

## 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 2 December 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  
Deidre MacKay, Board Non-Executive Director  
Philip MacRae, Board Non-Executive Director  
Adam Palmer, Employee Director  
Elaine Ward, Deputy Director of Finance  
Louise Bussell, Chief Officer  
Cllr Isobel Campbell, Highland Council

#### In Attendance:

Dr Tim Allison, Director of Public Health and Health Policy  
Rhiannon Boydell, Mid Ross District Manager  
Karen Ralston, Highland Council Representative  
Neil Wright, GP Partner Craig Nevis Surgery  
Fiona Davies, Interim Head of Mental Health  
Gillian Grant, Interim Head of Commissioning  
Donnellan Mackenzie, Area Manager South & Mid  
James Bain, Transactions Manager  
Kayleigh Fraser, Committee Administrator  
Ruth Daly, Board Secretary  
Jane Park, Highland Council

#### Apologies:

Tracy Ligema  
Michael Simpson  
Cllr Nicola Sinclair  
Cllr Linda Munro  
George McCaig  
Gaye Boyd  
Paul Davidson  
Sara Sears

## **AGENDA ITEMS**

- **Year to Date Financial Position 2020/2021**
- **Assurance Report and action plan from 7 October 2020**
- **COVID-19 Update and Social Mitigation Strategy**
- **NHS Highland Mental Health Strategy**
- **Chief Officer's Reports**
- **Risk Register**
- **Code of Corporate Governance**
- **Committee Annual work plan**

## **DATE OF NEXT MEETING**

The next meeting will be held on Wednesday 3 March, 2021 in the Board Room, Assynt House, Inverness and on a virtual basis.

## 1 WELCOME AND DECLARATIONS OF INTEREST

The Chair opened the meeting and congratulated Louise Bussell on her appointment as Interim Chief Officer. She also informed the Committee that she had attended the Area Medical Committee recently and found the meeting very useful.

Members were asked to consider whether they had an interest to declare in relation to any item on the agenda for this meeting. There were no formal Declarations of Interest made.

The Chair advised there will be a session held at the start of the year and the main topic will be reviewing the performance indicators for community services.

## 2 FINANCE

### 2.1 Year to Date Financial Position 2020/2021

Elaine Ward, Deputy Director of Finance, provided an update in regard to NHS Highland position since the start of the financial year. At the end of month 7 there has been an over spend of £8.800 million which is significantly better than the forecast at month 5.

E Ward spoke to the circulated report advising the financial position relating to the Highland Health and Social Care Partnership (HSCP) area. The position at the end of October was an under spend of £0.542 against a year to date budget of £216.036. £4.171m of these costs are associated with COVID 19 and by the end of the financial year HSCP are expecting to incur costs of 9.005m due to COVID 19 response. She added that whilst there was an underachievement in the savings plan of £0.542 all in-year housekeeping savings for 2020/21 are expected to be achieved.

E Ward reported the under-spend in North Highland Communities is a result of gaps in staffing including medical, nursing and allied health professionals and is expected to continue until the year end. Mental Health Services are closely in line with budget however there is an overspend in Drug and Alcohol as well as Adult Mental Health services which is due to using agency locums.

During the discussion Philip Macrae, Non-Executive Director questioned the underspend in North Highland Communities in relation to staff vacancies. He asked what risks are attached to the underspend and what the impact is on operational delivery. L Bussell highlighted the risk of not having enough staff to manage pressures which was a significant concern for staff. She emphasised how well services are working to minimise the risk whilst they continue with their recruitment ambitions.

Mr Macrae sought an update regarding the funding gap within Adult Social Care. L Bussell advised the Committee there has been positive discussions with the Highland Council and an extension to the time scale for formally reviewing the partnership agreement to the end of March 2021 had been agreed

The Chair asked if there was any update on processes for carers funding. R Boydell advised that bids have been invited under the revised process and we are awaiting responses..

After discussion, the Committee:	
• <b>Noted</b> the M7 position of a £0.542m underspend against a year to date budget of £216.036M.	
• <b>Noted</b> that there was an underachievement on the savings plan for the Health and Social Care Partnership of £0.542	
• <b>Noted</b> that this position included £4.171M of costs associated with Covid 19.	

