

HHSCP Committee
1 September 2021

HHSC Committee Report at 31 July (Month 4)

Report by: Elaine Ward, Deputy Director of Finance

The Committee is asked to:

Note: The NHS Highland financial position at the end of Period 4 and the projection to year end.

Consider: The HHSCP financial position at the end of Period 4 2021/2022 and the projection to year end.

Note: The progress on the delivery of ASC savings.

1. NHS Highland – Period 4

1.1 At the end of the Period 4 (July 2021) the overall financial position of NHS Highland is an overspend of £5.864m. The forecast position at year end is an overspend of £18.285m. This position has been suppressed to an overspend of £16.279m. This reflects assumed additional funding of £1.506m to cover the Agenda for Change pay award and £0.500m in respect of covid costs currently charged to operational units.

Table 1 – NHS Highland Summary Income and Expenditure Report as at 31 July 2021

Current Plan £m	Summary Funding & Expenditure	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
992.952	Total Funding	321.160	321.160	-	992.952	-
	Expenditure					
406.319	HHSCP	133.600	133.444	0.155	407.606	(1.287)
231.211	Acute Services	78.819	82.226	(3.407)	236.630	(5.419)
130.319	Support Services	35.371	37.942	(2.570)	141.715	(11.396)
767.849	Sub Total	247.790	253.612	(5.822)	785.951	(18.102)
225.103	Argyll & Bute	73.369	73.411	(0.042)	225.286	(0.183)
992.952	Total Expenditure	321.159	327.024	(5.864)	1,011.238	(18.285)
	Surplus/(Deficit) Mth 4			(5.864)	18.285	(18.285)
	Adjustments to forecast					2.006
	Revised Forecast Variance					(16.279)

1.2 The year to date position includes £5.417m of slippage on the savings target up to the end of Period 4. The forecast position anticipates slippage of £9.750m against the full year CIP.

2 HHSCP – Period 4

- 2.1 The HHSCP is reporting an overspend of £0.417m at the end of Period 4 with a year end overspend of £1.287m forecast. This position has not been suppressed although the rationale for suppressing the Board financial position is valid within the HHSCP.
- 2.2 The forecast position is driven by 2 main factors – the previously identified pressure associated with the Police Custody Service and additional Care at Home packages. An unfunded element of the Agenda for Change pay award is incorporated in the forecast. Whilst an adjustment has been made at Board level to suppress this pressure the full costs are included within the HHSCP forecast at month 4 - funding will be anticipated from month 5.
- 2.3 It is currently forecast that the full savings challenge of £3.300m will be achieved. Should any slippage materialise NHS Highland and Highland Council will fund on a 50%/50% basis.
- 2.4 The remainder of the £11.300m gap will be funded by Scottish Government (£4.000m), NHS Highland (£2.000m) and Highland Council (£2.000m).
- 2.3 A breakdown across services is detailed in Table 2 with a breakdown across Health & Adult Social Care shown at Table 3.

Table 2 – HHSCP Financial Position at Month 4 (July 2021)

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	HHSCP					
220.458	NH Communities	73.543	73.535	0.008	221.250	(0.793)
41.154	Mental Health Services	13.294	13.256	0.038	41.587	(0.433)
136.801	ASC Other	44.685	44.798	(0.114)	137.276	(0.475)
7.906	Primary Care	2.078	1.855	0.223	7.492	0.414
406.319	Total HHSCP	133.600	133.444	0.155	407.606	(1.287)
	Costs held in Support Services					
(3.300)	PMO Workstreams (excl housekeeping)	(1.100)	(0.312)	(0.788)	(3.300)	-
(15.088)	ASC Income	(5.250)	(5.465)	0.215	(15.088)	-
387.931	Total HHSCP and ASC Income/Covid	127.250	127.667	(0.417)	389.218	(1.287)

Table 3 - HHSCP Financial Position at Month 4 (July 2021) –split across Health & Adult Social Care

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	HHSCP					
(3.300)	PMO Workstreams (excl housekeeping)	(1.100)	(0.312)	(0.788)	(3.300)	-
245.250	Health	80.102	80.485	(0.383)	246.037	(0.787)
145.981	Social Care	48.247	47.494	0.753	146.481	(0.500)
387.931	Total HHSCP	127.250	127.667	(0.417)	389.218	(1.287)

3 ASC Saving Plan

- 3.1 A funding gap of £11.300m was identified for ASC for the 2021/2022 financial year. Following detailed discussion and negotiation a funding package was agreed between Scottish Government (£4.000m), NHS Highland (£2.000m) and Highland Council

(£2.000m) to fund £8.000m of this gap. A joint NHS Highland/ Highland Council savings programme was established with a savings delivery target of £3.300m.

3.2 Four workstreams have been identified to deliver the £3.300m required to balance the ASC funding gap

- Residential Transformation and ASC Cost Improvement Programme
- Community Led Support
- Child Health Services
- Transitions/ Younger Adults with Complex Needs

3.3 The position at the end of Month 4 is summarised in Table below:

Table 4 – ASC Savings

No of schemes	Unadjusted	Risk Adjusted
	£m	£m
29	1.882	1.768

5 Recommendations

The Committee is asked to:

- **Note:** The NHS Highland financial position at the end of Period 4 and the projection to year end.
- **Consider:** The HHSCP financial position at the end of Period 4 2021/2022 and the projection to year end.
- **Note:** The progress on the delivery of ASC savings.

Elaine Ward
Deputy Director of Finance
24 August 2021

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 30 June 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
 Deirdre MacKay, Vice Chair, Board Non-Executive Director
 James Brander, Board Non-Executive Director
 Philip Macrae, Board Non-Executive Director
 Adam Palmer, Employee Director
 Elaine Ward, Deputy Director of Finance
 Paul Davidson, Medical Lead
 Simon Steer, Director of Adult Social Care
 Louise Bussell, Chief Officer
 Julie Petch, Nurse Lead
 Cllr Isabelle Campbell

In Attendance:

Neil Wright, Lead Doctor
 Ian Thomson, Area Clinical Forum Representative
 Catriona Sinclair, Area Clinical Forum Representative
 Michael Simpson, Public/Patient Representative
 Michelle Stevenson, Public/Patient Representative
 Wendy Smith, Carer Representative
 Fiona Malcolm, Highland Council
 Fiona Duncan, Highland Council
 Tracy Ligema, Deputy Director of Operations
 Donnellan Mackenzie, Area Manager South & Mid
 Rhiannon Boydell, Head of Service, Community Directorate
 Elisabeth Smart, Public Health Team, NHS Highland
 Stephen Chase, Committee Administrator

Apologies:

Gerry O'Brien, Cllr Linda Munro, Dr Tim Allison, Mhairi Wylie

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 NESH website.

The meeting was quorate.

No formal Declarations of Interest were made.

The Chair requested that the order of items on the agenda be changed to accommodate operational pressures. The items followed the suggested order: items 1, 3.3, 3.4, a 10 minute break (2.25pm to 2.35pm), then items 2, 3.2.1, 3.5, 3.1, and 4 through to 7. (Item numbers as amended from the circulated Agenda.)

The Committee was informed that a Development Session on the Committee Self Assessment process had been held that morning and was regarded as useful. A report recommending improvements to the operation of the Committee would be submitted to a future meeting.

It was noted that Nicola Sinclair has withdrawn from membership of the Committee due to her resignation as a Highland Councillor.

[Page numbers in square brackets refer to the collated papers for the meeting.]

2 FINANCE

2.1 Year to Date Financial Position 2020/2021

[PP.1-6]

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

An amendment to the paper was noted: the last item of section 4.1 (p. 56 of the collated papers) should read, "Transitions/Young Adults with Complex Needs".

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

- Some in year allocations are expected. Generally additional allocations will have no impact on the forecast position as any additional allocation will have matched expenditure.
- In respect of the Primary Care Improvement Fund, an allocation of £4m has recently been made. This is in addition to £4 million received from Scottish Government later in the 20/21 financial year which was returned to Government with agreement that it would be re-provided in 21/22.
- It was confirmed that with regard to the transformational savings programme being overseen by the Joint Project Board of the Highland Health and Social Care Partnership, the Children's Health Services budget was in scope, albeit no savings had currently been identified.
- With regard to the overspend in Police and Custody services, it was confirmed that the pressures arose due to additional requirements from Scottish Government for these services. A business case was being developed for internal resource.
- With regard to the assumption in the forecast that recruitment challenges would not continue at the same rate in the current year 2021/2022. E Ward indicated that this will be kept under monthly review and adjusted once the pattern of recruitment becomes clearer.
- The share of NHS Highland's savings target allocated to Community Services was confirmed as £1.9 million

The forecast financial position was considered by the committee, noting the various budget pressures, the savings targets and that slippage on same attributable to COVID pressures may not be funded by Scottish Government in 2021/2022. An Amber rating was agreed by the Chief Officer and Deputy Director of Finance to be the current level of risk.

