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 17 January 2024 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

Present:
Gerry O'Brien, Committee Chair, Non-Executive Director
Philip Macrae, Non-Executive Director, Committee Vice Chair
Tim Allison, Director of Public Health (until 2.30pm)
Ann Clark, Board Non-Executive Director and Vice Chair of NHSH
Cllr, Muriel Cockburn, Board Non-Executive Director
Pam Cremin, Chief Officer
Cllr, Ron Gunn, Highland Council (until 2pm)
Joanne McCoy, Board Non-Executive Director
Kara McNaught, Area Clinical Forum Representative (until 3pm)
Kaye Oliver, Staffside Representative
Sara Sears, Nurse Lead (shared role)
Simon Steer, Director of Adult Social Care
Michelle Stevenson, Public/Patient Member Representative
Diane Van Ruitenbeek, Public/Patient Representative
Neil Wright, Lead Doctor (GP)

In Attendance:
Rhiannon Boydell, Head of Service, Community Directorate
Louise Bussell, Nurse Director
Sarah Compton Bishop, Chair, NHS Highland Board
Ruth Daly, Board Secretary
Fiona Duncan, Chief Executive Officer and Chief Social Work Officer, Highland Council
Frances Gordon, Interim Finance Manager (on behalf of Elaine Ward)
Arlene Johnstone, Head of Service, Health and Social Care
Fiona Malcolm, Head of Integration, Highland Council (until 3pm)
Stephen Chase, Committee Administrator

Apologies:
Kate Dumigan, Claire Copeland, Cllr Chris Birt, Cllr David Fraser.

1 WELCOME AND DECLARATIONS OF INTEREST

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

The meeting was quorate and no declarations of interest were made.

The Chair welcomed new member, D Van Ruitenbeek as Public Patient Representative who gave a brief introduction to her background to the Committee.

The Chair informed the Committee that item 3.1 would be taken ahead of item 2.1 after which the meeting ran as set out in the agenda.

1.2 Assurance Report from Meeting held on 1 November 2023 and Action Plan

The draft minute from the meeting of the Committee held on 1 November 2023 was approved by the Committee as an accurate record.

Regarding the Rolling Actions, the committee agreed to close the Staff Experience item, the Terms of Reference item due to its inclusion at the present meeting, and the TEC item would be incorporated into the Chief Officer's overview with particular reference to the analogue switch off. All other items were to be closed as they would be considered in the 2024-25 Work Plan discussions between the Chair and the Chief Officer.

The Committee
- **APPROVED** the Assurance Report
- **NOTED** the Action Plan.

1.3 Matters Arising From Last Meeting

There were none.

The Committee:
- **NOTED** the updates.

2 FINANCE

2.1 Year to Date Financial Position 2023/2024

The report which had been circulated in advance of the meeting noted that NHS Highland had submitted a financial plan to Scottish Government for the 2023/2024 financial year in March 2023. An initial budget gap of £98.172m was presented with a Cost Improvement Programme of £29.500m proposed, leaving a residual gap of £68.672m. Work had been ongoing within the Board and nationally to consider options and schemes to close the gap. Scottish Government had provided additional funding and the Board was looking to deliver a financial deficit of no more than £55.800m. The report summarised the position at Month 8, and provided a forecast through to the end of the financial year highlighting the current and ongoing service pressures.

For the period to end November 2023 (Month 8) an overspend of £11.149m was reported within the Health & Social Care Partnership. This overspend was forecast to increase to £14.984m by the end of the financial year.

The report offered limited assurance due to work to progress savings delivery and address the ongoing utilisation of locums and agency staff. A robust recovery plan was in development in order to increase the level of assurance with oversight and support from Scottish Government in line with their "tailored support".

F Gordon spoke to the report and noted that there were a number of drivers

During discussion that followed focus was given to the following areas,

1. The level of confidence of the partnership's ability to take transformational action was addressed and it was noted that at month 9 there had been no increase in the position and that in fact there had been observed a decrease and that measures had been having an effect.
2. The Chief Officer noted a number of the challenges to transformation plans, which included the difficulty of achieving Adult Social Care savings due to the impact there could be on quality and patient safety, however there had been areas identified in the

move to Horizon 2 around financial efficiency plans and service redesign which include a reduction in the reliance on locums, reductions in prescribing costs, and opportunities to take schemes forward with the 22 Board-run GP practices.

