additional measures as set out at **Annex 2**. The reviews may require to be a mix of in person visits and remote reviews where the care home remains stable.

Via the Health and Social Care Mobilisation Plans, Chief Officers have already provided in their local areas assurance that:

- care home support processes have been active in accordance with HSCP mobilisation plans to create a 'wrap around' effect
- arrangements for testing are in place and these are following the most recent extensions put in place
- arrangements are in place for response to Covid 19 outbreaks
- redeployment plans have been activated to maximise local staffing support for care homes

Each oversight team will build on this activity and detail to ensure granular scrutiny and support as required. Each oversight team will:

- hold a daily discussion covering each home in their area and decisions on any additional direct clinical or IPC support needed
- ensure testing guidance is clarified urgently, and maintained as a priority, with clear routes and responsibilities set out to ensure:
    - staff are tested in accordance with the guidance and regardless of impact on staff rotas
    - patients and service users are also tested in accordance with the guidance in relation particularly to admissions to care homes
- ensure a range of responsibilities are fulfilled:
    - NHS Boards take direct responsibility to ensure staff are tested
    - NHS Boards ensure contact tracing is undertaken where required
    - NHS Boards ensure linked home testing is delivered
    - NHS Boards and Local Authorities ensure clinical and care resource is provided to care homes to ensure staff rotas are maintained to deliver safe and effective care
    - Joint inspection visits are undertaken as required by the Care Inspectorate and Healthcare Improvement Scotland (HIS), working together, to respond to priorities and concerns

These arrangements will be put in place in every area in the week beginning 18 May.

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All organisations including care providers (statutory, third sector and independent sector) are responsible for effective and safe care in their services and are expected to work closely together and at pace to give effect to these arrangements.

There are specific responsibilities that Health professionals will need to deliver within these whole system arrangements. This is because Covid-19 is a public health crisis in our social care settings, and therefore clinical colleagues have a critical role to play in assuring the safety of people who live in care homes. These responsibilities are:

- Nurse and Medical Directors taking direct responsibility for the clinical support required for each care home in their NHS Board area in collaboration with Directors of Public Health
- Nurse and Medical Directors, in conjunction with HAI leads, providing practical expert advice and guidance on infection prevention and control

Escalation

Where the Care Home Clinical and Care Professional Oversight team believes there is a significant issue that requires onward escalation – i.e., which cannot easily be resolved through routine local reporting and support mechanisms – that should be escalated by the Director of Public Health to the Chief Executives of the Health Board and local Authority. Such issues should also be escalated to the Care Inspectorate and Scottish Government, and ultimately if required, to use emergency powers held by Ministers.

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Annex 1

Safety Huddle

Based on activity, dependency and acuity care homes will be asked to work through the template to identify care needs and if staffing levels are adequate to be able to deliver safe and effective care. The questions that will be asked are

Local information

H&SCP
Name of Residential/Care Home
Bed Number
No of Residents

Covid-19 related Information

Total number of positive COVID-19 residents
Total No of Covid-19 symptomatic residents
Active outbreak
Adequate PPE equipment
Ability to comply with IPC measures
Total number of deaths (COVID-19 related)

Additional Information to aid staffing decision making

No of 1:1 care
End of Life Care
No of deteriorating Residents –
No of residents with cognitive impairment

Workforce

Staff absences
Additional team requirements
Registered Nurse,
Senior Social Care Worker,
Social Care Worker

Testing
How many residents tested
If not tested why not
How many staff tested
If not tested why not
Testing completed by care home staff yes/no

The professional judgement template set out below should also be used by care homes to identify staffing requirements. Care homes with sophisticated electronic rostering may get the same functionality from that.

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Annex 1 (cont)

Care Home Clinical and Professional Oversight team should develop a process for care homes in their area similar to that detailed below from NHS Forth Valley

Situation	Actions
Homes currently in green	Homes will have a joint visit with nursing and senior social care staff. Nursing will assure: • infection control measures – PPE, cleaning solutions and matrix, hand hygiene • documentation of patients normal abilities, DNACPR/AWI/ACP • fundamental care – personal hygiene, FF&N, medicines are being met • communication – with families, virtual visiting Care home will either be doing really well in which care assurance is achieved or standard information can be shared at this point – infection prevention posters, SOP's on setting up PPE stations/cohorting if required. This will allow forward planning in the event of patient contracting Covid-19
Homes who have patients testing positive (amber and green)	Joint visit with nursing and social care staff to: • clarify all of the above are in place • assess for other services to support: palliative care, dementia, mental health, infection control • supply any other helpful resources eg palliative care • mobilise other relevant services – this will require one person to co-ordinate • are residents conditions being documented • are relatives being kept informed • are PPE stocks adequate and being used correctly • has cohorting/zoning been put in place • do residents have appropriate medicines • are staff aware of just in case medication accessed via PSD and COVID medication pathway for care homes • are patients receiving appropriate fundamental care • have the ANP's/GP's reviewed all symptomatic patients • staffing arrangements have been considered if there is increasing acuity and care needs
• leadership within the care homes will remain with the care home staff. Wherever possible a senior member of the care home staff should be on site and there should be access to a detailed handover on all residents • significant staffing levels will be supported via NHS/HSCP staffing flowchart • utilise grab box with clinical information for major incident	

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- Head of Nursing for HSCP will provide leadership and link with the care home and determine support an expert advice required from other teams including care home liaison, PDU and palliative care, psychological therapy

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Annex 2

Additional measures for monitoring progress

Additional measures	**Lead**	**Timescale – all additional measures reviewed every two weeks from implementation**	**How will we know it has been delivered**
Nurse and Medical Directors take direct responsibility for the clinical support required for each care home in their Board area in collaboration with Directors of Public Health These Directors will lead in providing practical expert advice and guidance on infection prevention and control Boards will provide DHPs with the resources needed	Nurse Director Medical Director	Immediate	Reports on safety huddles and visits to be included in weekly DPH return to SG
Daily discussion covering each home in their area and decisions on any additional direct clinical or IPC support needed	Nurse Director	Immediate	Reports to SG on outcomes to be included in weekly DPH return to SG

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Annex 2 (cont)

