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 28 April 2021 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

Present:
Ann Clark, Board Non-Executive Director - In the Chair
Philip MacRae, Board Non-Executive Director
Gerry O'Brien, Board Non-Executive Director
Elaine Ward, Deputy Director of Finance
Paul Davidson, Medical Lead
Simon Steer, Director of Adult Social Care
Tracy Ligema, Director of Operations (for Louise Bussell, Chief Officer)

Cllr Nicola Sinclair

In Attendance:
Dr Tim Allison, Director of Public Health and Health Policy
Fiona Duncan, Highland Council ECO for Health and Social Care
Fiona Malcolm, Highland Council Representative
Jane Park, Highland Council
Neil Wright, Lead Doctor
Ian Thomson, Area Clinical Forum Representative
Gillian Grant, Interim Head of Commissioning
Donnellan Mackenzie, Area Manager South & Mid
Mhairi Wylie, Third Sector Representative
Michael Simpson, Public/Patient Representative
Michelle Stevenson Public/Patient Representative (incoming)
Wendy Smith Care Representative (incoming)
Ruth Daly, Board Secretary
Stephen Chase, Committee Administrator

For Item 1
Jackie Hodges, Response Lead, NHSH Adult Social Care, Covid Response Team Oversight
Laura Morrison, Principal Officer, NHSH Adult Social Care, Covid Response Team Manager
Louise Quinn, Adult Social Care Senior Nurse, Covid Response Team
Kay Ferret, Adult Social Care Nurse, Covid Response Team
Campbell Mair, CEO, Highland Home Carers
Kenny Steele, CEO Highland Hospice

Apologies:

James Brander, Board Non-Executive Director
Adam Palmer, Board Non-Executive Director
Cllr Linda Munro, Highland Council
Louise Bussell, Chief Officer
Deirdre MacKay, Board Non-Executive Director

AGENDA ITEMS

- **Year to Date Financial Position 2020/2021**
- **Assurance Report and action plan from 3 March 2021**
- **Matters arising**
- **COVID-19 Update and Social Mitigation Strategy**
- **Care Home Oversight Board**
- **Social Work in NHS Highland**
- **Adult Social Care Contract Monitoring**
- **Adult Social Care Fees and Charges**
- **Chief Officer's Report**
- **Health Improvement**
- **Committee Function and Administration**
- **Any Other Competent Business**

DATE OF NEXT MEETING

The next meeting will be held on Wednesday 30 June 2021, at 1pm on a virtual basis.

1 WELCOME AND DECLARATIONS OF INTEREST

The Chair opened the meeting at 1pm, welcomed the attendees and advised them that the meeting was being recorded and would be publically available to view for 12 months on the NHSH website.

No formal Declarations of Interest were made.

The Chair was pleased to announce the successful recruitment of new lay representatives, Michelle Stevenson (as Public/Patient Representative) and Wendy Smith (as Carer Representative) who will assume their respective roles from 1st June 2021.

The Committee was informed that a Development Session on End of Life Care had been held that morning and was regarded as having been a very useful meeting. A report will be provided to a future HHSCC meeting outlining the progress of this partnership project.

P Davidson noted he had a problem accessing the invitation to the meeting due to a clashing diary invite. This was noted for future committee planning.

N Sinclair noted she would leave the meeting temporarily for childcare duties.

Staff Recognition
The meeting began with a presentation from staff working at the fore-front of the pandemic with a focus on Adult Social Care.

Jackie Hodges, and Laura Morrison, managers from the COVID Response Team, provided an overview of the logistics involved in training new staff during the height of the pandemic and the kinds of support systems which were put in place and adapted to support their colleagues. In April 2020 100 people were interviewed following a rapid recruitment process to meet the given brief for the COVID Response Team. Despite it being somewhat unclear what they were preparing for the approach from the outset was to recruit to values and provide a supportive experience for the new team, albeit mainly navigated online. COVID was still very much an unknown but there was great risk attached to these deployments. Colleagues across the organisation provided an extraordinary level of support (Travel, Payroll, HR, Finance, Training and Psychological support). Mandatory training was quickly adapted to ensure that infection prevention control, adult support and protection, and welfare practices were at the forefront of everyone's minds. Once the team were deployed there was a real sense of responsibility and helplessness from those of of the team who were left behind even though through the training provided and the support available from each other the team was as well prepared as they could be. The commitment was that once a team member was deployed the management would always be available as a team lead on call to them, in addition to the daily debriefs at the end of each shift.