3. The Chief Officer also noted that the Joint Strategic Plan between NHS Highland and the Highland Council, provided an opportunity to address community engagement and links in, with Community Planning Partnerships regarding the impact of large-scale redesign of services and to consider better use of Technology Enabled Care and strategic commissioning.
4. It was confirmed that funding for independent GP contractors was covered under GMs. N Wright commented that in numerical terms independent contractors were value for money when compared with the pressures of Board-managed practices.
5. It was noted regarding the Adult Social Care position, that there had been a conscious decision following dialogue with the Highland Council not to take forward some proposals in order to avoid severe impact on the system, which meant that instead of slippage there had been unachieved savings which would be carried forward into the next year. It was noted that discussion was ongoing with regard to an acceptance by Highland Council of the ASC position. The Chief Officer commented that she had been in regular dialogue with Highland Council's Corporate Management Team.
6. The Director of ASC provided assurance to the Committee that pressures for the next year had been identified to a reasonable level of accuracy and the extent to which those were funded or not funded, and that possibilities for a range of transformational schemes and clarity around the potential impact were also under examination with Highland Council colleagues.

The Committee:	
– **NOTED** the report and accepted **limited** assurance.	

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Quality Review Framework

The Nurse Director presented an overview of the approach taken to review quality within NHS Highland. The Chief Nursing Officer for Scotland had been appointed to assist with the quality review. It was noted that forty-three leaders across NHS Highland from different professional backgrounds had been interviewed. Professions had included those from Clinical, Operational, Social Care and Executive Directors. The interview had highlighted the key question: what can I do to make patient quality and safety better in NHS Highland? A report had been provided to the Board with suggested recommendations to help guide the Board to make necessary improvements to quality.

The key themes that the report emphasised had included Approach to quality; Leadership and Direction; Experience and Engagement; Data; Systems and Processes; People; Language; Learning Organisation; Culture. Suggested recommendations include acknowledging good practices and positive attitudes expressed; ensuring there is a clear definition of quality to be used in the context of health and social care; agree a definition for Clinical Governance. Explore local, unit and organisation wide – sharing of learning and good practice.

The Quality Commissioning report was presented to professional advisories for feedback with it going to the Social Work Advisory Committee on 1 February 2024. Feedback received had included the correct language to ensure it was adapted to health and social care. Importance of a learning culture was emphasised and how leaders need to influence this. There would be a plan completed taking into consideration the recommendations and comments received. The plan would be presented to the Area Clinical Forum and a review undertaken on the whole pathway by linking in with Primary Care.

In discussion,

- Challenges around implementing consistency of quality were acknowledged regarding training with a large workforce, and around supporting staff expected to work alone in remote locations.
- The importance of clear Care Governance was noted in terms of evidencing suitable processes and safety systems were in place, and communicating appropriate escalation routes, especially with regard to Care Home Collaboratives, and independent and Third Sector colleagues.
- Management of public assurance was raised in terms of emphasising that agency staff have suitable access to training and support. The Nurse Director noted the challenges for agency staff when having to move location between shifts but noted that there was generally a good level of consistency of staffing and locations.
- Consideration towards gathering independent staff experience was raised and access to the staff survey was mooted.

The Committee:	
– **NOTED** the report and the current position in terms of compliance with legislation policy and the Board's objectives.	

3.2 HSCP IQPR

R Boydell spoke to the circulated report and noted that the position had remained relatively static across the year. There had been no improvement in Care at Home, Care Homes, Adult Support and Protection, or delayed discharges this month due to ongoing sustained challenges. However, carer breaks had been accessed and utilised and would continue into Q4, which would be reported next time. There was continued growth in SDS direct payments and great improvement in waiting times for psychological therapies over the year. Performance of Drug and Alcohol Recovery service had also improved greatly over the year and was better than national average. Strategy and Transformation team's non-reportable data would be brought to the next meeting.