Testing guidance for staff to be clarified urgently with clear routes and responsibilities set out to ensure staff are tested regardless of impact on staff rotas - including any guidance issued by HSCPs	DPH	Immediate	Reports on staff testing to be included in weekly DPH return to SG
Boards to take direct responsibility to ensure staff are tested	DPH	Immediate	Reports on staff testing to be included in weekly DPH return to SG
Boards will ensure that contact tracing is undertaken where required	DPH	Immediate	Reports on staff tracing to be included in weekly DPH return to SG
Boards will ensure linked home testing is delivered	DPH	Immediate	Reports from Boards to be included in weekly DPH return to SG
Boards to ensure clinical resource is provided to care homes to ensure staff rotas are maintained to deliver safe and effective care	Nurse Director	immediate	Reports and data from safety huddles to be included in weekly DPH return to SG
Direct inspection visits to care homes by CI and HIS, including unannounced inspections	CI	Immediate	Reports from CI to be included in weekly DPH return to SG
Testing requirements on all admissions	DPH	Immediate	Reports from safety huddles
Significant adverse event	HIS and CI	Immediate	Proposals to be discussed and advice on implementation
CI and HIS joint inspections	As above		

Cabinet Secretary for Health and Sport
Jeane Freeman MSP

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NHS Board Chief Executives
Local Authority Chief Executives
IJB Chief Officers
NHS Board Directors of Public Health
NHS Board Medical Directors
NHS Board Nurse Directors
Local Authority Chief Social Work Officers

17 May 2020

Dear Colleagues

These are exceptional times for us all requiring every one of you and your staff to go well beyond the call of duty in public service. I want to extend my sincere thanks to all of you, and would ask that you convey my gratitude to your staff as well.

It is recognised that adults living in care homes often have multiple health and care needs and many are frail with varying levels of dependence. Current estimates are that over 40,000 residents live in the 1083 adult care homes across Scotland. The vast majority of adult care homes are for older people (75%) and 75% of these care homes are run by the private sector, with the remainder run by voluntary sector and and local authority/ health board sectors. As you know, adults living in care homes often have multiple health and care needs and many are frail with varying levels of dependence. Many are inevitably at greater risk of poorer outcomes if they were to contract COVID-19 due to conditions such as frailty, multiple co-morbidity, pre-existing cardio-respiratory conditions or neurological conditions.

Care homes are environments that have proved to be particularly susceptible to Coronavirus and this has regrettably and sadly led to too many deaths and as such we require urgent additional whole system support to protect residents and staff. This additional support will come from the Scottish Government, Local Authorities, Health Boards, and the regulatory and improvement bodies.

This introductory note sets out in summary the detail within the attached pack that constitutes the Scottish Government's comprehensive support arrangements for care homes to date and what still needs put in place. This is expected to ensure appropriate clinical and care professionals across Scotland take direct responsibility for the professional support required for each care home in each area.

Much has been put in place already at a local and national level, including the emergency legislation, an assortment of guidance, provision of PPE, commitments around workforce salaries and the real living wage; £50m of initial investment for provision of resilience and sustainability of services; roll out of testing for staff and residents and the establishment of a Care Home Rapid Action Group advised by a CMO/CNO led Care Homes Clinical and Professional Advisory Group.

Support and oversight going forward

Care Homes for older people are a vital part of the panoply of provision in our communities and will be so for years to come. Residents, staff and communities need to have confidence that the care provided in every care home is as clinically safe as it possibly can be in the context of Coronavirus. There is still much to do. In the accompanying pack there is:

1. Revised and final version of guidance for care homes.

In summary, this guidance sets out:

- That care homes may require more clinical input to manage residents' needs at this time. NHS Boards and Health and Social Care Partnerships must work closely together to ensure those needs are met.

- That decisions about care and treatment for residents should be on an individual basis, based on the person's best interests and in consultation with the individual or their families/representatives, taking account of any expressed wishes contained in their Anticipatory Care Plan

- The range of factors and provisions that must be taken into account in the admission of any person into a care home; the arrangements that must be in place to maintain effective clinical standards to prevent outbreak or to manage an outbreak if it occurs; testing; workforce planning and deployment; staff support and wellbeing; support and engagement with General Practice; support for palliative and end of life care.

2. Amendments to the Coronavirus Bill

In summary these amendments allow for:

- A package of measures/ powers as part of the Coronavirus Bill to provide assurance to those involved in the care home sector, including staff and particularly those using these services and their families, so that in the event there is significant risk to those using services, or a provider was unable to continue to deliver care due to failure, Scottish Ministers and public bodies have the power to intervene.

3. A clear statement on expectations providing enhanced clinical and care professional oversight during Covid-19.

In summary this document sets out:

- The expected new and additional responsibilities on clinical and professional leads in every local authority and Health Board that will provide daily support and oversight of the care provided in care homes in their area.

- This includes arrangements for testing and Infection Prevention Control arrangements, PPE in particular.

Thank you again for all you and your teams are doing to help ensure Scotland's care homes can be safe environments for their residents and staff through the Covid emergency.

Jeane Freeman

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**7 October 2020**
Title:	**NHS Highland Winter Plan**
Responsible Executive/Non-Executive:	**David Park, Chief Officer**
Report Author:	**Chris Morgan, Project Manager**

1. Introduction

Work on the NSH Highland Winter plan is due to be completed on 1st October.

Building on previous years plans, and taking account unique pressures on this year's plan, the NHS Highland Winter Plan will include:

- Description of actions and initiatives in place for Out of Hours and General Practice
- Initiatives and plans to prepare for Norovirus, Seasonal flu, Covid-19 resurgence, staff protection and outbreak resourcing
- A description of progress to ensure business continuity and resilience plans are robust
- The communication plan
- A description of Additional Schemes:
- Redesign urgent Care; Scheduling Unscheduled Care;
- Vaccination; Respiratory pathway/Covid-19 Hubs, Clinical Assessment Centres (CACs);
- Delayed Hospital Discharge Improvement; 100+ days stay improvement plan;
- Enhancing Community Care;
- Mental Health
- A description of local schemes
- A description of lessons learnt during the Covid-19 mobilisation that will be implemented for winter 2020/21
- A description of the risks and mitigations in place

2. Progress

Notes:

- The NHS Highland Winter planning working group meet weekly to plan action, review progress etc.
- The final version of the winter plan will include planned action as well as completed initiatives.
- The final version will be a 'whole Highland' document, including Argyll & Bute plans

The plans to deliver the required outcomes are overseen by the NHS Highland Performance Recovery Board. This is chaired by the Chief Executive and meets weekly to monitor progress and support in mitigating risks, mobilising resources, etc.