Adult Social Care nurses, Louise Quinn, Kay Ferret, who had worked in four outbreak sites over the last year in Highland, gave testimony as to their personal experiences. Louise recalled how proud she was to be offered such a key role, with an element of fear for what it entailed and concerns about a mix of people coming together who didn't know each other. For many it was the first time working away from family so there were anxieties but the team quickly started to bond from the first shift onwards. From the first deployment the approach of the team was to help not to judge. Despite personal worries when staff could see how the infection had taken hold, instinct took over and there was a determination not to walk away. Something kicked in and people stepped up like a natural instinct. Staff had concerns about leaving family, had awareness of the possibility they might "not be going home with the health we came in with". A key aim of team members was to be polite and not appear to be judgemental or rude. A huge skill set was required in the tem including cleaning, nursing care, laundry and infection control. The team all checked on each other making sure people could get some time out, supply food, wash each other's clothes, receive new PPE, no ask

was too big. A family from a group of strangers. “We all learned a lot about ourselves and I learned I was far braver than I thought I was.” Kay recalled how she came into the team in May 2020, into a family. “I was, anxious having a family at home with a daughter shielding, but put at ease by the team. I received important support from the team, who were all very patient and non-judgemental. The experience was very eye opening, people were dying and had died which affected us new people coming in. One evening I supported three people at the end of life. I had a strong desire to ensure these people would feel that they were not alone, although we were strangers I wanted to offer comfort in their final moments. That has given an immense sense of pride to be included in this experience which has been somewhat of a rollercoaster However, I was fully supported within the team to grow and am excited to see where we will go next.”

Jackie Hodges ended with thanks to the wider Adult Social Care management team.

On points raised by Committee members:

- The most important learning was realising the level of support available from colleagues across the organisation on any issues.
- Those present had been involved in discussions about the future of the Response Team and were keen to stay involved in some way. There was much about the approach of the Team that was in line with recommendations about person centred care in the Feeley Review.

A number of Committee members expressed thanks and appreciation for such a vivid insight into the personal experience of staff on the front line during the pandemic. M Simpson: proposed a formal vote of thanks to the staff of NHS Highland for all their work during recent months which was unanimously agreed.

Campbell Mair, CEO of Highland Home Carers, Co-Chair of the Highland Health and Social Care Partnership Strategic Planning Group and committee member of Scottish Care, was then invited to give his perspective on the last year during the pandemic. Mr. Mair reported that his organisation was the largest employee owned company in Scotland as well as, one of the largest social care organisations in Scotland.

He gave an organisational perspective on the work of social care during the pandemic. He felt that locally, the wider sector and his organisation had worked more effectively with NHS Highland in its lead agency role – based on individual relationships as opposed to structures or systems. A number of NHSH staff had gone the extra mile, too numerous to mention but including G Grant, C Stewart, S Steer. Those staff and others like them had shown dedication, commitment, integrity and respect for the sector, particularly in the areas of PPE, ensuring a resilient third sector in the social care arena. The joint experience of working through the pandemic had significantly strengthened local relationships and mutual respect.

Nationally, the situation had been the opposite: Covid had exposed a total lack of understanding, respect or recognition of the care home, care at home, and Social Care sector more widely. The workforce had been largely overlooked yet Highland Home Carers in the last twelve months had delivered 1.2 million episodes of care across Highland, (Raigmore A&E delivers approximately 30,000 annually). This was work that went on behind closed doors, often working one-to-one operating under public, media and political scrutiny,
There had been challenges around PPE supply, especially at the start of the pandemic. The initial response of the NHS nationally indicated ignorance of the scale of the social care workforce, e.g. the initial supply of PPE to Highland Home Carers was around 400 gloves.
There had been a significant gap between what was thought helpful and what was actually needed in adult social care.