### 3 PERFORMANCE AND SERVICE DELIVERY

#### 3.1 Assurance Report from Meeting held on 7 October 2020

There had been circulated draft Assurance Report from the meeting of the Committee held on 7 October 2020.

No comments were made.

#### **The Committee**

- **Approved** the Assurance Report.

#### 3.2 Matters Arising From Last Meeting

L Bussell updated the Committee on the managerial appointments in North Highland. She started in post on 9<sup>th</sup> November 2020 and advised her previous post – Head of Mental Health Services, has been filled on an interim basis by Fiona Davis. Further appointments were still to be made.

Regarding the Partnership Agreement, L Bussell advised the Committee there was still significant work to be carried out to reach agreement with the Council.. G Grant added there is a programme management arrangement in place to take forward transformation of services to address the funding gap in relation to adult social care. Meetings have taken place of the project board and team.

**The Committee Noted** the position.

#### 3.3 COVID-19 Overview Report

T Allison, Director of Public Health and Health Policy spoke to the circulated report and provided a presentation to members in relation to the overall position regarding COVID-19 in Highland.. He highlighted the incidence rate across NHS Boards in Scotland and confirmed a rise over autumn in NHS Highland however a decline going into winter.

In terms of testing, he stressed how the availability of tests for people living in rural areas continues to be a significant challenge. He added there will potentially be expansion of other tests by using lateral flow machines for staff working in Health and Social Care and visitors to Care Homes. T Allison advised the Committee that meetings are taking place this week regarding the COVID-19 Vaccination.

Lynda Thomson gave the Committee a brief insight to the work that has been done on a Social Mitigation action plan which consists of eight strands:

1. Unemployment and the Economy
2. Income and Financial Security
3. Food Security
4. Mental Health and Wellbeing
5. Digital Exclusion
6. Capacity and Community Resilience
7. Transport and Active Travel
8. Violence Against Women

She invited the Committee members to contact her out with the meeting for further information and to discuss how they could help implement the plan.

A Palmer, Employee Director asked for an update on the vaccination programme and how the service will operate. T Allison said the intention is to prepare for a service to be delivered imminently however the actual start date will depend on availability. Vaccine availability will be limited to begin with, and the assumption at this point in time is that vulnerable groups and NHS Staff will receive the vaccine first. He added that due to the logistics of delivery and characteristics of the vaccine, there would be challenges to delivering the vaccine currently available at scale.

P Macrae asked for assurance about the contingency plan for the Christmas period and plans for a potential further spike. T Allison assured the Committee that there are plans in place however it is extremely important people follow the rules. He added although there are small levels of infection at the moment, an increase in infection rates were anticipated following the festive period.

**The Committee:**

- **Noted** the report.

### **3.4 NHS Highland Mental Health Strategy**

Fiona Davies, Interim Head of Mental Health was welcomed by the Chair and congratulated on her appointment.

F Davies spoke to the circulated report and provided members with a presentation and discussion around the NHS Highland Adult Mental Health Interim Strategy 2020-2021. The strategy provides a framework for delivery of Mental Health activity in NHS Highland including prevention of mental health problems, delivery of care, treatment and prevention. The report provided details of existing and new frameworks to help deliver on the commitment to pursue an ambitious transformation of mental health care throughout NHS Highland to address the recommendations of the Strang Report, government policy such as 'Home First' and the performance issues facing the service, including long standing vacancies.

F Davies spoke about the effects COVID-19 has had and will continue to significantly impact Mental Health providers and the individuals they support. She emphasised how challenging it had been implementing innovations to allow continued access to services whilst protecting patients and staff from the virus. Services are seeing patients with more significant needs with a large proportion of patients accessing the service for the first time. She added there is a new demand driven by people needing support due to the wider impacts of the pandemic. The impact of COVID-19 on the mental well-being of staff has also been substantial.