3. Objectives of NHSH Winter Plan

Plan to enhance community care to maintain hospital capacity and delivery of targets (e.g. TTG; ED) through:

- Admission avoidance
- Timely Discharge
- Anticipatory Care Planning
- Prevention
- Organisational and service resilience

Workstream	Activities to deliver this workstream	Objectives being met by this workstream
Redesigning Urgent Care	• Establish project group & plan • Implement urgent care access via 111 • Implement Flow Navigation Centre • Role of Highland Hub in new model • 'Talk before you walk' • Near Me in ED – Caithness pilot • Management of patients from LTC settings/ Anticipatory Care Planning	• Admission avoidance • Maintaining ED targets • Service resilience (more appropriately directing workload) *Links closely with Respiratory Pathway/Covid Hub/CACs*
Scheduling Unscheduled Care	• Acute led group in place • Management of ED front door • SAS appointments to CDU admissions • 'Talk before you walk' • Clear public communication	• Admission avoidance • Maintaining ED targets • Service resilience (more appropriately directing workload) *Links closely with Redesigning Urgent Care*
Vaccination Programme	• SLWG in place • Primary care input • Programme planning ongoing	Prevention
Respiratory Pathway/ Covid Hubs/CACs		• Service resilience • Prevention • Admission avoidance
DHD Improvement Plan	• SLWG in place • Review of Path Home principles and documentation • Anticipatory Care Planning • Data quality and coding • Robust application of ATD, HHOME Bundle and Discharge	• Timely Discharge • Service resilience • Maintain hospital capacity • Enhance community care

	checklist • Strategy to be agreed at PRB 27/08/20	
100 days+ stay improvement plan	• SLWG in place • Local review of all 100 days+ patients • Plan for clinical review of all patients • Discharge plan in place for all patients Strategy to be agreed at PRB 27/08/20	• Timely Discharge • Service resilience • Maintain hospital capacity • Enhance community care
Enhancing Community Care	• Workshops planned • Development of community care actions • Treatment at home capacity • Rapid response to care needs • Local Care Model • Equipment – Aids & Adaptations provision • Use of Care Homes for rehab/non-permanent admissions	• Admission avoidance • Timely Discharge • Anticipatory Care Planning • Prevention
Mental Health Assessment Centres		• Admission avoidance • Timely Discharge • Enhance Community Care
Cross-Cutting Themes		
Finance		
Workforce		
System capacity & resilience		
Digital Care		
Communications – 'Talk before you walk' Winter Planning Nugget, Using community links to spread messages		

4. Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Executive Directors Group – date TBC

Confirmation received from EDG on TBC

5. Recommendation

- **Awareness** – For Members' information only.

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**7 October 2020**
Title:	**Primary Care Modernisation Plan**
Responsible Executive/Non-Executive:	**David Park, Chief Officer**
Report Author:	**Jill Mitchell, Head of Primary Care and Project Director and Aileen Cuthbert, Primary Care Modernisation Project Manager**

As a result of the COVID-19 pandemic response, NHS Highland PCIP was stood down for a period of three months (April-June). Work recommenced in June via Microsoft Teams and since then there has been the regrouping of Programme Board, Project Team and some of the workstreams.

Established workstreams of Pharmacotherapy and First Contact Physiotherapy continued to deliver services throughout the pandemic, with staff guided by individual practice measures as to how to this could be delivered. An increase in remote access and use of NHS Near Me proved useful to aid continuity of service, which can be used going forward but recognised as helpful tools but not a replacement for face to face delivery or staff embedded in practices.

Community Link Workers had to cancel a series of engagement workshops with key stakeholders at the start of the pandemic but are looking to reinstate these remotely at the end of November. This workstream was able to continue progressing tender and procurement documents with the support of procurement colleagues. Although there was a desire to see progress to the point of service delivery within this financial year, the tender process dictates that this will not be possible and have set a date of the 5th April 2021 for completion.

The focus for the programme for the remainder of 2020 will be on Collaborative Working and Mental Health workstreams. Before the outbreak of the pandemic, the PCIP Programme Board formally agreed to constitute a Collaborative Working workstream. Broadly, this means pooling resources across the CTAC, Urgent Care and Vaccinations elements of the PCIP funding, and working with practices and clusters of practices to develop local plans and solutions. In designing these local solutions, our approach is to work in a tripartite arrangement between NHSH Primary Care team, GP Sub and Quality Clusters. A piece of work has been done to demonstrate how the available money can be allocated on a capitation basis at cluster level. The intention is to see rapid progress and this workstream has already met twice to lay out the aspirations and parameters of the workstream and to receive feedback from clusters.

A relaunch of the Mental Health workstream was undertaken at the end of February 2020 in the form of a workshop event with presentations from a range of stakeholders. In addition to the PCIP funding available for General Practice, Action 15 funding is also available for developing mental health support and solutions for community and primary care. It has therefore been

suggested that a joint approach is adopted to ensure the most effective use of the resource available. The Mental Health workstream held a meeting in mid-June and it was recommended that the Action 15 resource is pooled with the PCIP resource. The workstream focus for the remainder of 2020 will be to define the model of care to be implemented. The approach of collaborative working within a tripartite arrangement is also suggested to define these local solutions. Although this workstream was identified as a priority for 2020, there remains a significant risk due to the delay in progress.

The third iteration of the Primary Care Improvement Plan is due for submission on 16th October 2020. This takes a new form that does not place undue burden on Integrated Authorities whilst providing the National GMS Oversight group with the information it requires. This is not required to go through the formal sign off process. However, it should involve the IJB and GP Subcommittee and be agreed with the LMC as per the MoU.

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**7 October 2020**
Title:	**Chief Officer Assurance Report**
Responsible Executive/Non-Executive:	**David Park, Chief Officer**
Report Author:	**David Park, Chief Officer**

1. Purpose

To provide assurance on and updates on:

2. Restructure

There is currently a significant management restructure being considered. There are two principle changes.

- Acute services

  This will incorporate the District General Hospital of Raigmore and the Regional General Hospitals of Caithness, Belford and Oban. This will provide significant opportunity to best coordinate Acute resources across Highland and leverage both scheduled and unscheduled care in a single Clinical and Management structure.

- Community services

  The establishment of a single community services division will replace the structures of North & West and South & Mid. This will allow for a more consistent delivery of service across the Highland region. This will build on the established structures for Mental Health, Learning Disability and Drug and Alcohol; Primary care; and Adult Social Care. Clinical structures will be aligned to provide leadership and support across these areas.

- An organisation change board, which includes Staff side representation, will oversee the organisation change process to implement these changes following approval from the Executive Directors Group.

Further updates will be provided.

3. Home Farm Care Home, Isle of Skye

In May 2020, the Care Inspectorate sought an emergency interim suspension of the registration of Home Farm Care Home on Skye, which is owned and operated by HC-One.

The catalyst for this action was a recent history of poor quality care and more particularly, in April 2020, a significant Covid-19 outbreak and care concerns at this care home, which caused a high level of anxiety for resident, families, staff and the local community and concerns regarding the sustainability of the service as set within the current arrangements.

On 1 May 2020, NHSH deployed a care support team to Home Farm care home to support service provision due to the unfolding Covid-19 outbreak.

This input was subsequently required to continue, due to further care concerns arising. This arrangement was therefore formalised by way of a support services agreement between the Provider and NHSH, to enable the ongoing operation, improvement and provision of care services at the care home.