Looking forward, Mr. Mair felt that The Feeley Report gives a little bit of hope that the situation might improve but there was an urgent need to address the "say/do" gap, for example recent pay awards offered a 2.2% uplift for Care Home staff in the face of a 4.4% increase for other front line workers and for people who are already doing difficult work for minimal pay. The coming 12 months looked set to be a time of significant change and he hoped the Committee could play a prominent part in promoting positive change for the sector.

A number of Committee members echoed Mr. Mair's view that social care required greater support and recognition:

- Family carers see at close hand the huge connection between well paid staff and effective care. More choice of service providers is required especially for families with complex needs. Communication between health and social care staff also needs improved
- M Simpson agreed that a harsh spotlight had been shone on what has traditionally been a 'hidden service' being largely delivered in people's homes and in care homes. The sector needs to ensure the media interest does not recede.
- K Steele reported that as a new entrant to the social care market, Highland Hospice could attest to the stark contrast between what terms and conditions could be offered to social care staff compared to health staff.
- S Steer: agreed that at the start of Covid social care was under recognised and the pandemic had changed that. He emphasised that for social care the effects of the pandemic will be felt for a long time to come. The Committee should appreciate that providers have had and are continuing to have a very difficult time and that staff are exhausted. This will need to be taken into account in planning and resourcing services going forward. Social Care is not through the crisis – Provider basis is beaten up after a really tough time, with overworked staff. The lessons to be learned are there as demonstrated by the speakers, but need addressing – under resourced.

The Chair asked all contributors what was the one change during the pandemic that they would most like to see continue? Responses included:

- Significant reform of the approach to commissioning services with parity of esteem for the social care workforce. A move away from commissioning episodes of care for a particular price is required towards commissioning caseloads and people.
- Continuation of a values based approach to supporting colleagues and teams. That may have cost implications but it would be a worthwhile investment in terms of retention and absence rates.

The Chair reiterated the thanks of the Committee to the speakers for their contributions and the work they have done and continue to do, and encouraged them to pass the message on to their colleagues.

The speakers left the meeting at 1.51 pm.

2 FINANCE

2.1 Year to Date Financial Position 2020/2021

Due to internet connection problems the Committee agreed to continue with the meeting until this was resolved. Item 2.1 followed item 3.2.

E Ward, Deputy Director of Finance, provided an update with regard to NHS Highland's position to the end of the financial year, with the proviso that this was not a final record. The paper presented the Month 11 position.

At the end of Month 11 (February 2021) the overall financial position of NHS Highland was an underspend of £3.342m with a breakeven position forecast at financial year end. This position was dependent upon the management of recent unexpected Adult Social Care and other allocations received in month 10 and receipt of funding from Scottish Government in respect of the recognition payment recently paid to all staff. In addition, Scottish Government provided funding to cover the element previously identified as a brokerage requirement. This position allows all Boards within Scotland to be in financial balance at 31 March 2021.

The Highland Health & Social Care Partnership financial position at Month 11 (February 2021) was a year to date underspend position of £0.516m with a forecast year end position of an underspend of £3.299m. This position would be managed via flexibility arrangements with Scottish Government and the Highland Council to balance the overall NHSH financial position at year end and ensure allocations received late in the year will be available to NHS Highland in 2021/22.

The forecast year end position also reflects additional funding received from Scottish Government in respect of the Adult Social Care (ASC) funding gap rolled into the Covid-19 funding position. NHS Highland provided budgetary cover in respect of this gap in previous years.

There remains a gap between the cost of delivering ASC services and the funding received from Highland Council. Discussions between both parties and Scottish Government with respect to the funding position for 2021/22 have been productive with agreement reached on contributions from all parties.

A Community Health Services 2021/22 savings target has been identified in addition to the £3 million already identified, of £1.9 million. A charter has been presented to the Recovery Board to show the initiatives undertaken to generate those savings.