It was agreed that the next report to Committee should include further detail on the PMO workstreams. A future presentation to the Committee from staff involved in implementing PMO service redesign projects would be useful.

After discussion, the Committee:	
• NOTED The final position for the HHSCP for the 2020/2021 financial year. The overall financial position of NHS Highland is an underspend of £0.700m. This represents 0.7% of the full year budget.	
• CONSIDERED The HHSCP position at the end of Period 2 2021/2022. The HHSCP is reporting an overspend at month 2 of £2.133m against a year to date budget of £60.955m. The full year forecast is an overspend of £2.166m against a budget of £375.880m	
• NOTED The detail of the Financial Plan submitted to Scottish Government for the 2021/2022 financial year.	
• NOTED The progress on the delivery of ASC savings.	
• AGREED A paper to return to the next Committee meeting around the overall savings plan, including the relevant PMO workstreams.	
• AGREED A future presentation from staff involved in delivering savings workstreams.	

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Assurance Report from Meeting held on 28 April 2021 [PP.7-20]

The draft Assurance Report from the meeting of the Committee held on 28 April 2021 was circulated prior to the meeting.

An amendment was noted for the minutes: item 3.6, paragraph 3: should read, "...often a case of asking providers different questions...".

The Committee	
• Approved the Assurance Report, as amended.	

3.2 Matters Arising From Last Meeting

3.2.1 Adult Social Care Commissioned Services Fees Rates 2021-2022 [PP.21-30]

Follow up to item 3.7 from the meeting of 28 April 2021

Simon Steer provided an overview of the paper circulated ahead of the meeting.

In response to questions the following responses were provided:

- With regard to how any underspends are dealt with, the settlement from Scottish Government is passed through from Highland Council on the basis that the National Care Home Contract uplift will be applied in full therefore there is no scope for savings
- A standstill was applied to those fees where no national agreement was in place, taking into consideration the overall financial position of NHS Highland and the requirement to find £3 million of savings from the ASC budget.

It was agreed that a paper be brought to a future Committee meeting on Adult Social Care charges.

Revised Terms of Reference for Adult Social Care Fees, Commissioning, Instruction and Briefing Group

In response to questions the following responses were provided:

- The context for the lack of governance oversight in the decision making process was explained. The intention was not to remove governance but reflected the ceasing of the Finance and Performance Subcommittee.

- The Chair suggested that decision making on these issues requires some involvement of a governance committee of the Board and requested that the draft TORs be reconsidered, in discussion with the appropriate Executives and revised proposals brought to the next meeting.
- It was noted that the Finance and Performance Subcommittee had ceased operating because of concerns about duplication with discussions at HHSCC and then the Finance Committee of the Board. The Sub Committee had been removed from the TORs of the HHSCC following the governance review carried out by the Board during 2020.

After discussion, the Committee:	
• NOTED the process implemented for the setting of Adult Social Care Fees for 2021/2022.	
• AGREED A paper to be brought to a future committee addressing the position on charges.	
• AGREED that further discussion take place on the Terms of Reference for the Adult Social Care Fees – Commissioning, Briefing and Instruction Group.	

3.3 COVID-19 Overview Report

E Smart spoke in place of the Director of Public Health and Health Policy, and provided a verbal report and presentation to members of the overall position regarding COVID-19 and the Vaccination Programme in Highland.

COVID-19 update as of June 30 2021

- The number of confirmed cases within Highland has seen a steep rise within June. Figures for the number of confirmed cases and the 7 day rolling average were shown for 1st December 2020 to 25th June 2021.
- More staff from the Health Protection Team are carrying out contact tracing and cases averaging over 100 a day (as of the date of the meeting) is making it difficult for the team to deal with. Mitigation measures have been put in place including the introduction of texts rather than phone calls for less complex cases.
- Daily figures for numbers of PCR tests and the 7 day moving average over the period from 1st March 2020 to 1st June 2021 showed the latest peak to be at least as high as previous peaks.
- The number of confirmed COVID-19 deaths registered with NRS for NHS Highland local authority areas showed a decline in numbers in relation to the number of positive cases compared to previous peaks. The success of the vaccination programme was thought to be the main contributing factor to this fall.

Vaccination Update

Percentage coverage of dosage for ages 18+ at 28th June 2021 were shown with 84% having received the first dose and 66% the second dose. The data for age cohorts shows a near 100% coverage for both doses for the 60+ age cohort.

The Vaccination programme is split into three tranches:

- Vaccination of the adult population (18+ years) to be completed on 18th July (on track, with second doses expected to complete by mid-September)
- Delivery of flu vaccination and Covid Boosters to begin on 1st September
- Future vaccination to be confirmed.

NHS Highland had generally performed slightly better than the national average for the initial cohorts in Phase 1. Reaching the younger age group had initially proved more difficult as a result of our mixed model of delivery but now was almost in line with other Boards. Further information on the model of delivery in Highland was provided as follows:

- NHS Highland utilised GP practices to deliver the vaccination to the programme.

- Approx. 1 third of practices have now withdrawn from the programme and NHS Highland is running clinics using a number of models to administer vaccination in their place, including mobile units and clinics including some drop in locations
- Use of the national vaccine scheduling system for appointments has been challenging in the context of our delivery model but we remain committed to its use
- NHS Highland have carried out highly successful engagement with various communities/population segments and a summary of our work in this regards has been requested by the national programme to inform the work of other boards – particularly with regard to outreach to the Chinese community.

In response to questions the following responses were provided:

- It was confirmed that substantial research is underway in the universities on data showing the connection between second vaccine jabs and positive retests.
- The mean age of those with a positive test from the latest surge in cases is 30 years old, and anecdotal evidence has shown an association with the lifting of restrictions and the Euro football games.
- There is a portal through NHS Inform to access appointments for test centres, the Medical Lead agreed to find out about locations of drop in clinics. These are now on the NHS Highland web site:
<https://www.nhshighland.scot.nhs.uk/COVID19/Pages/Vaccination.aspx>
- There are difficulties with engagement of younger cohorts although every effort is being made through social media, for example.
- The aim for those who cannot take the vaccination is that with enough overall vaccination cover of the rest of the population the risk to this cohort is reduced.
- It was noted that although the current wave is not seeing the same level of illness in care homes there is risk from stress on carers both working in care homes and elsewhere. Four care homes have closed to admissions (with another four closed due to other issues). Brexit, furlough and recruitment were noted as contributing factors too.
- The Medical Lead noted that current analysis shows that the connection between Covid and severe conditions appears to be broken by the vaccination programme. However, meeting in indoor settings in larger family and social groupings is an issue. Like influenza, Covid is a significant illness especially to those already vulnerable.
- The Chief Officer noted the issue of staff fatigue, with issues arising from staff having carried over leave from last year. Teams are working to be flexible with the use of bank and agency staff but it is a challenge.
- Enhanced Community Services provision has seen more movement out of hospitals freeing up bed space, however: there will be pressure points on A&E and the system in general with tourism and the breakup of schools for holidays.

The Committee:

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

3.4 Enhanced Community Services Update

[PP.31-42]

Rhiannon Boydell, Head of Services, Community Directorate, gave a presentation, providing the strategic context for the service developments described in the previously circulated paper. Some key points from the presentation included:

- The Covid 19 Clinical Expertise Group produced a paper, “Enhanced Community Health and Care Model” in June 2020 which served as the basis for the Enhanced Community Services Strategy in response to COVID and to assist with remobilisation and more effective use of community hospital resources. A steering group was established September 2020.
- Following a successful funding bid from Scottish Government a remobilisation plan for Inverness only was implemented for enabling scheduled care for September 2020 to March 2021.

- NHS Highland's CEO and Chair have put in place a 1 year strategy for Integrated Planned and Unplanned Health and Social Care focussed on a Home First approach and developing an integrated team model at the local level.
- A Multi stakeholder North Highland Steering Group was established with representatives from Local Implementation Groups (from, for example, the Acute sector, Adult Social Care and in house and independent GPs, independent sector providers, and professional leads), this includes a large work stream with Palliative Care led jointly with the hospice, and Unscheduled Care workstreams.
- QI methodology is being employed to measure impact and give the plan more robustness and sustainability.
- Smaller defined areas of change in all other districts outwith Inverness are in the process of being identified as opportunities by local teams detailed in the circulated paper based on the Inverness model (these areas are not in receipt of the government funds for Inverness).
- The principles of Enhanced Community Services were described:
 - Improved Coordination: multi-disciplinary, person-centred decision making (with an appropriate mix of staffing expertise).
 - Improved Identification of people in hospital and at home who require support.
 - Increased capacity in the community integrated team and community resource to improve responsiveness.
 - Establishing new pathways: 'Home First' (early assessment, where possible at home before hospitalisation), anticipating crisis to avoid admission where appropriate.