HC-One have led and implemented service improvements, with NHSH providing oversight and hands on care where required and have had a continued presence from May 2020 to date.

Over this time, improvements were made, as evidenced by the Care Inspectorate's inspection in July 2020, but it was clear a longer term sustainable solution was required to restore confidence in the safe and sustainable operation of the care home and to provide residents, families and staff with certainty and stability.

Throughout this period, there has been ongoing and constructive senior dialogue between HC-One and NHSH, arising from which, a potential long-term solution was identified.

The Care Inspectorate has since (19 August 2020) withdrawn court action with regard to ending HC-One's registration to operate Home Farm, as a result of the improvements now made.

Notwithstanding this development, HC-One and NHSH wish to proceed with an intention to ensure delivery of a safe and sustainable facility going forward by transferring ownership and operation of Home Farm from HC-One to NHSH, as confirmed by the Cabinet Secretary for Health and Sport on 3 September 2020.

Arrangements are underway to ensure the necessary governance, legal and practical steps are undertaken to affect a smooth and seamless transition, as overseen by a Project Board and chaired by the Chief Officer.

4.

The RNI ward has now closed temporarily for fire safety work to be carried out and to enable the ward to be stood up from empty for anticipated Covid 19 surge capacity and winter demand. The fire safety work has now begun and the ward staff are currently in temporary assignments.

The future role and capacity requirements of the ward at the RNI will be determined by the North highland Enhancing Community Services work, which is the remobilisation of the North Highland Community Services workstream utilising learning from the initial phase of the Covid 19 pandemic.

5. Remobilisation of Community Services and Covid Preparedness:

A North Highland Enhancing Community Services Steering group has been established and held its inaugural meeting on 1st September 2020. The group will oversee the remobilisation of community services in North Highland with the aim enhancing community services through opportunities for shifting the balance of care and learning the lessons of the Covid 19 health and social care experience. The outcome will be to enable services to treat and care for people as close to home as possible, reduce the number of unnecessary admissions to acute settings and enhance patient outcomes in line with the principles of realistic medicine. It is expected that with the guidance of the steering group District Managers and Area Managers will take forward engagement and consultation exercise in the districts to identify areas for improvement and take the work forward locally. This will be supported by a number of north highland workstreams and will also link with existing redesign workstreams including those in adult social care, palliative and end of life care, flow and winter planning.

The process began in Inverness on 24th July 2020 with a workshop following a virtual gathering of information using a consensus decision making model and an Inverness Group, chaired by the Area Manager, has identified and is progressing improvements in three areas: rapid response, community rehabilitation and early identification. The inverness team are working collaboratively on joint aims with the acute division to ensure flow through the acute hospital site thus enabling the achievement of scheduled activity levels in Raigmore.

Alongside the remobilisation of services South and Mid Division are also preparing for further increases in demand as a result of the ongoing Covid 19 pandemic and are carrying out essential fire safety work on the RNI ward to provide an inpatient facility ready to stand up from empty as required capacity when needed. This has had a significant impact on staff who have been given temporary assignments while the work is carried out and services are redesigned in Inverness through Enhancing Community Services. The commitment, professionalism and excellent care demonstrated by staff at the RNI during the Covid 19 pandemic is recognised and I thank them for their service during this time. The staff affected are being supported by a Human Resources Group consisting of HR, Staff side and managers and their continued contribution to patient care in their alternative assignments is valued.

6. Major service redesign

The Badenoch and Strathspey and Skye major service redesigns are progressing with a slight delay due to the Covid 19 pandemic expected in the completion of the new hospitals in Aviemore and Broadford. The date for completion was previously expected to be March 2021 however a delay of no longer than 3 months is now expected which would take us to June.

7. Mental Health, Learning Disability and Drug and Alcohol Service

Service Development The new Mental Health, Learning Disability and Drug and Alcohol Service leadership team is now established and has developed a new governance structure to meet the needs of the developing service and achieve the 7 pillars of good governance. The team have identified a quality improvement plan with monthly dedicated planning and development time.

Remobilisation The service has established a robust remobilisation planning and implementation process with clinical inclusion in dynamic decision making to meet patient care needs. The service continues to provide support differently with virtual discussions, 1-1s, meetings and activities being utilised. Innovative use of social media and online activities, including our Climb Every Mountain challenge hosted on Facebook.

Service Redesign The priority is the development of a Clinical and Care Strategy with a focus on safe, effective, person centred services that are close to home, build resilience and are sustainable. This will be co-produced with patients, service users, carers and all of our new and emerging partners with optimum opportunities for inclusion and involvement.

- **Bed Management** The service has worked hard to gain a clear understanding of the challenges and issues that have led to delayed hospital discharges and long stays in mental health and learning disability services. Progress is being made with weekly capacity meetings but a need for full integrated response including contractual work with partners is key. The next step of work is to enhance community capacity to support patient flow.

- **Older Adult** The stress and distress/care home liaison service commenced in late June 2020. The remit of the team is to support care home providers to effectively care for people experiencing distressing symptoms of dementia. Early analysis of the impact of this new service is promising with 9 out of 14 potential admissions prevented. The length of stay to a dementia assessment unit at New Craigs is in excess of 110 days. Developing stress and distress practitioners and care home liaison across North Highland is a service priority.

- **Unscheduled Care** There is a focus on developing unscheduled care services including Mental Health Assessment Unit development. The Unscheduled Care Design and Planning Group has broad stakeholder attendance for north Highland partnership working. We intend to link into Community Planning Partnerships, third sector and community forums.

- **Police Custody Healthcare and FME** Work is underway to redesign the staff model to ensure that we effectively meet future service requirements. Introduction of virtual courts has been implemented; we are engaged in a national working group set up and led by Police Scotland to discuss the impact and solutions. The new premises for carrying out Sexual Assault and Rape examinations is almost complete in Inverness.

- **Psychology Services There has been significant development in this area with the services coming together as one service across NHS Highland.** By the first quarter end next year all referrals should be assessed at point of referral removing the waiting list for assessments. Furthermore, with the implementation of the treatment contract the pathway through treatment is flowing removing what was a bottleneck. The waiting list has already reduced already by 50% in 6 months.

8. Adult Social Care Contributions

Overview

The Committee are asked to recognise that the COVID pandemic is placing very significant pressures on the care sectors, and those on informal carers. The stresses for providers of maintaining care standards whilst addressing issues around PPE, guidance, reporting requirements and testing are challenging. These pressures are a source of concern as the pandemic continues, and with an increased level of adult support and protection activity being observed. The very significant pressures on Adult Social Care infrastructure are being addressed through a revised professional leadership structure and the continued development of support measures. Nevertheless, the committee is asked to recognise the remarkable commitment, contribution and care provided, by all sectors, in this challenging environment.