F Davies discussed some of the areas the service intends to focus on, one being Emergency and Unscheduled care where the Scottish Government have instructed local authorities to develop a Mental Health Assessment Centre. This will provide the initial assessment of unscheduled presentations with mental health needs for anyone in crisis. This service is being delivered from New Craigs Hospital and has been operational for one week.

J Brander, Non Executive Director, asked about the involvement of service users and how they would be supported to ensure they can engage meaningfully and not to increase levels of stress. F Davies highlighted how important it is to meet the individuals before meetings to ensure they understand terminology and are aware of the environment they are coming into. He also asked about the difficulties the service is facing filling vacancies and how it is planned to reduce the impact this was causing. F Davies assured members everything was being done to recruit and to retain staff including looking at flexible working arrangements to

suit individual needs. She added they aim to work closely with the recruitment team to look at attractive employee benefit plans and opportunities for career development.

Deidre MacKay, Non-Executive Director asked if the strategy meets the requirements set out by Scottish Government's winter plan. F Davies said the service is confident they are complying with the winter plan and that they have complied with expectations. One of the schemes that have been developed is a harm reduction triage car that will be operating in Inverness over the festive period. The response vehicle will involve Police, Ambulance and Mental Health services and will attend to people who appear to be in mental health crisis and / or distress.

**After discussion, the Committee Noted** the report, that a more long term strategy would be developed over the next 18 months and Agreed that a progress report should be submitted to the Committee during 2021

### **3.5 Chief Officer's Assurance Report**

L Bussell spoke to the circulated report and provided an overview of the key Adult Social Care service delivery issues.

D Mackay asked for an update on the Adult Social Care Highland Winter plan which she understood was not yet available. L Bussell informed the Committee that The Scottish Government had requested a separate winter plan for Adult Social Care. D Mackenzie advised members that the plan was being finalised and that the plan came with some additional funds for developments in community services.

The Chair asked if there was any further update on the detailed review of work that was carried out around patients with a stay in hospital of over 100 days. L Bussell advised this work has been progressing in physical health and Mental Health services. She advised from a Mental Health perspective there are key challenges in discharging people to the community which are partly Covid related. Additionally, there are issues around creating bespoke packages for patients with highly specialist needs.

The Chair sought an update on the approach to Adult Support and Protection. D Mackenzie advised members work was currently underway to actively review the governance structure and have subgroups in place to look at key areas. It would be important for all partner agencies to share and take ownership of workloads.

**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 Risk Register**

The Chair advised members this was an initial item on this matter and is included to let members know about the detailed work that is going on within the organisation on the approach to Risk Management. There would be a more detailed report to the March meeting including the operational unit risk registers covering the services within the remit of the Committee.

**The Committee noted** the revised board Risk Assurance framework and the work to embed risk management within the organisation

## **5.2 Code of Corporate Governance**

R Daly, Board Secretary spoke to the circulated report, this having been considered by the NHS Board and advised this was now being made available for consideration by Governance Committees from their individual perspective. The updated Committee document would be presented to the December 2020 Audit Committee and the NHS Board again thereafter. This would be reviewed annually by both the Audit Committee and NHS Board.

**The Committee Noted** circulated draft code of corporate governance for its purposes and noted that the final draft will be considered by the audit Committee on 8 December 2020, and ratified at the Board in January 2021

## **5.3 Committee Annual Work Plan**

The Chair updated members on the Committee annual work plan. She advised members this is a new process within the board where all the Governance Committees are asked to produce an annual workplan. This will enable Committees to coordinate the progression of discussion of issues through the board.

**The Committee noted** the Committee Work Plan for the remainder of the financial year to the end of March 2021

## **5.4 2021 Meeting Schedule**

Members approved the following meeting dates for 2021:

**3 March**  
**28 April**  
**30 June**  
**1 September**  
**3 November**

**The Committee approved** the 2021 meeting schedule

## **6 AOCB**

No other business was discussed.

## **7 DATE OF NEXT MEETING**

The next meeting of the Committee will take place on 3 March 2021 in the Board Room, Assynt House, Inverness and on a virtual basis.

**The Meeting closed at 16.20 pm**