Early results have been positive, with reduced length of stay in Raigmore and RNI, and positive feedback from trials in Nairn and Mid Ross, with resulting improved staff experience, and better consultation and evaluation of bed capacity requirements at RNI.

The next aim is to secure investment for sustaining and furthering Inverness developments and to implement the principles across North Highland along with developing a performance dashboard and appropriate reporting measures.

In response to questions the following responses were provided:

- Any adverse impact from the service changes would be recorded using the same process as when identifying any harm, i.e. through Datix. However, capturing and evaluating those areas of experience that fall outside this reporting system through more informal questions to clients and patients is key to understanding achievement of integration aims.
- It was thought unlikely that similar levels of funding to that found for Inverness can be secured from Scottish Government for other areas of North Highland and therefore a process of identifying the release of internal funding from savings realised from reductions in delayed discharges and admissions was underway, though this is unlikely to be at Scottish Government levels. It was recognised this will be a challenge.
- There is currently no specific stakeholder carer representation and R Boydell will have further discussion with W Smith about this.
- Patient and carer representation around service changes in Inverness including use of the RNI is being addressed through working with Highland Senior Citizens Network and LGOWIT (Let's Get On With It Together), and through the GP forums and the GP Subcommittee.
- The Community Hospital strategy is interlinked with the Enhanced Community Services strategy, for example, avoiding admissions to Raigmore through the use of community hospitals, which raises the matter of what resources a community hospital requires in order to assist with the necessary care.
- In terms of the impact on life outcomes, it is recognised that this is difficult to measure with most information arising out of patient feedback. It was suggested that advice and assistance will be required in this area.
- Small-scale change in each locality is required to inform a wider business case for the organisation to fund successful service developments in the longer term.

- It will be difficult to follow the same model as for Inverness but some areas have taken on the same underlying principles of the changes, and if support can be provided to enhance these teams a good working model should be possible, taking into account each area's different needs.
- It was acknowledged that there are challenges around capacity with regard to social care following hospital discharge. The data is being examined with regard to how overburdened independent sector providers can be supported by reference to in house service models.

In discussion, the committee agreed there was a question to be considered about how and when to present this good news story to stakeholders and the public. Further assurance was asked for in two areas:

- 1.) To assess and embed findings from patient and carer experience through consultations with a commitment to provide an update on this and plans for community engagement around the RNI and its future.
- 2.) 2.) That the business case to be developed to embed the new models would achieve parity across the region.

It was agreed this will be an action for L Bussell and R Boydell.

Thanks were given for the work undertaken and on going on this project.

After discussion, the Committee:	
• NOTED the paper and agreed that an update should come to a future meeting.	
• REQUESTED further assurance on plans for parity of opportunity across the region to support a business case.	
• ACTION for R Boydell and L Bussell for paper to come to future committee.	
• AGREED discussion to be had outwith the committee on carer stakeholder representation between R Boydell and W Smith.	

Update on Third Sector Commissioning Strategy

Rhiannon Boydell introduced the paper previously circulated:

- The tendering process has been reviewed by the Third Sector Funding Project Board.
- The previous tendering process resulted in contracts being issued for one year and as a result of the impact of the Covid 19 pandemic, contracts had been extended by one year up until the end of March 2022. It was felt by both the Project board and Third Sector organisations that the previous process had been difficult and that the experience and outcomes could be improved, hence contracts were awarded for one year with a commitment to this review of the process. This has now taken place with the Third Sector in a more collaborative and coproduced approach.
- The Committee is due to receive a full report from the Third Sector Funding Board in November 2021, the report provided an update on the under £50K tendering process.

In response to questions the following responses were provided:

- The budget for this round was £500-600,000 with four times as many applicants for the amounts available in the previous round. The vast majority of applications met the priorities but sustainability and impact were also key factors in determining allocation.
- It was noted that Mhairi Wylie has been key in building relationships with the Third Sector. In terms of the end process, it was thought more difficult to assess how well the plans met needs but a clearer understanding should emerge from feedback.
- It was noted that discussion is underway regarding the appropriate communications strategy when the awards are made. It is thought that a strategy will be necessary in the near future for communicating information about the awards from the current process but

it is perhaps too soon in terms of communicating the aims and outcomes of the larger project.

3.5 Chief Officer's Report

[PP.43-54]

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

In response to questions the following responses were provided:

- Sally Amor will provide a paper on Children's Services Reporting to the next meeting.
- A response to the Mental Welfare Commission Report and provision of an Action Plan is required by August and will be shared with the Committee at the next meeting.
- Legal advice had advised concerns around the sharing of data between NHS Highland and the Council. After consultation, the sharing of data was agreed but the delay meant that the information was not available for reporting.
- The Chief Officer confirmed that the Chief Officers Report contained answers to questions raised by W Smith at the meeting of 28 April 2021 and invited further discussion. It was noted that it was important that management's response to questions raised at Committee is reported back to the Committee as it is the Committee as a whole that receives assurance, rather than the individual raising the initial questions.
- The Chief Officer stated there was a keen interest in establishing and developing carer representation and other sources of lived evidence in service planning and redesign.
- There are still challenges and limits in terms of restrictions in the remobilisation of Day Care Centres, however sessional work should be just one part of a package agreed with the carer and client. It was agreed that L Bussell and W Smith will discuss these issues further outwith the Committee.
- A business case for the new Skye hospital was recently submitted and discussions are underway with the Director of Finance with regard to workforce planning and the numbers of staff required.
- It was noted that the North Coast Redesign remains a separate project from the Caithness redesign, however with a number of staff involved in both projects it made sense to discuss them together.
- It was noted that a paper is going to Highland Council on the North Coast project for September.
- The Chair suggested and it was agreed that a CO report be produced specifically on the North Coast redesign.
- It was agreed that L Bussell and F Davies will discuss how the local population be kept up to date with progress on the project.

After discussion, the Committee:	
• NOTED the terms of the report.	
• AGREED that L Bussell and W Smith will discuss the issues mentioned above further outwith the Committee.	
• AGREED that L Bussell and F Davies discuss how the local population be kept up to date with progress on the North Coast project.	

4 HEALTH IMPROVEMENT

There were no matters discussed in relation to this Item.

5 COMMITTEE FUNCTION AND ADMINISTRATION

5.1 Committee Annual Work Plan

[PP.55-56]

It was agreed that the Chair and Chief Officer will propose a revised workplan.

The Committee	
• AGREED that the Chair and Chief Officer will propose a revised workplan.	

6 AOCB

M Simpson noted the lack of a Community Engagement item for the workplan. It was noted that the Head of Communications was developing a Communications and Engagement Strategy for the Board. Agreed that Louise Bussell will discuss with Ruth Fry a suitable opportunity for a report on the topic to the Committee.

It was answered that there is an intention to develop this area with the Chief Officer and across the Board. L Bussell will discuss this with Ruth Fry.

7 DATE OF NEXT MEETING

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

The Meeting closed at 4.04 pm

DRAFT

Highland Health & Social Care Committee

FOLLOW UP FROM HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE ACTION PLANS – MARCH 2018 ONWARDS

Those items shaded grey are due to be removed from the Action Plan.