Key issues addressed since the last Committee are:

- **Partnership Agreement/Integration Scheme**

Committee should note that the current partnership agreement/integration scheme with Highland Council and NHS Highland was formally extended on the 25th June for a period of six months.

- **Care Home Sector Relations / Communication**

From the commencement of the Covid-19 pandemic, the approach and format of provider engagement has changed, to more frequent (virtual) contact to enable issues and risks to be raised and addressed. This approach has worked well for both NHSH and provider's, resulting in improved accessibility and increased responsiveness and it is intended that now established approaches will continue. Key areas of arising concern are around staff testing and supplier relief, particularly relating to voids (empty beds during Covid-19)

- **Provider Sustainability/Financial Support to Sector**

As highlighted to committee previously, Provider Sustainability/Support Relief is a programme initiated by the Scottish Government (SG) to confirm that, in recognition of the significant pressures on the social care sector, as a result of the pandemic, that reasonable funding requirements would be supported, with such expenditure to be aligned to local mobilisation plans. An initial £50m was committed by SG to support this across Scotland. NHSH has put in place a transparent application process to administer all application, as per Scottish Government guidance. Payments totalling £982,000 have been made to providers who have submitted claims that have been approved for payment.

In addition to and ahead of implementing new guidance on sustainability payments, NHSH initiated a number of supportive measures and advance payments, called emergency payment plans (EPPs) for services which currently remain in place, these have now been extended until the end of October 2020 in line with SG guidance.

- **Remobilisation of Day and Residential Respite Services**

Plans to remobilise Adult Social Care Services are advancing well: and we aim to adopt a phased approach consistent with the Government Route Map and other service remobilisation plans in NHS Highland. These measures are overseen by a project team and are wholly influenced by the emerging pandemic pattern.

- **Self-Directed Support (SDS)**
  - Number of SDS Option1s and 2s increasing steadily over time (four years);
  - Likely to become more important as traditional services are impacted by Covid pandemic;
  - Outcome focused assessment infrastructure in situ;
  - Need to fully embed culture of strength-based and community based approaches;
  - New SDS Strategy being developed.

Adult Support & Protection

- Anecdotally, ASP is increasing across teams;
- Pronounced in Large Scale Investigations (LSIs): 5 Initial Meetings and 3 full investigations since Covid impact;
- At an individual level, 37 Investigations between June to August 2019: 51 for 2020;
- Performance improving over time in meeting Inquiry timescales
- We are currently seeking to urgently address recruitment of the currently ASP Advisor post.

9. Carers Funding

It is understood that support services to carers are increasingly important at this point due to the impact of Covid-19. This has been manifest in the reduction of Day and Respite Services which have significantly reduced the short-breaks available to carers to support them in their role. The Carers Improvement Group have agreed that services for carer should demonstrate that they can provide a significant impact in one, or more, of the following areas:

- Provide highly reactive supports to help carers at times of particular stress;
- Link carers to their local communities; and the sources of support they contain;
- Prevent carer breakdown and obviate the need for more formal services to the cared for person (including admission to residential care or hospital);
- Support carers when the person they care for is being discharged form hospital;
- Offer a range of planned and 'Covid-proof' short-break alternatives which are attractive and/or acceptable to both carers and the cared-for;
- Provide carers with the practical, social and emotional skills they need to manage their caring role; and
- Provide information and advice for carers which allow them to make informed choices about their role and supports decision making in line with self-directed support principles

Given this, the Carers Improvement Group (CIG) has agreed the implementation of a "Carers Projects Bidding process" to support the development of effective/urgent services to mitigate the impact of Covid in Highland for adult carers, and to support them in their caring roles.

To ensure that services are procures openly and transparently the CIG supports the establishment of a "Carers Services Project Team" which will be tasked with progressing the bidding process. This Team will report to the Third Sector Programme Board. Its work will include:

Open invitation of bids, including.

- Advertising the broad nature of the projects being invited;
- Ensuring the coverage of advertising is appropriately comprehensive;

- Setting out the timescales involved;
- Length of projects (indicated to be up to 1 year);
- The resource available (indicated to be up to £50,000 for each project); and that it meets Evaluation Criteria.

Working to an identified Implementation Budget:

- Indicated to be up to £400,000 but broken down by district geographies to ensure equity)

Support for Carers

- Project team being set up to invite for new carers services which can mitigate Covid pandemic impact;
- Current Carers Services are adapting to meet pandemic challenges;
- Increased phone, increased outreach/technological innovation and support to Carers;
- Virtual training on how to deal with specific conditions (Parkinson's and Alzheimer's) and other creative responses:
- Plans being developed to increase ease of access to self-directed support and improve in-house responses.

10. Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Executive Directors Group – 21 September 2020

Confirmation received from EDG on TBC

11. Recommendation

- **Awareness** – For Members' information only.

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**7 October 2020**
Title:	**Third Sector Review-contract extensions**
Responsible Executive/Non-Executive:	**David Park Chief Officer**
Report Author:	**Jacqueline Paterson, Senior Contracts Officer**

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Effective

2 Report summary

2.1 Situation

The Third Sector Project Board met and agreed on 10 September 2020 to extend Adult Social Care contracts currently purchased from the Third Sector (as set out in **Appendix 1**) for one year i.e. from 1 April 2021 to 31 March 2022, at current funding levels, and subject to sustained activity levels; and to further communicate this to providers. This report is presented to Members **for information** and **endorsement**.

2.2 Background

When considering implementing a variation to contract, clause 11.18.1 of NHS Highland's Standing Financial Instructions (SFI's) states the following:

"The Head of Procurement should be consulted prior to implementing any variation to contract to ensure that it is not considered a material change to contract which would require a new procurement procedure. All variations shall be approved by the Project Sponsors or Project Board whom shall be of a level deemed appropriate by the Head of Procurement prior to the implementation of any variation. Variations to contracts shall be carried out in accordance with the terms and conditions of contract and shall not have retrospective effect unless approved by the Head of Procurement, Director of

Finance and Project Sponsor. For clarity, variations include extensions to the contract term."

Guidance was received from COSLA on 26 March 2020 regarding pressures on social care providers arising from the COVID-19 response and ways in which commissioners could alleviate these pressures, to protect the resilience of the social care sector and ensure they remain operationally and financially viable. One area within the guidance related specifically to tenders, with the guidance stating:

"If tendering exercises are underway, maximum flexibility on this is recommended, for example, by extending deadlines for returns or postponing the exercise to ease pressure on providers at this difficult time."