During discussion, the following issues were raised:

1. M Cockburn noted the significant collaboration with third sector partners in relation to Drug and Alcohol services and asked whether this was sustainable as there were concerns about the level of challenges in Highland.
2. The Chief Officer commented that the position was more positive and sustainable than graph showed and there had been improvement, particularly around implementing some of the Medical Assisted Treatment (MAT) Standards which had enabled access for people across the service, not just the MAT part of it.
3. The Head of Service (Health and Social Care) gave assurance that the service was moving in the right direction from a health and social care perspective. The service was doing particularly well around MAT standards; work within the custody suite had been Nationally and possibly Internationally recognised; and a national campaign regarding the uptake of naloxone was being discussed, which would see all staff across all services carrying the drug and would be relatively easy to implement within our services.
4. It was noted that the Drug and Alcohol Recovery service was one small piece of the fuller Alcohol and Drugs Partnership whose governance route was through the Community Planning Partnership and the full picture would be seen later in the year through the ADP annual report.
5. M Stevenson cited an example of delayed discharge from her recent stay in hospital, where a patient had been in since April and was showing clear signs of distress which was in turn distressing other patients, and asked why this was happening and how those affected were being supported.

6. The Chief Officer recognised that several patients were in the wrong places whilst awaiting care and that the effects of this reached further than the patients whose discharges were delayed. While work was being done to remedy this and staff were passionate about promoting a good care experience, different factors affected discharge delays such as capacity, staffing and legislative procedures.
7. The Nurse Director suggested that it might be helpful to differentiate the reasons behind different delayed discharges in future reports and highlighted that while there was an issue with lack of availability of services, for some it was a case of there being nowhere appropriate for them to go due to complex needs, particularly those with mental health care requirements and solutions were being sought.
8. A Clark suggested a future discussion around the relationship between the Quality agenda and the IPQR data that was brought to the committee.
9. Several challenges were raised around the provision of Care at Home Services and these had been addressed as follows:
    - Work had been done with partners to look at block contracting and bringing people more into the multi-disciplinary team. While there were some financial challenges around that, these shouldn't be a barrier.
    - A specific board had been set up to measure and better understand the vast amount of work that had been done on Care at Home.
    - The cost of agency staff and issues with staffing outside of Inverness were being addressed through a joint strategic plan, project charter and several workstreams. However, increasing oncosts on top of our financial settlement made this increasingly challenging, particularly as there was overspending as a board on agency staff and an increased demand from the population.
    - The Director of Adult Social Care advised that the current Care at Home position was largely unchanged with 2600 hours short and the work being done was to stem the flow as opposed to expanding the service.
    - The hope was to build a Care at Home Collaborative with the Third Sector with the ability to be flexible within contracts without the need for bureaucratic processes.
    - A review had been initiated to look at flexibility and a joint staff member was in post to promote recruitment.
    - The reserves programme had been successful in recruiting over 70 people.
    - The way runs as opposed to zones were structured was being considered in partnership with the sector.
    - The biggest issue was where services were handed back due to providers inability to continue. It was important to look at support as well as care at home.
    - There were significant concerns around the financial position for next year, which was yet to be confirmed but would likely mean having to operate within a smaller financial envelope when there was an already depressed level of care provision across Care at Home, Care Homes and Support Work. Work was being done on increasing alliance on digital solutions and reducing the use of inefficient systems, such as double handling.
10. A Clark suggested that the delivery of mental health support to young people and young adults through more remote means might be explored given the increased acceptance and familiarity with information technology and it was agreed this would be picked up at a future meeting.

The Committee:

- **NOTED** the report,
- **ACCEPTED moderate** assurance from the report, noting that there would be a fuller discussion at a forthcoming development session.