	Item	Action / Progress	Lead	Outcome/Update
15/01/2019	Care Academy Development	Agreed progress report on development of a Care Academy be submitted to a future meeting.	S Steer/I Thomson	To be incorporated in future report to Committee on social care matters.
04/09/2019	Clinical Governance	Agreed detailed report on ASC Clinical & Care Governance to be submitted to future meeting.	S Steer	Future Meeting
04/09/2019	Children's Services Reporting	Revised performance framework under development.	S Amor/L Bussell	Report to September 2021 meeting.
04/09/2019	Chief Officer's Report	Agreed consideration be given to inviting C Morrison to address a future meeting on Near Me.	A Clark/L Bussell	Future Development Session.
04/09/2019	Chief Officer's Report	Report on Development of SDS Strategy to be brought to a future meeting.	D MacKenzie	November 2021 Meeting. Interim updates.
05/02/2020	Chief Officer's Reports	Agreed a full report on Quality Improvement activity be submitted to a future meeting.	L Bussell	Future Meeting.
05/08/2020	Inclusion Scotland Report on COVID and Disability	Agreed a report on the Findings from a follow up Survey be brought to future meeting.	Head of Service for Learning Disabilities and Autism	Future Meeting when survey available.
03/03/2021	Chief Officer's Report	Agreed a report on redesign of day services for people with learning disabilities be brought to a future meeting.	Head of Service for Learning Disabilities and Autism	In workplan for January 2022 – need to confirm appropriate date.
08/07/2021	Finance Report	Paper to include more on PMO workstreams.	E Ward	Report to September 2021 meeting.
08/07/2021	Terms of Reference for Fees Group	Terms of Reference for Fees group to be discussed and a report produced.	S Steer/L Bussell	Need to confirm appropriate date.
08/07/2021	Chief Officer's Report	Agreed a report on redesign of day services for people with learning disabilities be brought to a future meeting.	Head of Service for Learning Disabilities and Autism	Need to confirm appropriate date.
08/07/2021	Enhanced Community Services	Update should come to a future meeting. Assurance report on plans for parity of opportunity across the region to support a business case.	R Boydell/L Bussell	Need to confirm appropriate date.
03/03/2021	Staff Experience Item	Team involved in savings on PMO workstreams.	R Boydell/L Bussell	Need to confirm appropriate date.

Further Information Follow Up for Individuals outwith the Main Workplan

	Item	Action/Progress	Lead	Outcome/Update
08/07/2021	Remobilisation of Day Care Sessional Work	Discussion to be had outwith the Committee on challenges surrounding the remobilisation of sessional work with Day Care Centres with Wendy Smith.	L Bussell	In workplan for January 2022 – need to confirm appropriate date.
08/07/2021	Enhanced Community Services	Discussion to be had outwith the committee on carer stakeholder representation with Wendy Smith.	R Boydell	To be arranged.
08/07/2021	Development Session	Climate Change: consideration to be given as to how to approach the subject, e.g what commitments have been made, how might the Mobilisation Plan be affected.	A Clark/L Bussell	Need to confirm appropriate date for development session.

HIGHLAND COUNCIL

Committee: NHS Highland Health and Social Care Committee

Date: August 2021

Report Title: Commissioned Health Service Update

Report By: Fiona Duncan, Executive Chief Officer

1. Purpose/Executive Summary

- 1.1 The purpose of this report is to update the Highland Health and Social Care Committee on the delivery of child health services by Highland Council. The content of the update is informed by data, partnership discussion and the context of integrated children's services planning.

2. Recommendations

2.1 Members are asked to:

- i. Consider the update on service delivery, including measures put in place across the Covid pandemic.
- ii. Note the context of Integrated Children's Service Planning
- iii. Consider the update on future plans for service improvement, clinical and professional governance and performance reporting.

3. Introduction

- 3.1 Working within the legal framework of the Public Health Bodies (Scotland) Act 2015, The Highland Council are commissioned to deliver a number of community child health services on behalf of NHS Highland. These services are delivered within the Lead Agency Model of integration, articulated within the joint partnership agreement with outcomes and performance measures outlined in the integrated children's service plan.

4. Background and Context

- 4.1 Within the Health and Social Care Service there are 250 health professionals and an additional 50 early years and nursing and support assistants providing health care for infants, children and young people in Highland. Health professionals include health visitors, school nurses, learning disability and specialist nurses. Allied health professionals include speech and language therapists, occupational therapists, physiotherapists and dieticians.
- 4.2 Health staff work within a public and preventative health framework and practice within the Getting it Right approach of the Highland Practice Model.

The Commissioned Health Service has, since 2012, worked within an integrated framework which includes

- i. A single outcomes framework based on the national outcomes framework for children's services, agreed across the partnership
- ii. Integrated working through the use of a common process known as the Highland Practice Model (Getting it Right). This process enables a single systems, pathway and plan to be in place to meet the needs of children and families
- iii. Integrated management structures. Since 2012, the commissioned service has functioned within a wider integrated management structure which initially included Health and Social Care. 2015 saw the expansion of integrated children's services to include Education and the creation of a Care and Learning Service. This approach has been reviewed and disaggregation of the former Care and Learning Service is underway, with the development of an Education and Learning Service and a Health and Social Care Service.
- iv. Integrated budgets. Since 2012, there has been a fully integrated budget within Health and Social Care and then Care and Learning. Focusing on improving outcomes for Highlands Children, and working to agreed outcome measures within the partnership, Health and Social Care budgets

5. Covid-19 Summary

- 5.1 Across the Covid-19 pandemic service delivery has been directed by the Scottish Government and the Chief Nursing Officer and has focussed on;
- i. protecting children and young people most at risk.
 - ii. undertaking statutory and required duties and identifying children and families who may become vulnerable in response to the pandemic.
 - iii. Ensuring staff safety and wellbeing.
- 5.2 Nursing and allied health professionals continue to undertake statutory and necessary visits through direct contact, virtual contact using Google Hangouts, Attend Anywhere, Microsoft Teams and telephone.
- 5.3 During the pandemic staff have worked using a blended home/office model with access to offices for medical records on a rotational basis to support safe working.
- 5.4 A small number of staff were briefly deployed to support NHS Highland at the height of the pandemic with HR Systems, processes and communication methods in place should there be a requirement to support any future need.

- 5.5 Across the pandemic, including lockdown, health visiting staff continued to delivery services and undertook an average of 225 home visits per week with an additional 800 indirect/virtual contacts
- 5.6 Speech and Language, occupational and physiotherapists worked mainly remotely and using video/virtual technology with approximately 1,000 clinical contacts per week.
- 5.7 Dietetics continued to deliver a face to face clinical service within the Raigmore unit.
- 5.8 The impact to staffing caused by the pandemic was not significant with, on average 90% of the nursing workforce available for work across the 12 weeks.
- 5.9 Nursing and Allied Health Professionals have and continue to support NHS Highland during the pandemic
- 5.10 The Highland Council's AHPs will support NHS Highland with the expanded flu programme in 2021 with the delivery of 13,000 vaccines to secondary school students between September and December
- 5.11 Supporting workforce wellbeing has been a priority within the service and led by the health leadership team. This framework of support includes daily "check in's", weekly team meetings, staff support ECHO sessions in collaboration with Highland Hospice and connecting with the leadership "Ask Anything" sessions. It is anticipated that the staff support framework will need to be strengthened in the incoming months as the impact of the pandemic on the workforce and the wider community emerges.

6 Professional and Clinical governance

- 6.1 Ensuring delivery of safe and effective healthcare has been secured through the interim health leadership structure within Health and Social Care.
- 6.2 There has been the development and implementation of a robust Professional and clinical governance framework within the service. The framework is based on the national Clinical and Care Governance Framework (The Scottish Govt) 2015)
- 6.21 Working in partnership with NHS Highland depute director of nursing and NHS Highland clinical governance team, The Highland Council Clinical governance Group provides oversight and governance to the following areas;

- Service delivery
- Risk management
- Quality and Improvement
- Professional regulation and workforce development
- Health, Safety and Wellbeing
- Experience of children, families and young people

- 6.22 The group is responsible for management of the Commissioned Health Service Risk Register with escalation routes to The Highland Council Health and Social Care Risk Register and NHS Highland Infants, Children and Young People Clinical Governance Committee.
- 6.23 Escalated risks as of August 2021 with detailed plans in place are
- i. Information governance and management. Access to ICT to fulfil requirement of the Health and Care Staffing (Scotland) Act 2019 and to progress with Morse.
 - ii. Health visiting staffing challenges in Inverness as a result of recruitment success to trainee posts which require 12 months non caseload holding posts/maternity leave/retirement.

7. Nursing

- 7.1 The role of nursing within the community is focussed on reducing health inequalities and child poverty through early intervention and preventative health approaches within universal service through health visiting and school nursing roles and the protection and support of children through specialist nursing roles such as Learning Disability, Looked After Children, Youth Justice and Child Protection Nursing

7.2 Health Visiting

- 7.21 This health visiting role is delivered in part through the Child Health Programme. This national programme requires the offer of 11 developmental assessments (with 8 in the first year of life) for all children between birth and 5 years.
- 7.22 Full delivery of this programme for Highland, with an average birth population of 2,000 infants per year, involves the offer of 22,000 developmental assessment visits. These assessments are delivered on a home visiting basis with data collection through NHS Highland Child Health Department
- 7.23 In addition to the child health programme, Health visitors in the role of named person, are responsible for co-ordinating all child's plans for children under the age of 5 years. This includes, as of Aug 2021, 360 multi agency plans for children with complex need across Highland.