G O'Brien requested further information about overspend in relation to police custody services and whether overspends on prescribing were forecast to continue in 21/22.

E Ward reported that the requirement to provide improved forensic services for victims of sexual abuse was the reason for overspend in relation to police custody services. That budget pressure would be funded in 21/22. It was difficult to predict the position re drug prescribing. Some drug prices had risen considerably in the last year but were gradually falling more recently.

The Chair noted that it is positive that flexibilities had been agreed with Scottish Government and Highland Council and an agreed position for the year ahead had been reached with regard to the Adult Social Care funding gap. However, she emphasised that this is only a one year arrangement and therefore there is still a lot of work to do in terms of progress going forward. The Chair asked if an overall level of progress could be reported to the partnership on the £3 million savings and the charter for the Recovery Board.

E Ward affirmed that this information will be incorporated into the report for the June Committee.

After discussion, the Committee:	
• **Noted** the financial position of the HHSCP to Month 11, noting the underspend of £0.516m against a year to date budget of £347.481 and a forecast full year underspend of £3.299m against a budget of £384.596m.	
• **Agreed** an update on progress on £3m savings and charter for the Recovery Board would be presented at the meeting on 30 June 2021.	

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Assurance Report from Meeting held on 3 March 2021

The draft Assurance Report from the meeting of the Committee held on 3 March 2021 was circulated prior to the meeting.

The Chair noted a matter of accuracy in the minutes: the text box of item 3.4 was incorrect. [Minute amended after the meeting]

The Committee

- **Approved** the Assurance Report.

3.2 Matters Arising From Last Meeting

No matters were raised ahead of the meeting.

Matters relating to item 5.1 were discussed (see below).

3.3 COVID-19 Overview Report

T Allison, Director of Public Health and Health Policy provided a verbal report and presentation to members of the overall position regarding COVID-19 in Highland.

The weeks preceding the meeting had seen a steady drop in cases. As of 23 April 2021 there had been 22 new cases in 7 days compared to 47 the previous week. Dr. Allison emphasised the need not to be complacent and indicated a wariness around relaxation in levels of safe behaviour. Acknowledging that every death had been a tragedy Dr.Allison noted that the number of deaths in Highland compared well with Scotland as a whole. However some care homes in the Inner Moray Firth had experienced challenges in recent months with 44 deaths since December. A review of recent care home deaths in relation to vaccinations will be led by public health officials in Argyll and Bute.

Testing (lateral flow) was widely available across the board in the Health and Social Care sector with high levels of testing taking place in the Highland Council area.

In relation to the vaccination programme, across the Highland Council area around 125,000 people had their first dose with around half that number having received their second dose. Progress was very good compared to the Scotland position albeit had slowed recently due to challenges with stock.

The floor was opened to questions and comments.

The Chair asked Dr. Allison to outline how the Board was addressing some of the challenges in managing the vaccine plan.

Dr. Allison agreed that a number of challenges were being addressed including vaccine supply, recent guidance on the Astra Zeneca vaccine and some GP practices being unable to deal with younger cohorts. Highland will continue to use the Pfizer and Astra Zeneca vacines although no one under 30 will be offered the AZ vaccine. No Moderna vaccine would be offered in Highland. Various contingency plans were in place to manage distribution. It was a complicated situation and there would also be a booster programme to accommodate. However progress continued to compare well with other Scottish boards.

G O'Brien asked about the likely impact of tourism on infection rates. Dr. Allison answered that there was not a particular increase in rates of infection last summer during the lockdown easing in spite of large numbers of visitors. There would be mitigating factors, for example most tourists are mixing outside and he was not exceptionally worried about this summer so long as people continue to follow the rules. There would be challenges but large testing programmes can be rolled out quite easily.

P Davidson informed the committee that the additional work involved in COVID vaccination programmes represented around a 20% increase in practice activity and involvement in the programme was a considerable strain on GP practices in addition to enforced changes to ways of working due to COVID. The pressures on GP practices would need to be carefully considered as part of on-going discussions about our plans.