[The Committee took a rest break from 2.30pm to 2.40pm]

3.3 Joint Strategy

The report circulated ahead of the meeting provided an update on the development of the HHSCP Joint Strategic Plan which had been developed and overseen by the Strategic Planning Group, had been subject to extensive engagement to its conclusion. The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Partnership to have in place a Strategic Plan which sets out the arrangements for the carrying out of the integration functions for the Partnership area over the period of the plan and which also sets out how these arrangements are intended to achieve, or contribute to achieving, the national health and wellbeing outcomes. The same Act also directs that a Strategic Planning Group is required to be established to support the development of a Joint Strategic Plan. That group had been established and had supported the Partnership to prepare a draft joint strategic plan which was approved by the Joint Monitoring Committee as an outline document for the process of wide and inclusive engagement over a 3-month period up to 30th September 2023. The plan was updated following the engagement process and reviewed further by the Strategic Planning Group on 6th November and 4th December 2023. The finalised Joint Strategic Plan was presented and agreed at the Joint Monitoring Committee on 15th December 2023.

The Chief Officer spoke to the report and noted that there had been good feedback on issues such as affordability and equitable service provision from stakeholders, and noted that the plan covered both health and social care. The Chief Officer also noted that the Joint Monitoring Committee would meet in March to articulate the engagement work and determine the role as a partner within Community Planning.

In discussion, the following areas were considered,

- The level of work to get to the current stage was acknowledged by the members.
- It was suggested that it may be useful for the committee to receive a paper on locality and community planning in relation to the responsibilities the Committee had in relation to the Community Empowerment Act and the Joint Strategy, and that it could be useful for the Committee to hear the thoughts of the Collaborative Care Home Programme Board on the next steps in relation to care home planning.
- With regard to the implementation of district planning groups it was noted that there was a need to take account of the complexity involved especially concerning support given to small organisations, and to have good engagement with district managers to best communicate the role and remit of the strategic planning group.
- It was noted that engagement was underway with a number of providers around collaborative commissioning with a view to finding sustainability in the Third Sector.
- The need to engage differently on the consultation with different groups was commented upon, for example using digital methods or via the Handy Person network or Fire Service dependent on age group and available local arrangements. However, the need for consistency of messaging was emphasised.
- The Chair noted that he would consider in conversation with the Chief Officer, where in the Committee work plan issues such as community empowerment and the further implementation of the Joint Strategy could be reviewed.
- It was noted that the Joint Strategy was available via the HHSCP section of the NHSH website but that consideration would be given in collaboration with the Comms Team about an official launch.

The Committee:

- **NOTED** the report and
- **ACCEPTED substantial** assurance.

3.4 Community Services Risk Register

The Chief Officer explained that the report had been submitted to provide a summary of Community Services Risks across adult health and care services and was brought to the committee for assurance of action and to note the mitigations put in place. The report notes that the Community Directorate holds risk registers in operational areas of Community Services, Primary Care Services, Out of Hours, and Mental Health and Learning Disability services. A monthly Community Risk Register Monitoring Meeting was held to monitor all risks and ensure mitigation action was recorded and to review and update risks.

Two very high risks relating to workforce including access to NHS dental care. There are nine high risks relating to, workforce; information technology; compliance; protection; engagement; reputational; and service delivery. NHS Highland had been able to recruit to a specialist workforce that are keen to move to the area, but availability of suitable housing had been highlighted as a risk. Work had been done in partnership with the Highland Council to mitigate against those risks. The Statutory and Mandatory short life working group had been focused on achieving required levels of compliance with statutory and mandatory training.

Five medium risks were highlighted and had included; Engagement, risk to service redesign due to lack of standardised engagement; Service Delivery, risk to achieving service redesign within financial parameters; Service Delivery, risk of not being sufficiently able to respond to the outcome of the National Care Service consultation; Compliance, risk of low morale in health due to perceived inequalities in pay banding between health and social work professions; and Reputational, risk of vulnerability/harm to staff, services and public due to
lack of clear governance arrangements in Social Work.

Chief Officer HSCP noted that moderate assurance was being provided with the report as all risks were being mitigated and were regularly reviewed through governance process.