Scottish Procurement's recent Policy Note 08/2020 states:

"As markets begin to open and it becomes safe to return to workplaces, public bodies and suppliers can now plan their transition to restart contracts"

Scottish Procurement's FAQ's in relation to Scottish Procurement Policy Notes 5/2020 and 8/2020 state:

Q23 What should be considered when reviewing contract portfolios for recovery and transition from COVID-19?
"All possible attempts should be taken to modify existing contracts in order to respond to changes necessary to comply with Government workplace guidance. Only where it is considered that a contract is unlikely to be deliverable, or is regarded as no longer viable once restrictions have lifted, or where a contract modification would be beyond the limit permitted in the procurement Regulations, should a public body consider the need for retendering and possible early termination of the contract".

2.3 Assessment

NHS Highland Board agreed (in November 2017) to undertake a review of current services commissioned from Third Sector organisations, to ensure that commissioned services are aligned to NHSH strategic priorities and which can demonstrate measurable value and impact.

A Project Board and Project Team were formed in early 2018 to progress the review. Membership of both include representatives from S&M and N&W Divisions; Public Health; Finance; Public Relations and Engagement; Non Executive Board Members (Project Board only); Highland Third Sector Interface (HTSI) and the Adult Social Care Contracts Team.

As part of the review process, Third Sector organisations currently in receipt of funding above £50k per annum were advised on 18 March 2019 that a full strategic review would be undertaken and concluded by end December 2019 and that in the meantime their contracts would be extended to 30 June 2020, to allow sufficient due notice.

On 20 December 2019 the Project Board agreed to undertake tender exercises for the 4 providers listed at **clause 2 of Appendix 1**, with letters and contractual documentation to this effect issued to the providers on 31 December 2019.

Also, as part of the review process, a new interim funding application process was introduced in April 2019, whereby Third Sector Providers were asked to submit bids for one year funding (i.e. 1 April 2020 to 31 March 2021, up to a maximum amount of £49,999).

Following evaluation of bids submitted by an evaluation panel during mid 2019 the Project Board agreed on 23 September 2019 to award the one year funding to the providers listed in **clause 1 of Appendix 1**, during which time the Project Team intended to develop and implement a longer term funding application process, for amounts less than £50k per annum. Award letters, including contractual documentation were issued to the providers on 30 October 2019.

During March 2020, there was a need to review the Project Teams plans in light of the COVID situation; and taking cognisance of COSLA guidance issued at that time.

On 2 April 2020, the Project Board agreed to defer the 4 intended tenders and extend the providers contracts to 31 March 2021; and to further postpone work on the proposed funding application process for initially 12 weeks, keeping a watching brief on the situation in the event it improved.

Following receipt of Sottish Procurement's Policy Note 08/2020, the Adult Social Care Contracts Team sought advice from the Head of Procurement on 7 August 2020, to establish what approach NHSH is adopting in terms of procuring services, which is as follows:

- The "status quo" should be adopted for the time being, particularly where a contract is already in place;
- This is the approach being adopted not just in NHSH but in most, if not all, other NHS Scotland areas; and
- As contracts are already in place for these providers and the intention being requested is to extend the contracts, then no tender waiver is required, as this is permitted.

The Project Board met on 10 September 2020; and taking cognisance of the above advice, agreed a one year extension as set out in this paper, with a view to commencing /undertaking the plans originally intended, during the extension period.

2.3.1 Quality/ Patient Care

Delivering efficient services (supports Better Value) - contracting approach seeks to deliver maximum and best value

Delivering Local Person Centred Services (supports Better Care) – ensuring supported person choice and service continuity

2.3.2 Workforce

Not applicable

2.3.3 Financial

A summary list of the relevant organisations, including funding levels is attached at **Appendix 1**.

2.3.4 Risk Assessment/Management

The Head of Procurement has been consulted on the situation, ensuring compliance with NHSH SFI's.

2.3.5 Equality and Diversity, including health inequalities

An Equality Impact Assessment has been developed as part of the Third Sector review process and is being maintained on an ongoing basis until the review process concludes

2.3.6 Other impacts

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

2.3.7.1 Membership of both the Project Board and Project Team include representatives from Highland Third Sector Interface (HTSI), who have been actively involved in the development of the review process from the start.

2.3.7.2 Further, NHS Highland, working with its partner, HTSI, has held a number of local provider engagement/consultation events across Highland, during the Third Sector review process.

2.3.8 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Third Sector Project Board agreed a one year extension, at current funding levels, and subject to sustained activity levels for the providers as set out in **Appendix 1**, on 10 September 2020.
- The Head of Procurement was consulted on the intention to extend on 7 August 2020, in line with NHS Highland's Standing Financial Instructions.

2.4 Recommendation

- **Decision** – This report is presented to Members for **information** and **endorsement** of the Third Sector Project Boards agreed decision, which is as follows:
    - a one year extension i.e. 1 April 2021 to 31 March 2022, at current funding levels and subject to sustained activity levels, for all Third Sector providers listed in **Appendix 1;** and
    - to further progress to communicate this to the relevant providers.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – List of Providers and current funding levels

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Appendix 1 – List of Providers and Contract Value

Third Sector Review

1. **Below £50k Providers**

Name of Provider	Current Value of Funding 2020/2021
Badenoch & Strathspey Community Transport Company	£17,135.00
Befrienders Highland Limited	£46,981.30
Caithness CAB	£31,508.00
Calman Trust	£31,508.00
Gairloch Community Car Scheme	£4,053.00
Merkinch Community Centre	£5,000.00
High Life Highland	£11,004.00
Highland Senior Citizens Network	£48,972.35
Highland Third Sector Interface (LGOWIT)	£5,000.00
Inverness Women's Aid	£49,060.00
Lochaber Action on Disability	£19,214.00
Morning Call	£6,500.00
MS Therapy Centre	£9,662.00
Partnerships for Wellbeing - walk service	£43,812.00
Partnerships for Wellbeing - transport service	£3,045.00
Puffin Hydrotherapy Pool	£18,391.68
Rape and Sexual Abuse Service Highland	£20,229.25
Richmond Fellowship Scotland - Badenoch & Strathspey	£26,809.00
Ross-shire Women's Aid	£14,678.00
Samaritans of Caithness	£1,000.00
Samaritans of Inverness	£7,740.00
Shopmobility Highland	£32,426.35
Shopmobility Lochaber SCIO	£13,908.00
Skye Old People's Welfare Committee	£2,000.00
South West Ross Community Car Scheme	£2,640.00
Talk Lochaber	£2,277.00
TOTAL	**£474,553.93**

2. **Above £50k providers**

Name of Provider	Value of the Contract Per Annum
Support in Mind	£301,091.50
Addictions Counselling Inverness	£55,065.52
Chest Heart and Stroke Scotland	£123,931.30
Scottish Huntington's Association	£59,710.00
TOTAL	**£539,798.32**

Meeting:	**NHS Highland Board**
Meeting date:	**29 September 2020**
Title:	**Draft Terms of Reference Highland Health and Social Care Committee**
Accountable Officer:	**Paul Hawkins, Chief Executive**
Report Author:	**David Park, Chief Officer**

1 Purpose

This report is presented to the Board for:

- **Information**

This report relates to:

- **Informing the Board of proposed revisions to the Highland Health and Social Care Committee Terms of Reference for further discussion at the next meeting of the Committee.**

This aligns to the following NHS Scotland quality ambition(s):

- **Effective governance**

2 Report summary

2.1 Situation

This report introduces proposals to review the Terms of Reference for the Highland Health and Social Care Committee for detailed consideration by the Committee prior to ratification by the Board.