8.3 School Nursing

- 8.31 The Scottish Government Transforming Nursing Roles in the Community Programme (2017) requires the school nursing role to reduce health inequalities and child poverty through refocussing support to
1. Looked After Children/Children at risk of Child Protection or on the CP register
 2. Vulnerable groups: including those in need of mental or emotional support, hard to reach groups and those involved with additional social support
- 8.32 North Highland NHS Board area have been allocated 11 FTE School Nurses through the Scottish Government transforming school nursing programme As of August 2021,

an additional 9 FTE nurses have been recruited across the past 3 years with the final 2 FTE anticipated as part of the 21/22 allocation.

- 8.33 All health visitor and school nurse trainees undertake the one year master level advanced nurse training. Staff are recruited to non caseload holding trainee posts, with mentorship, practice placement and protected learning across the year with preceptorship and caseload allocation upon completion of the course. The service will present 10 trainee advanced nurses (school nursing/health visiting) in September 2021.

9.4 School Nursing and Immunisations

- 9.41 In 2012, 7,000 vaccines were offered by the school nursing service as part of the delegated function. This accounted for 30% of the school nursing year workload.
- 9.42 There has been significant expansion of the school years immunisation programme since 2012 to include
- i. P1 – P7 Influenza
 - ii. S1 – S2 HPV (boys and girls) – 2 doses
 - iii. S3 – DPT
 - iv. S3 – MenACWY
- 9.43 In 2021 25,000 vaccines are to be offered by school nursing. This function accounts for 75% of the school nursing year workload.
- 9.44 Vaccine delivery within school years requires to be reviewed within the wider transformation programme to ensure Highland focus the school nursing resource on vulnerable, at risk groups and mental health need in line with the transforming nursing roles requirements

9.5 Specialist Nursing

- 9.51 Specialist nurses working with vulnerable, at risk or care experienced young people include Child Protection Advisors, Looked After Children, Youth Justice, disability nurses and the Family Nurse Partnership
- 9.52 In progressing The Promise, Highland Council have focussed on meeting the health needs of care experienced children and young people through the appointment of 4 FTE School Nurses with a specific remit for care experienced children and young people.
- 9.53 Child protection advisors are responsible for delivery Child Protection training across The Highland Council and north Highland NHS board area and provide advice, guidance and specialist support and supervision for NHS and The Highland Council staff working with children and families at risk.
- 9.54 Children’s Community Learning Disability Nursing is hosted by The Highland Council in the South and Mid areas through 5 FTE children’s learning disability nurses. NHS Highland deliver the service for children and families, through a “cradle to grave” approach in North and West. NHS Highland and The Highland Council lead officers are working in partnership to support the modernisation of the role of learning disability nursing in Highland and in line with “Sustaining the Commitment”

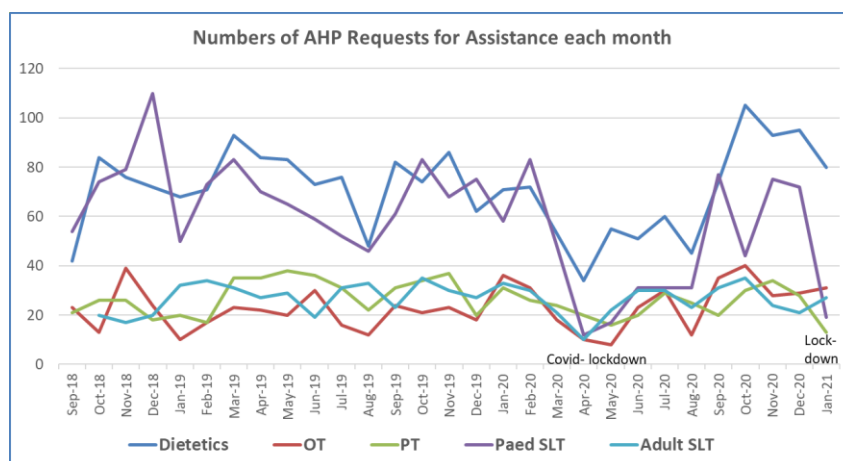
9.55 The Family Nurse Partnership programme is a highly intensive home visiting programme for first time mothers age 19 years and under. Family Nurses work alongside the family alongside Midwives from early pregnancy until the child is two years. This provides continuity of care with a strong relationship and empowerment focus.

9.56 Primary Mental Health Workers currently deliver Tier 2 CAMHS support for children and families as part of a delegated function within the partnership agreement.

10. Allied Health Professionals

10.1 Allied Health Professionals (Paediatric Dietitians, Occupational therapists, physiotherapists, speech and language therapists) offer clinical interventions and treatment for children with additional support needs. Staff work both within acute health (Raigmore Hospital) and the community.

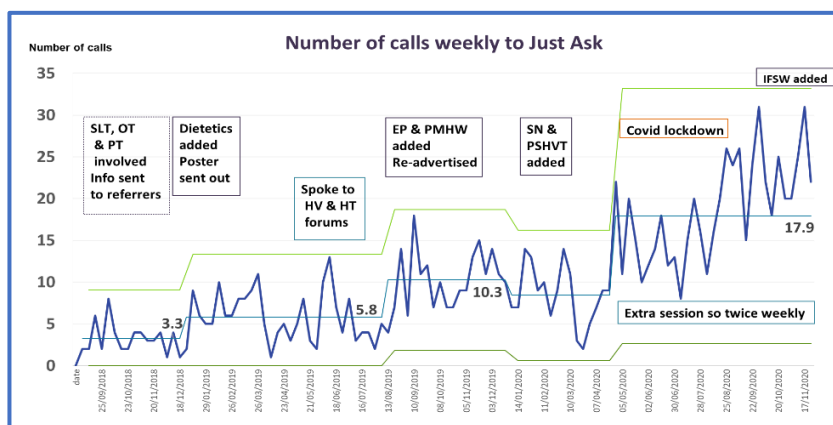
10.2 The number of requests for assistance fell across Covid, as indicated below. Data continues to be collated however it is anticipated that there will be a significant increase in demand over the next few months.



10.3 Speech and Language and occupational therapy currently contribute to the Neurodevelopmental Assessment Service (NDAS) through 4 FTE for SLT and 1.5 FTE for OT.

10.4 The Principal Officer for Allied Health Professionals is currently leading a review of NDAS. This is a joint service review progressed through the Partnership Programme Board workstream with a view to completions with a options appraisal and implementation plan in October 2021.

10.5 The “Just Ask” enquiry phone line is open for anyone with a question about the development or wellbeing of a child or young person to call. It has twice weekly sessions with 11 professions now available. This has had 1332 calls to it (since its start in Sept 17 until 11 Feb 21) and continues to be busier with an average over the last 6 months of 21.5 calls per week. A Just Ask YouTube channel has been set up to allow further signposting to directed and self-care information and support.



11. Resource and Budget

11.1 In 2012, there was full integration of the commissioned child health and social work budgets to create maximum flexibility in achieving agreed life outcomes for children, young people and families. The integration of budgets across Health and Social Care enabled flexibility, efficiency and effectiveness in targeting all support to achieve the agreed outcomes as articulated in Highland’s Integrated Children’s Service Plan

11.2 In 2015 there was further expansion of integrated children’s service within the Highland Council through the joining of education, social care and health services and the Establishment of the “Care and Learning Service “. This involved;

- Creation of integrated ‘family teams’
- Creating an Integrated management structure across Education, Social Care and Health
- Further integration of budget through the creation of an integrated “Care and Learning” budget
- Revision of agreed outcomes and performance measures

11.3 Since Feb 2020 there has been the interim appointment of senior officers to ensure service safety and support redesign.

11.4 Finance are currently working towards disaggregation of the Care and Learning Budget, thereafter, in accord with the service redesign, clear budget lines will be applied within Health and Social Care. It is anticipated that this process will identify where the integration of budgets will provide greatest opportunity for the delivery of effective, efficient and safe services.

12. Future Planning

12.1 Core to the delivery of a safe and effective commissioned health service will be the implementation of the Scottish Governments 2030 Workforce Vision, transforming roles and ensuring the deliver of high quality care whatever the setting

12.2 Working to the NHS Scotland Healthcare Quality Strategy and the Children’s and Young People Improvement Collaborative (CYPIC) methodology, improvement planning will be central to service delivery change to meet future healthcare needs

- 12.3 Working in partnership with NHS Highland, ensuring the implementation of the refreshed Digital Health and Care Strategy, specifically in relation to addressing current risks associate with the lack of access to NHS Highland policies, protocols and guidance to ensure professional and clinical safety
- 12.4 Progression of the NHS Highland digital solutions for Child Health to enable access to workforce planning tools as part of the requirements within the Health and Care (Staffing) (Scotland) Act 2019. Caseloads have not been evaluated since pre integration in 2012. There may be resource implications following the application of the workforce tools.
- 12.5 Workforce planning, profiling and development is being progressed within the commissioned health service in order to future proof the service and ensure it continues to meet the needs of Highland's families.
- 12.6 Partnership working with NHS Highland to review the school years vaccination delivery function within the partnership agreement as part of the wider vaccine transformation programme.
- 12.7 Partnership working with NHS Highland to develop outcomes focussed performance measures as part of Highland's Integrated Children's Service Plan is underway.
- 12.8 The disaggregation of Care and Learning and the development of an Education and Learning and Health and Social Care Service, with associated team redesign, is progressing. There will be a focus on early intervention and prevention within the Health and Social Care Service, taking a community based whole family approach.