The Committee:

- **Noted** the report.

BREAK

3.4 Care Home Oversight Board

S Steer provided an overview of the circulated report and provided a brief overview of the key Adult Social Care service delivery issues, seeking to provide assurance the Board was complying with the guidance issued by Scottish Government.

The Care Home Oversight Board has been in receipt of assurance reports on care home issues and activity, and has provided direction on escalated matters flagged by the daily safety huddle. The reporting to the group includes the following: RAG status (care homes on "red" or "amber" status), Public Health closure status, bed capacity, TURAS compliance, Care Inspectorate grading, new Scottish Government guidance and requirements, and mutual aid deployment.

S Steer noted that there were no current outbreaks in care homes, that the situation is much improved but continued joint working would be required for this improvement to be maintained.

N Wright asked how the Clinical and Care huddle works.

S Steer answered that every day a range of staff including the leads for contracts and infection control would meet to examine data on a range of issues including, PPE, staffing ratios, etc. Local intelligence was combined with information from an electronic monitoring system, the TURAS System, used by care homes to provide a daily status report.

P Macrae asked why investigations into one particular care home have been under consideration since April 2020, being concerned that this must have an impact on staff morale and other issues.

S Steer answered that this was a particularly complex case with other issues arising from the initial investigation. There was confidence that the end of the process was in sight following supportive interventions. There was no current risk and the investigation team was working with staff to provide assurance.

G O'Brien noted that the report was very informative but it needed populating with actual data on critical issues.

S Steer noted this was a helpful suggestion and provided a commitment to focusing future reports on providing assurance to the Committee rather than reassurance-, and he would provide a commitment to this effect.

The Chair asked how learning was shared between large scale investigations and the rest of the provider community.

S Steer noted this was a sensitive issue and for confidentiality reasons learning had to be shared in an anonymised way with an emphasis on the general principles raised by investigations and on a 'no blame' basis. The sector was keen to learn and share with each other.

The Chair noted the proposal for an update report in 6 months. She suggested that there was a need to agree an overall framework for reports from the Oversight Board and suggested an annual report which would be a comprehensive overview of activity during the year and an update on actions every 6 months, in between times any issues could be escalated via the CO's report where necessary. S Steer agreed to discuss and agree with L Bussell and F Duncan an overall framework for reporting to the Committee.

The Committee

- **Noted** the report and agreed that a progress report should be submitted to the Committee during 2021 which would include an overall framework for future reports from the Oversight Board.

3.5 Social Work in NHS Highland

S Steer provided an overview of the key Social Work delivery issues.

The sector was effectively still operating under Covid conditions, it had been significantly affected, and social care had not been 'stepped down'. However the way some social work assessments and services were delivered had to be radically changed with much less face to face contact with clients. This inevitably meant some increased risk to people's wellbeing but this had been mitigated as far as possible by the introduction of a more robust leadership structure in Highland, digital engagement and measures such as the Covid Response Team. The pandemic had thrown a harsh light on the need for new models of care which had been recognised in the Feeley Review recommendations which included the need for fair work approaches and how this would be financed as well as an emphasis on a human rights approach. The Committee were asked to recognise the range of challenges dealt with by the service during the pandemic, the outstanding response and the need for further improvement going forward, which Mr. Steer suggested needed to be benchmarked against the practice recommendations of the Feeley Report. He ended by thanking his colleagues who had been involved in producing the report.

The Chair noted the reference in the report to the need to improve clinical and care governance arrangements and asked if there was a clear plan and timetable for resolving the situation.

S Steer answered that conversations with the Chief Executive of NHS Highland were on-going but he expected relatively rapid agreement on a way forward.

The Chair requested that the Chief Officer's next report provides assurance on progress and necessary mitigating actions.

W Smith asked for clarity around the re-enabling of social care noting how care packages have been cancelled or reduced.

S Steer acknowledged that there had been changes to the way some services were delivered as a result of national guidance and other issues such as staff shortages due to shielding and Covid testing however packages had not been reduced or cancelled. This assessment was challenged by W Smith.