During discussion,

- N Wright highlighted that independent GP contractors had received an email on 29 December 2023 regarding changes to be made to Enhanced Services effective from 1 April 2024 with responses required by 1 February 2024. A number of independent contractors had expressed concern as the proposed changes indicated that some service contracts would be removed with an adverse impact on certain communities. The delay in adding these risks to the Risk Register via DATIX was commented upon. N Wright explained that there would be risk to population health with a reduction of health services though the risk to Secondary Care, with further pressures added by increased referrals from Primary Care. In addition there were financial, reputational and a relationship risk between the Health Board and independent GP contractors.
- The Committee Chair thanked N Wright for raising the concern at the committee and asked the Chief Officer to take away the concern to engage through the correct process. The Chief Officer advised that an update on the matter would be given through the Chief Officer Report at the next meeting of the committee. It was commented that concern had been raised at the recent meeting of the Area Clinical Forum. A briefing was recommended from the Chief Officer to the Chair to provide assurance on behalf of the committee that appropriate action had been taken prior to the February deadline date.

- Discussion had been had around the progress of the development of a Social Care Governance framework using principles from the Vincent Framework guidance. Work would continue to develop the framework with the input from social care practitioners and professionals.
- DATIX had been used to highlight and monitor issues and the Quality and Patient Safety Committee has seen improvements that enable large quantities of data to be accessed. Proposals had been submitted to the Chief Social Work Officer and Chief Executives of the Board and Council about Clinical and Care Governance. Governance and escalation issues were still to be resolved but noted progress would be made over the upcoming months. A higher number of DATIX reports had been submitted due to increased awareness of the tool and assurance was given that reports were followed up appropriately

by management. The Nurse Director highlighted the importance of all staff being able to submit DATIX reports.
- The Director of Adult Social Care noted that appropriate Social Work and Social Care governance was in place for the next financial year to allow questions in term of equity and allocation of resource efficiency.

Action: Chief Officer to engage with the concerns raised regarding the Enhanced Services and to provide an actions taken update at the 6 March 2024 meeting.

Action: Chief Officer to provide assurance briefing to HHSCC Chair noting actions taken to address the Enhanced Service concerns prior to the deadline 1 February 2024.

The Committee: - **NOTED** the report and - **ACCEPTED moderate** assurance.

3.5 Chief Officer's Report

The Chief Officer spoke to the circulated report and included a summarised progress update of the major redesign projects which included Caithness Hospital and Lochaber Community Hospital. The report noted the impact of Storm Gerrit over the Christmas and New Year period and that community, operational teams, and multi-agency partners had responded well to the challenges. Appreciation was expressed for staff who had worked very hard and at times over their standard hours to ensure services and systems were safe and operational.

The Chair advised in response to a question that the proposed changes to the vaccinations programme would feature on a future agenda. The Chief Officer advised she would be attending the Vaccination Programme Board after the committee meeting.

Action: Chief Officer to provide Committee with a report detailing implications on services due to the proposed changes to the vaccinations programme.

The Committee: – **NOTED** the report.

4 COMMITTEE FUNCTION AND ADMINISTRATION

4.1 Annual Review of Committee Terms of Reference

The Board Secretary noted that following the proposed changes to the committee's Terms of Reference (ToR) to incorporate reference to the Joint Management Committee and its role, that this had been completed.

An amendment to the numbering was noted by the Board Secretary for completion following the meeting.

In discussion, it was suggested that.
- Clarification be made in the ToR regarding Adult Social Care governance arrangements and that this would also need to be carried out for the Clinical Governance Committee's ToR.
- The Chair noted that he would discuss the continued relevance of reference in the ToR to a Commissioning Subgroup outwith the meeting with the Chief Officer.

- The Nurse Director noted that she would discuss with the Chief Officer and Board Secretary how best to agree the naming conventions of lead executives in the document.

The Committee – **Agreed** the Terms of Reference in its current form for the purpose of approving governance processes with the Board.

4.2 Committee Work Plan

The Chair noted that the draft work plan for 2024-25 would be presented to the committee at the next meeting with the Annual Assurance Statement.

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

5 AOCB

There was none.

6 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 6 March 2024** at **1pm** on a virtual basis.

The Meeting closed at 4 pm