2.2 Background

NHS Highland's Blueprint for Good Governance action plan includes a commitment to streamline the governance structure and develop a better understanding of the purpose of each governance committee. Earlier governance reviews have also indicated that making adjustments to the way the board operates, and refocussing the main governance committees, would make a considerable difference to the way business is dealt with.

In March 2020, the Board agreed terms of reference for a short life Working Group to review Board governance and to propose improvements to the existing governance structure. The Group's overriding aim has been to streamline the work of the Board and ensure its Committees add maximum value to it without unnecessary duplication.

2.3 Assessment

The Short Life Working Group focussing on Board and Committee governance considered the overarching governance structure for the Board and the details of individual Committee terms of reference.

Governance Committees have refined and agreed revised Terms of Reference over the summer months and the appendix to this report outlines a revision to the ToR for Highland Health and Social Care Committee for the Board's early consideration and interim agreement.

Further discussion on the details of the draft will be considered as part of the review of the Integration Scheme for Health and Social Care. The revised Integration Scheme is due to be submitted to the Board at its next meeting in November and it is proposed that a further revised ToR for Highland Health and Social Care Committee will be proposed also at that time. This will also be reviewed in light of the refreshed Joint Monitoring Committee and the Joint Partnership Project Management arrangements for Social Care.

The final ToR will be included in the emerging Code of Corporate Governance which will be submitted to the Board at the end of January 2021 for full ratification.

2.3.1 Quality/ Patient Care

The impact on quality / patient care is a key consideration for governance

2.3.2 Workforce

The impact on workforce is a key consideration for governance

2.3.3 Financial

Financial governance is a key component of the Board's Code of Corporate Governance, containing therein the Scheme of Delegation and Standing Financial Instructions.

2.3.4 Risk Assessment/Management

Risk management is a key component of the Board's Code of Corporate Governance

2.3.5 Equality and Diversity, including health inequalities

There are no equality or diversity implications arising from this paper.

2.3.6 Other impacts

No other impacts

2.3.7 Communication, involvement, engagement and consultation

Highland Health and Social Care Committee will consider its ToR at the next scheduled meeting on 7 October 2020.

2.3.8 Route to the Meeting

The subject of this report has been considered at the EDG on 21 September 2020.

This report has been agreed by EDG on 21 September 2020.

2.4 Recommendation

The Board is asked to **agree:**

- the draft ToR for Highland Health and Social Care Committee
- that the Committee will consider the details of the ToR at its next meeting on 7 October 2020

- that further revisions are expected as a result of the Integration Scheme review and refreshed Joint Monitoring Committee and the Joint Partnership Project Management arrangements for social care.
- that the final revised and agreed document will be included in the Board's Code of Corporate Governance being presented to the Board in January 2021

3 List of appendices

Appendix 1 – Existing ToR for Highland Health and Social Care Committee

Appendix 2 - Draft revised ToR for Highland Health and Social Care Committee.

Appendix 1

May 2018

HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE TERMS OF REFERENCE

Highland Health and Social Care Committee Remit

To co-ordinate for the Highland Health and Social Care area the planning, development and provision of services which it is the function of NHS Highland to provide with a view to improving these services.

To provide quality, safe and effective care as close to home as possible and to ensure frontline staff have the opportunity and resources to achieve that objective.

To ensure close involvement in community planning with emphasis on Health & Quality Improvement.

To play a key role in the modernisation of healthcare services along with a vital participation in partnerships, integration and re-design.

To undertake detailed, high level scrutiny of the performance against the Local Delivery Plan and Quality and Sustainability plans across the Highland Partnership area.

To focus on impact and outcomes of actions taken by NHS Highland.

To identify areas of good practice and ensure the dissemination of that good practice across NHS Highland

In relation to Children's Services, NHS Highland remains accountable for the delivery of a number of targets that are now the responsibility of Highland Council as the lead agency for Children's Services. The Highland Health and Social Care Committee will receive assurance from the Highland Council's Education Children and Adult Services Committee as to performance of the commissioned services

To notify other Governance Committees of the Board of any concerns or risks raised to or identified at the Health and Social Care Committee. E.g. Staff Governance, Clinical Governance

Specific responsibilities

Improving Services

- Planning, provision and improvement of a full range of (General/Family) Medical, Community Services and Social Care Services also covering Practice

Governance (Clinical and Social Care Governance) issues and Risk management.

- Achievement of specific outcomes, targets.
- Delivery of the NHS Highland Quality ambitions – Better Health, Better Care, Better Value

Improving Health

- Maximising Health Improvement/Promotion activities in conjunction with Public Health colleagues and other partners.
- Collaboration with partners in Community Planning.
- Addressing health inequalities

Community Partnerships

- Development of Community Partnerships and ensure any relevant issues are brought to the Committee's attention through the Directors of Operations Operational Unit Reports.
- Development of working relationships with other health professionals, Local Authority,
- Voluntary Sector, Wellbeing Alliance Partners etc.

Finance

- Management of devolved Budgets
- Financial Planning incorporating continuous review of activity/cost

Delegated responsibilities

- Receiving reports against the Strategic Plan
- Informing the annual performance report as required by the Public Bodies(Joint Working)(Scotland)Act 2015
- Providing assurance to the Highland Council on delivery of the Adult Services Commission.
- Receiving assurance from the Highland Council's Education Children and Adult Services Committee as to performance of the commissioned Children's services

Local Delivery Plan responsibilities

- Health Improvement – improving life expectancy and healthy life expectancy
- Efficiency and Governance Improvements – continually improve the efficiency and effectiveness of the NHS.
- Access to Services – recognising patients need for quicker and easier use of NHS services
- Treatment appropriate to individuals - ensuring patients receive high quality services that meet their needs.

Agenda

- Declaration of Interests
- Minutes
  - Last Meeting
  - Formal Sub Committees
  - Formal Working Groups
  - Last meeting of NHS Highland Board
- Quality – Service Redesign
- Finance
- Performance Management,
- Stakeholder Satisfaction,
- Operational Unit Reports.