The Chair noted that the Committee had previously received a report on a survey by Inclusion Scotland on user and carer experience during the pandemic which raised similar concerns to those expressed by Ms Smith. Concerns had also been expressed at the Committee's last meeting about the remobilisation of day and respite services. Mr. Steer agreed to seek updates on the Inclusion Scotland survey and remobilisation of day and respite services.

D Mackenzie commented that there is an awareness that lived experience in the year past varied hugely. Some clients self-selected for a reduction in activity due to anxiety around visitors going into homes. Every effort had been made to reach out to clients to work with providers to ensure appropriate support through alternative means. The service was keen to hear about individual experiences.

W Smith emphasised that her comments were based on her involvement with Inclusion Scotland and Strathclyde University research on lived experience showing involvement in the development of the carer strategy. It was agreed that further conversations would take place outwith the meeting to explore the issues raised by W Smith and enable the service to respond to her feedback.

G O'Brien asked for clarification on issues raised in the report regarding the potential interest of the Mental Welfare Commission in NHS Highland's practice of supporting the discharge of patients from hospital to care homes during the pandemic. S Steer responded that it was not possible to provide details of individual cases in Committee but that he would provide further assurance on the issues to Mr. O'Brien outside the meeting.

R Daly asked how the Committee wished to reflect the assurance levels received from the report in the meeting minutes. It was agreed the Chair and the Board Secretary would discuss this outwith the meeting.

Further suggestions were made by members of the Committee for a development session on issues raised by the report and for further evidence of lived experience of users and carers to be provided to the Committee.

The Chair noted the potential substantial impact on integration arrangements in Highland of the Feeley Review. She suggested that instead of a future update report on the Feeley recommendations what was required was a report on how the Health and Social Care Partnership would consider and manage any required changes to the partnership, in collaboration with stakeholders.

The Committee

- **Noted** the contents of the report, in particular, the range of duties and complexities of the Social Work role; the dedication, compassion and commitment demonstrated by adult social care staff during the pandemic; the significant implications of the Feeley Report for the future of adult social care and both current and planned service improvements being progressed by the strengthened Leadership Team.
- **Agreed** the future production of a report to the Committee with proposals for the consideration and implementation in Highland of the recommendations of the Feeley Review

- **Agreed** a development session should be held on the topics discussed.

3.6 Adult Social Care Contract Monitoring

G Grant introduced the circulated assurance report on contract monitoring, noting that different types and methods of contact have resulted in a blended approach into this year, and that the appendix detailed the kinds of contact for different groups of service providers.

The Chair thanked G Grant and her colleagues for their work throughout the pandemic. The Chair asked how the risks in relation to reduced face-to-face contact with providers and their clients were being managed and if those risks were recorded on operational risk registers.

G Grant answered that mitigation was often a case of asking providers different questions, making use in part of virtual visits, and limiting numbers of visitors. She noted that more frequent and informal visits have tended to build up more trust and assurance. The issues were not specifically recorded on the Risk Register but will be logged.

G O'Brien asked whether and how contract monitoring will in future reflect assurances from external sources such as the Care Inspectorate. G Grant responded that there were a number of different agencies on board bringing different intelligence to the table.

The Committee

- **Noted** the contents of the report and agreed that assurance had been provided regarding NHS Highland's approach to contract monitoring.

3.7 Adult Social Care Fees and Charges

G Grant introduced the circulated report for noting, commenting on the impact of Covid which had caused a delay to confirmation of fees for 21/22 and advised further assurance would be provided for the next meeting.

The Chair noted that the process referred to in the report would need to be reviewed: the reference to a Finance Committee meant the Finance and Performance subcommittee of the HHSCC which had been removed from the Committee's Terms of Reference.

G Grant answered that there would be discussion with the Director of Finance as to necessary changes to the current process. She further noted that £2.7 million of sustainability payments had been made to Highland providers and that agreement is in place regarding these to the end of June. Once government information has been received regarding the situation beyond June a further report would be brought to the Committee.