Designation: Executive Chief Officer – Health and Social Care

Date: 10th August 2021

Authors:

Jane Park – Head of Service (Health)

Ian Kyle – Head of Integrated Children's' Services

Meeting:	Highland Health & Social Care Committee
Meeting date:	1st September 2021
Title:	Chief Officer Assurance Report
Responsible Executive/Non-Executive:	Louise Bussell, Chief Officer
Report Author:	Louise Bussell, Chief Officer

1. Purpose

To provide assurance and updates on key areas of Health and Social Care in Highland.

2. Enhancing Community Services Community Engagement update

Enhancing Community Services is a North Highland Project which has initially focussed on the use of dedicated Scottish Government funding to aid remobilisation but is also developing in Districts across North Highland. Community engagement differs between districts with each district having its own community network. In the past few weeks dedicated project support has been identified for the programme, which sits in the Unscheduled Care workstream, reporting to the Unscheduled Care Project Board.

Since project support has been identified the NH Steering Group has been reviewed and will meet again for the first time since this in August 2021. Community engagement will be on the agenda.

In Inverness engagement with the community will be identified through a Quality Impact Assessment, which is currently being developed and engagement to date has been sought through the senior citizens network and the Let's Get On With It network, in particular this has concerned the development of a frailty pathway and also consultation regarding the use of the beds in the Royal Northern Infirmary.

Caithness has also done extensive work on enhancing community services. Community engagement is part of the wider Caithness Redesign which has been through a full consultation which included the elements of Enhancing Community Services.

The Caithness redesign has a Consultation Group which meets approximately bi-monthly and includes representatives of the community (individuals, third sector organisations, CHAT, Councillors). Where possible (covid allowing), the Caithness redesign group has continued with "pop-up" events and had a "stall" at the Market Day in Thurso recently. There is also the work we started with developing videos which we will try and develop around our themes.

The District Manager also regularly attends the Community Council meetings and the

redesign group has formed a “Q and A” information sheet which is distributed via the community council and a mailing list of Caithness community organisations.

3. Primary Care Update

3.1 Flu Vaccination

We are approaching the flu vaccination campaign for winter 2021/22 and all GP practices will be offered an enhanced service to be involved in the programme. The programme will commence early September and it is envisaged that the majority of eligible people will be offered the vaccine before the end of December 2021. There will be a wide scale public messaging campaign around the programme to encourage take-up rates of the flu vaccine.

3.2 Covid Booster Campaign

We await details from JCVI and Scottish Government around the details and cohort groups eligible for Covid booster. Our GP practices will have the opportunity of delivering the programme through an enhanced service alongside board clinics as required. The details around the programme will become clearer over coming weeks.

3.3 GP Practice Procurement

The procurement process to secure a new GMS provider for Mallaig proved unsuccessful. The Practice will continue to be run by NHS Highland until the procurement process can be repeated. A review of all other practices under Board management is also in progress.

3.4 Primary Care Improvement Programme (PCIP)

Scottish Government has recently updated the Memorandum of Understanding around the new GMS (GP) Contract. Priority areas for 2021/22 have been outlined as Pharmacotherapy, Vaccination Transformation Programmes (VTP) and Community Treatment and Care (CTAC). Significant progress has been made around Pharmacotherapy, therefore focus for North Highland will be around VTP and CTAC.

First Contact Physiotherapy has progressed whereby all practices have access to a physiotherapist working alongside the GPs. The Community Link Worker contract commenced on 1 July 2021 and is being mobilised at present. The Mental Health workstream has appointed a clinical lead and a model of care is being worked up for recruitment and implementation. We await further guidance from Scottish Government regarding Urgent Care in light of wider system redesign that has taken place over the last year.

3.5 Primary Care Remobilisation

All of our primary care services continue to remobilise. Guidance around 2m social distancing measures remain in place for all primary care services. General Practices are still delivering remote consultations (telephone and Near Me) as well as face-to-face appointments. Patients are being encouraged to attend for all routine screening appointments and to contact their GP if they have any symptoms they are worried about. There is a national review of ventilation systems in dental services which will require capital support and investment. Community Pharmacies have introduced the ‘Pharmacy

First' scheme which allows a greater range of conditions to be treated by a Pharmacist.

4. North Coast Redesign Update

Introduction and Background:

The north coast of Sutherland is one of the most sparsely populated areas in Scotland and when combined with its ageing population the area faces some unique challenges. The area has no community hospital/nursing home beds. There are two residential care homes (both with six beds) located in Melness and Talamine. Caladh Sona in Talamine does not meet Care Inspectorate Standards. Melvich is in better condition but also not ideal in terms of space nor outlook. Neither Caladh Sona nor Melvich were originally built as care homes. Staffing two small units also presents challenges in terms of sustainability.

In January 2017 the Board of NHS Highland approved the recommendation to move to a new model of service on the north coast of Sutherland which included a new build care home as part of a "Hub" facility. The "hub" will replace the two existing care homes: Caladh Sona in Melness and Melvich Community Care Unit.

The "Care Hub"

The Care Hub will be a person-centred need-led facility. The hub will contain flexible use beds providing residential, step-up/step-down emergency respite and palliative/end of life care. The step-up step-down beds will have multiple uses rehabilitation, acute admission avoidance, early supported discharge, assess not to admit i.e. primary care interventions which will prevent an acute admission. People from the community will be admitted from home (or hospital) to these flexi use beds and will be discharged from them to home. The bed base will be 15.

The wider integrated team will be based in the hub and provide support to it; providing the nursing required in partnership with local GP practices. Further, it will serve as a base for the out of hours service for the north coast of Sutherland. This will be staffed by advanced nurse practitioners and paramedics. Joint working with the ambulance and fire service will form a significant feature of this proposal.

The Care Hub will:

Meet all current space, technical, health and care standards as specified in the Authority Construction Requirements and fulfil the Care Inspectorate "Building Better Care Homes for Adults" requirements.

- Be enabled for IT equipment and future IT developments
- Ensure allowances for future changes are designed in from the beginning
- Be a resource for the local community

The project has been ongoing for a number of years with an established Core and stakeholder project team in place. At present, information is being finalised to be presented at the Highland Council Full Council Meeting taking place in September 2021. If approved the project will move to planning stage.

The project team are working hard making final adjustments to the clinical specifications and a stakeholder workshop to establish a benefits register has recently taken place.

5. Adult Social Care Update

ASC Fees and Contract Proposals

Following the request from the Highland Health & Social Care Committee on 30 June 2021, the structure for assurance of ASC fees and contract proposals has been strengthened to include review by both the Joint Officer Group and North Highland Community Senior Leadership Team. The final approval stage for ASC fees now includes approval from a group comprising the Chief Executive, Chief Officer and Director of Finance.

Care Homes Update

Overview and Status Update

As at the time of writing, (10 August 2021), there are 8 care homes closed to admissions by Public Health due to individual/small numbers of staff positives arising from PCR and LFD testing. The number of care home closures is higher than in recent preceding months and reflects the ongoing presence of Covid-19 within our communities.

There has been one confirmed Covid-19 outbreak affecting both residents and staff in a care home in Badenoch and Strathspey area in recent weeks. The outbreak, which was declared towards the end of June, has now passed and the care home reopened to new admissions on 26th July.

The staffing situation within a number of care homes within North Highland remains fragile due to a combination of confirmed single cases of staff testing positive and staff requiring to self-isolate as a result of being an identified close contact with someone who has tested positive. Recruitment challenges, the resurgence of the hospitality industry combined with hard earned annual leave for a staff group who are generally exhausted, has further exacerbated the staffing challenges in recent months. We continue to work alongside colleagues in the sector to ensure staffing contingences, supporting as appropriate and informing wider discussions at national level regarding measures required to strengthen and sustain social care services going forward.