Boundaries and Accountabilities

The Highland Health and Social Care Governance Committee is a Governance Committee of NHS Highland and is accountable directly to the Board.

The Committee will report to the Board through the issue of Minutes/Assurance Reports and an assessment of the performance of the Committee will be undertaken annually and presented by way of an Annual Report to the Audit Committee, then the Board.

As a committee of the Board and as indicated in the Standing Orders, the HH&SCC will escalate any risks or concerns that require a Board decision to the Health Board.

Committee Membership

The membership of the Committee is agreed by the full NHS Board and has a Non-Executive Chair.

Voting Committee members as follows

- 6 x Non-Executives, one of whom chairs the Committee and one of whom is the Council nominee on the Health Board
- 5 x Executive Directors as follows - Chief Officer, Director of Adult Social Care, Finance Lead, Medical Lead and Nurse Lead
- 3 Elected Members

The wider stakeholder and advisory membership (non-voting) will be as follows:

- Staff Side Representative (2)
- Public/Patient Member Representative (2)
- Carer Representative (1)
- 3rd Sector Representative (1)
- Lead Doctor (GP)
- Medical Practitioner (not a GP)
- 2 representatives from the Area Clinical Forum
- Head of Financial Planning

The Committee shall have flexibility to call on additional advice as it sees fit to enable it to reach informed decisions.

In Attendance

Head of Personnel
Head of Health & Safety

The Committee Chair is appointed by the full Board.

A quorum for Committee meetings will be at least one Non-Executive Director being present (in addition to the Chair) and comprising a minimum of one third of Committee members.

Administrative Arrangements

The Committee will meet at least five times per year. The Chair, at the request of any three Members of the Committee, may convene ad hoc meetings to consider business requiring urgent attention.

The Board Chair is not a Member but has the right to attend meetings.

The Committee will be serviced within the NHS Highland Committee Administration Team and minutes will be included within the formal agenda of the NHS Board.

All Board members will receive copies of the agendas and reports for the meetings and be entitled to attend meetings.

Any amendments to the Terms of Reference of Highland Health and Social Care Governance Committee will be submitted to NHS Highland Board for approval following

discussion within the Governance Committee.

APPENDIX 2

September 2020

HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE TERMS OF REFERENCE

Highland Health and Social Care Committee Role

To provide assurance to NHS Highland Board that the planning, resourcing and delivery of those community health and social care services that are its statutory or commissioned responsibility are functioning efficiently and effectively, ensuring that services are integrated so that people receive the care they need at the right time and in the right setting, with a focus on community-based, preventative care.

Highland Health and Social Care Committee Remit

- Provide assurance on fulfilment of NHS Highland's statutory responsibilities under the Public Bodies (Joint Working) Act 2014 and other relevant legislative provisions relating to integration of health and social care services
- Provide assurance on fulfilment of NHS Highland's responsibilities under the Community Empowerment Act in relation to Community Planning
- Contribute to protecting and improving the health of the Highland population and ensure that health and social care services reduce inequalities in health
- Develop the Strategic Commissioning Plan for integrated health and social care services and approve arrangements for the commissioning of services to deliver the agreed outcomes of the plan, ensuring the involvement of stakeholders and local communities
- Develop policies and service improvement proposals to deliver the agreed outcomes of the plan, within the available resources as agreed by the Joint Monitoring Committee
- Monitor budgets for services within its remit and provide assurance regarding achievement of financial targets
- Scrutinise performance of services within its remit in relation to relevant national and locally agreed performance frameworks, including the NHS Highland Annual Operating Plan and the Strategic Commissioning Plan for integrated health and social care services.
- Through the annual performance report of the Integration Authority provide an overview of North Highland Adult Services performance, in line with the 9 national outcomes for health and wellbeing to Highland Council as partners via the Joint Monitoring Committee
- Receive and scrutinise assurance from the Highland Council as to performance services delegated by NHS Highland under the Lead Agency arrangements
- Review of strategic risks within the Committee's remit, scrutiny of mitigating actions escalating issues to other Committees or the Board as necessary

Agenda

- Apologies
- Declaration of Interests
- Minutes
    - Last Meeting
    - Formal Sub Committees
    - Formal Working Groups

- Strategic Planning and Commissioning
- Finance
- Performance Management
- Community Planning and Engagement
- Operational Unit Exception Reports.

Boundaries and Accountabilities

The Highland Health and Social Care Governance Committee is a Governance Committee of NHS Highland and is accountable directly to the Board.

The Committee will report to the Board through the issue of Minutes/Assurance Reports and an assessment of the performance of the Committee will be undertaken annually and presented by way of an Annual Report to the Audit Committee, then the Board.

As a committee of the Board and as indicated in the Standing Orders, the HH&SCC will escalate any risks or concerns that require a Board decision to the Health Board.

Establish a Strategic Planning and Commissioning sub-committee to fulfil the obligations set out in the legislation.

Committee Membership

The membership of the Committee is agreed by the full NHS Board and has a Non-Executive Chair.

Voting Committee members as follows

- 5 x Non-Executives, one of whom chairs the Committee and one of whom is the Council nominee on the Health Board
- 5 x Executive Directors as follows - Chief Officer, Director of Adult Social Care, Finance Lead, Medical Lead and Nurse Lead
- 3 Representatives of Highland Council

The wider stakeholder and advisory membership (non-voting) will be as follows:

- Staff Side Representative (2)
- Public/Patient Member Representative (2)
- Carer Representative (1)
- 3rd Sector Representative (1)
- Lead Doctor (GP)
- Medical Practitioner (not a GP)
- 2 representatives from the Area Clinical Forum
- Public Health representative
- Highland Council Executive Chief Officer for Health and Social Care
- Highland Council Chief Social Worker

The Committee shall have flexibility to call on additional advice as it sees fit to enable it to reach informed decisions.

In Attendance

Head of Personnel
Head of Health & Safety

The Committee Chair is appointed by the full Board.

A quorum for Committee meetings will be at least one Non-Executive Director being

present (in addition to the Chair) and comprising a minimum of one third of Committee members.

Administrative Arrangements

The Committee will meet at least five times per year. The Chair, at the request of any three Members of the Committee, may convene ad hoc meetings to consider business requiring urgent attention. The Committee may meet informally for training and development purposes, as necessary.

The Board Chair is not a Member but has the right to attend meetings.

The Committee will be serviced within the NHS Highland Committee Administration Team and minutes will be included within the formal agenda of the NHS Board.

All Board members will receive copies of the agendas and reports for the meetings and be entitled to attend meetings.

Any amendments to the Terms of Reference of Highland Health and Social Care Governance Committee will be submitted to NHS Highland Board for approval following discussion within the Governance Committee.