T Ligema suggested that membership of the groups referred to in the report may need updated to reflect the changing management structures within NHS Highland.

W Smith asked if the £2.7 million paid out to care providers was Covid related.

G Grant responded that these were exclusively Covid payments from Scottish Government administrated regionally.

The Chair noted the need for a further assurance report once the process runs its course.

The Committee Noted the terms of the report, that the process for agreeing fees and charges would be revised to take account of changes in the Terms of Reference of the Health and Social Care Committee and management structures and that a further assurance report would be provided once a revised process had been agreed and the process for 21/22 had been concluded.

3.8 Chief Officer's Report

T Ligema spoke to the circulated report on behalf of L Bussell and provided an overview of the key issues.

- A draft revised Highland Partnership Integration Scheme is out for consultation.
- A management restructure to create a single North Highland service for all community directorate functions was well underway. This would also move management of rural general hospitals into the Acute Service Division.
- Provision of a new hospital on Skye was slightly behind schedule but the new Badenoch and Strathspey Community Hospital in Aviemore would be due for a July handover. A business care was being developed to mitigate a potential staffing shortage for the Skye hospital.
- Enhancing community services: work was continuing with no care at home delays for people in hospital in the Inverness area. Spread of the lessons learned was being supported by Area Managers.
- In relation to the Primary Care Improvement Programme a successful tender has been completed for Community Link Workers with the contract commencing July 2021. Three pilot sites would become early adopters of the mental health work stream. Remobilisation of primary care services was being taken forward in line with guidance from Scottish Government

P Davidson noted that areas of Primary Care, notably Dentistry, had been challenged by remobilisation.

N Sinclair asked about Primary Care Mental Health provision particularly with regard to Out of Hours access in Caithness.

P Davidson responded that there had been improvement in Primary Care but that there was a gap in transition between daytime and Out of Hours services.

M Simpson requested a report on progress with the North Coast Redesign at the next meeting and commented on a lack of information for the local community on the transfer of the Tongue medical practice.

P Davidson responded that the transfer of the Tongue medical practice was achieved through a competitive process with high quality bids having been received. P Davidson noted that M Simpson's feedback was valuable, that the patient population should have updates about such changes and that this was the responsibility of the practices. However he agreed to discuss the issue of information provision with the practice.

It was agreed that further information on the provision of community link workers would be provided to G O'Brien outwith the meeting.

The Chair suggested a future report bringing together an overview of the various hospital redesign projects. T Ligema and Alan Wilson (Director of Estates) to discuss this outwith the meeting. An update on Lochaber and North Coast redesigns will be included in the next Chief Officer's report.

The Committee Noted the terms of the report.

4 HEALTH IMPROVEMENT

There were no matters discussed in relation to this Item.

5 COMMITTEE FUNCTION AND ADMINISTRATION

5.1 Committee Annual Work Plan

G O' Brien asked why Children's Services was not specifically referenced in the work plan and how this would be reported going forward.

The Chair commented that the intention was to review the work plan at each meeting going forward as part of the Committee Function and Administration item. The Committee would be providing assurance to the Board with regard to the delivery of the delegated functions of Children's Services but the format of how this is to be reported and how frequently is under review as part of the revised Integration Scheme. Reporting of Adult Support and issues was also under review.

S Steer reported that the discussions regarding Adult Support and Protection were not yet concluded, but he would be happy to bring an assurance or information item to the next meeting to the Committee.

The Chair commented that it was a matter of urgency for discussions to be concluded and an agreement reached regarding reporting on Children's Services.

T Ligema responded that L Bussell has asked her to pick up responsibilities around Children's Services for the Community Directorate.

G O'Brien requested that the issue should be captured in the Rolling Action Plan.

The Chair requested this be noted for future discussion.

The Committee Noted the need to include actions in the Rolling Action Plan with regard to: • **Childrens Services** • **Adult Support and Protection**

6 AOCB

No other business was discussed.

The Chair apologised for the length of the meeting noting the important messages conveyed.

7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **30 June 2021** at **1pm** on a virtual basis.

The Meeting closed at 4.26 pm