There are currently 2 care homes undergoing Large Scale Adult Protection Investigations (LSI). LSI activity continues to require intensive staff and management resources to support the process and to ensure appropriate mitigating measures to identified risks in order to afford necessary safety and protection are progressed within an agreed timeframe.

The second round of Quality Assurance Visits to all 69 care homes within North Highland was concluded in early May and actions identified during these visits have been followed up to ensure they have been completed. We are now reflecting on the learning from these visits which will inform our approach going forward.

Individual reviews (1700) of all residents living within care homes in Highland are now almost all completed with just a few (less than 10) still to be progressed due to a combination of factors such as hospitalisation of a resident, closure of the care home by Public Health or staffing challenges making it difficult to release staff from frontline care to support the review process. The community teams have worked hard to ensure completion of this work within the agreed timeframe at a time of significant and competing pressures within the teams.

There are approximately 137 people being supported in out of area placements and plans are currently being progressed to ensure individual reviews for all people living out of area are progressed and concluded in the coming weeks.

The relaxation of the restrictions in relation to care home visiting and outings out with the care home setting are beginning to embed as residents, families, and staff become familiar with the new guidance. Feedback from residents and their families refers to the positive impact increased contact has had on health and well-being. Some residents have been able to enjoy outings with families and overnight stays. These changes have not been without challenges and anxieties for those involved but confidence is returning in supporting people in a more "normal" way. If services have heightened anxieties around these changes support is available via various partners including Infection Prevention Control Teams, Public Health Teams, Scottish Care, and Adult Social Care Leadership Team.

Mutual Aid Deployment

The Covid Response Team (CRT) has continued to support care home services affected by Covid outbreaks in July and August. The RAG status for the resource has remained at RED indicating little or no availability. There is a recognised need to further strengthen the team and recruitment of additional care staff is underway.

The intention remains to develop the resource to continue to support care services in a more planned way by developing a roadmap to aid recovery and build resilience. This work will be developed with partners.

Respite Services

Further government guidance in relation to residential respite care delivered within care homes is awaited. Current arrangements allow for unplanned emergency placements and a respite service where it is provided **in a stand-alone building**.

Day Care Older Peoples Services

Similar to residential respite services, further government guidance in relation to day care delivered to non-residents within care homes is awaited. Current arrangements allow for the remobilisation of day services and the provision of traditional day care where it is provided **in a stand-alone building**.

Day care provision has resumed in stand-alone services although it is important to note that this can look quite different to what it did prior to the onset of the pandemic with a much more blended approach to meeting outcomes which includes more sessional activities and a mix of in-reach and out-reach support. Community Teams are working alongside supported people, carers and support providers to ensure person-centred practice and individualised support solutions as we navigate our way forward.

Care at Home (CAH)

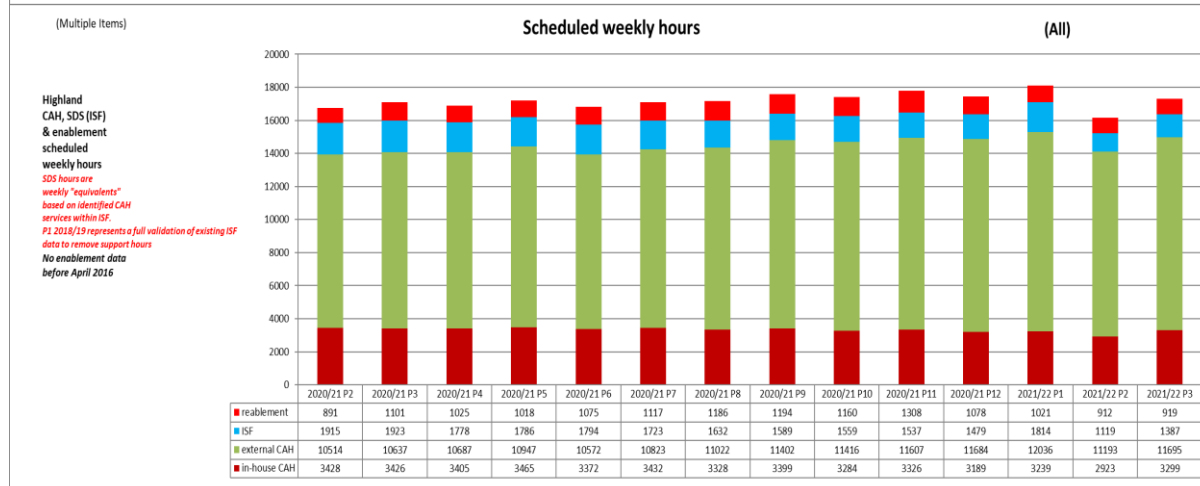
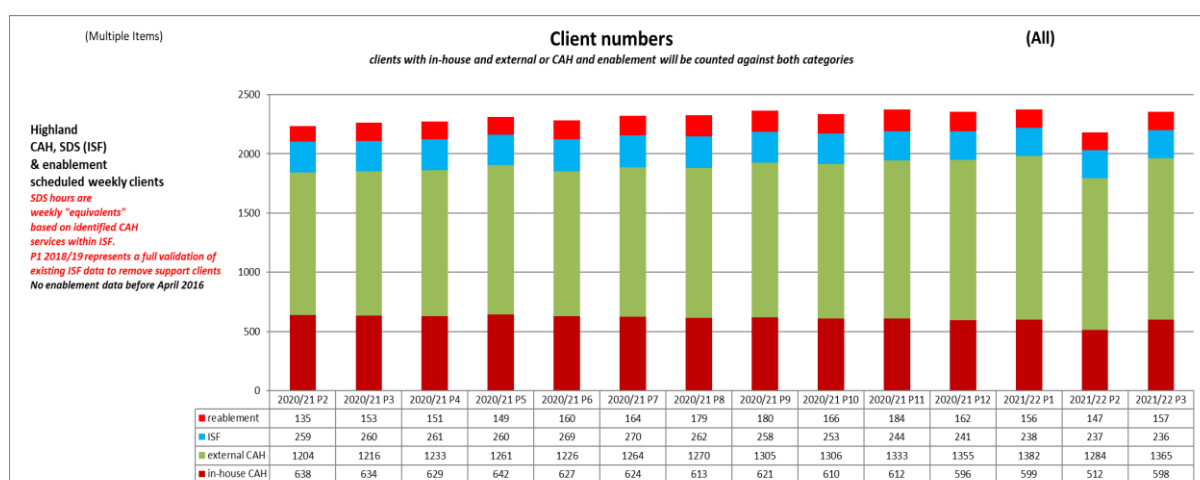
Overview and Status Update:

The independent sector care at home provision has grown by over 1000 hours in the last year with a further 160 people supported. The total number of scheduled hours supported by independent sector care at home providers is 13,082 to 1600 individuals. Across North

Highland unmet need is currently recorded as 787 hours for 121 individuals. The sector is however finding further growth more difficult due to severe recruitment challenges facing all providers. This is not unique to North Highland and is consistent with the picture at a national level. Concern is such that the Scottish Government last week convened a national meeting with a follow up meeting planned for this week to seek assurance that HSPCs and Scottish Government are, collectively, doing everything possible at both local and national levels to address the growing risks associated with the lack of care at home provision.

Scottish Government urged HSPCs to engage with Resilience Partners at local level to escalate the risks associated with lack of CAH provision with a view to looking at any immediate (probably short term) measures which may assist in mitigating the risks associated with lack of service provision. This will be discussed as part of wider discussions with the sector later this week.

Care-at-Home Data



NHS Highland is meeting with independent sector colleagues on 12 August 2021 to consider required actions with a view to achieving increased care provision within the relevant geographical areas. An update will be provided in the next report to Committee.

The Scottish Government have just increased national reporting requirements on the levels of assessment and unmet need on a weekly basis to start to bring together data to assist in the assessment of the national level of risk in relation to community social care services and care at home specifically.

This data will be used to inform future discussions and to enable a coordinated national response. Over time, having a history of rich data will also help to identify necessary changes at a national level and to act earlier. This will help inform further consideration of regularised data collection and alignment with other related data sources in due course.

Carers

Work has been underway in Highland to develop a 'carers programme' aimed at meeting our duties under the Carers Act. This has included:

- Outlining a 'carers programme budget' to support the establishment of high-quality and effective carers services in Highland;
- Supporting local initiatives to increase access to practical help for carers in the short-term to mitigate the impact of Covid-19;
- Specifying and tendering for the types of services which meet our duties to provide: advice and information; Adult Carer Support Plans (ACSPs); support for carers - including access to a range of short breaks.

Currently work is underway to ensure the extra resource identified for carers is distributed to those most in need of a short break by way of a simple and streamlined business process. Initially this resource will be accessible as an SDS option 1 or 2 and will complement existing 'traditional' Option 3 routes. Uptake will be monitored, and the need for – and viability of - commissioning additional dedicated residential respite will be kept under close review.

Finally, there is a recognition that the "carer's voice" is not well enough articulated within our decision-making processes. Work here is focused on ensuring that our implementation and improvement efforts benefit from carers' lived experience.

Supplier Relief

The Supplier Relief (Provider Relief) process continues, whilst in recent weeks the volume of applications has reduced, to date there have been 717 applications with payments made of £4.5M.

Self Directed Support Strategy

A detailed report accompanying the Draft Strategy will be provided to next Committee.

Partnership Agreement / Integration Scheme Update

The Highland Council (on 26 March 2021) and NHS Highland (on 30 March 2021) gave their agreement in principle to the revised Integration Scheme and for a period of consultation on the scheme.

Both partners also agreed to the delegation to the Chief Executive (in consultation with the Chair and Vice Chair and identified Councillors in terms of THC) for agreement to any further amendments in relation to the revised Integration Scheme that may be considered appropriate after the conclusion of the period of consultation in light of comments received, in the event that such amendments are not considered to be material.

The consultation period concluded on 30 April 2021, the outcome of which was that no material changes to the Integration Scheme were considered to be required.

This document has now been signed off by both The Highland Council and NHS Highland in accordance with the previously agreed arrangements, and now submitted to the Scottish Government, in accordance with section 7(1) of the Public Bodies (Joint Working) (Scotland) Act 2014, for consideration and Ministerial consent. A response is awaited.

The detailed requirements of the Integration Scheme have been set out in an implementation plan, which is being overseen by a Joint Officer Group.

6. 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 – 16 August 2021

Confirmation received from EDG – 16 August 2021

7. Recommendation

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

HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE WORKPLAN

Highland Health and Social Care Committee Planner to 31 March 2022

Standing Items for every HHSC Committee meeting

- Apologies
- Declarations of interest
- Minutes of last meeting
- Finance
- Performance and Service Delivery
- Health Improvement
- Committee Function and Administration
- Date of next meeting

HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE WORKPLAN	
DEVELOPMENT SESSION: 'Technology/Near Me' 6 October 2021 at 11.00 am	
NOVEMBER 2021	
• Partnership Performance Framework	
• Primary Care Improvement Plan	
• NHS Winter Plan	
• Third Sector Funding	
DEVELOPMENT SESSION: 'NHS Highland Forward Strategy' 8 December 2021 at 11.00 am	
JANUARY 2022	
• Mental Health Services Strategy	
• Learning Disability Redesign/Strategy	

• Highland Alcohol and Drugs Partnership Annual Report	
• Community Activity – Resourcing Support for Community Partnerships	
DEVELOPMENT SESSION 9TH February 2022	
MARCH 2022	
• NHS Highland Forward Strategy/Annual Operational Plan	
• Carers Strategy	
• Risk Register	
• Annual Report on Care Home Oversight Board	
• Annual Assurance report and Committee Self-Assessment	

Meeting: Highland Health and Social Care Committee

Meeting date: September 1st 2021

Title: Committee Self-Assessment and Action Plan

Responsible Executive/Non-Executive: Louise Bussell/Ann Clark

Report Author: Ann Clark, Committee Chair

1 Purpose

This is presented to the Highland Health and Social Care Committee for:

- Decision

This report relates to:

- The NHS Scotland Blueprint for Good Governance
- Board Assurance Framework

This report aligns to the following NHS Scotland values:

- Dignity and respect
- Openness, honesty and responsibility
- Quality and teamwork

2 Report summary

2.1 Situation

NHS Boards across the UK operate in an increasingly demanding environment. The impact of demographic change and the growth in long term health conditions bring their own challenges at a time of financial constraint.

Good governance is essential in addressing the challenges the public sector faces and providing high quality, safe, sustainable health and social care services depends on NHS Boards developing robust, accountable and transparent corporate governance systems.

Governance issues are increasing in the public sector, as is the public interest in governance problems being experienced by public bodies. In response NHS Scotland has devised the Blueprint for Good Governance, based on a wide ranging review of best practice in corporate governance. Regular assessment of the effectiveness of governance arrangements within NHS Boards is a fundamental building block for improvement.

NHS Highland recently introduced a self-assessment of the effectiveness of the governance committees and the Board. The results for the Health and Social Care Committee were considered at a Development Session on the 30th June 2021.

The Committee is asked to agree the attached draft Action Plan, to implement improvements to the functioning of the Committee.

2.2 Background

NHS Boards are expected to work towards the Blueprint for Good Governance and to regularly assess the effectiveness of their governance arrangements. NHS Highland has undertaken a number of governance reviews in recent years and has almost completed its current Governance Action Plan. A recent self-assessment of effectiveness of governance committees has highlighted a number of common themes, some of which have also been raised in a recent Internal Audit report on the Board Assurance Framework. These themes include the need for greater clarity on the assurance role of Committees and a greater focus in committee reports on links to Board objectives and risks.

All Board Committees have been asked to develop their own action plan to support improvements on the basis of their individual self-assessment. Board wide actions will also be implemented to address common themes, including improvements to Board and Committee report formats.

2.2.1 Highland Health and Social Care Committee Self-Assessment

Six committee members completed the on-line self-assessment. An email was also received with constructive comments. There was substantial agreement that: members felt able to express opinions openly and constructively, leadership by the Chair is positive, issuing of papers and minutes is generally timely, reporting to the Board is regular. There was also confidence that improvements are possible.

There was mainly agreement that: members are clear about their role, appropriate development opportunities have been offered, understanding of the Committee's business is sufficient, Executive leadership is strong, the agenda is well managed and the Committee has the resources and membership needed to fulfil its role.

Areas of some disagreement included that: scrutiny and challenge of Executives is effective, information in reports is sufficient and appropriate, the Committee has sufficient time to deal with its agenda and responsibility for agreed actions is clear.

The free text comments on the Committee’s strengths and weaknesses are summarised below.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Enthusiastic membership willing to add value • Oversight and scrutiny • Diversity of membership • Professional and focused Chair • Communication to discuss topics 	<ul style="list-style-type: none"> • Lack of clarity of role – scrutiny of what/whom • Time – meetings rushed • Diversity of membership – different knowledge levels • Some stakeholder roles vacant for long time • Too many topics in the timeframe • Scrutiny around reports and their content

2.2.2 The results of the self-assessment were discussed at the Development Session on the 30th of June 2021. 15 members of the Committee were in attendance and those present largely endorsed the results of the self-assessment. Some additional comments included:

- The Committee is still finding its feet with new members getting to know the appropriate levels of scrutiny.
- There is a sense of increased focus and purpose to the Committee.
- Lack of clarity around how areas of disagreement within Committee might be raised, recorded and handled.

2.2.3 Three priorities for improvement actions were proposed:

- Developing the understanding/knowledge of Committee members
- Committee Reports – purpose/evidence base/assurance levels
- Timing/Agendas

2.2.4 During discussion members expressed a preference for holding Development Sessions in between formal Committee meetings rather than on the same day. It was felt this would clarify that Development Sessions are not about formal scrutiny. Their purpose is to increase knowledge and understanding of the Committee about its business and to enable early, confidential discussion of upcoming business.

2.2.5 Other points made included:

- The range of business covered by the Committee is extensive and the workplan is therefore an essential tool in ensuring agendas are manageable

- Reports should make clear their purpose on the agenda and papers ‘for information’ could perhaps be circulated but not discussed, to make the agenda more manageable.
- Suggestions for Development topics included climate change, prevention/early intervention and the Feeley Report.

2.2.6 A draft Action Plan to address the above improvement priorities is attached at Appendix 1. This includes actions that are proposed be undertaken on a Board wide basis to address common themes and the findings of the Internal Audit report. (The Board wide actions will be discussed at the Board meeting on the 28th of September and are provisional until approved) Actions specific to Highland Health and Social Care Committee are in red italics.

2.3 Assessment

2.3.1 Quality/ Patient Care

The Health and Social Care Committee has responsibility for a wide range of community and hospital services and a budget of approximately £394,000. An effective Committee will make better decisions leading to improved outcomes for those receiving care and their families.

2.3.2 Workforce

Two places for staff side representatives are included within the Committee’s membership. These have been vacant for some time and renewed efforts are required to fill these vacancies.

2.3.3 Financial

There are no direct financial consequences of this paper. Good governance contributes to the efficient and effective use of resources within the Committee’s control.

2.3.4 Risk Assessment/Management

An effective Committee will be better placed to identify risks and opportunities and scrutinise proposed mitigating action by management.

2.3.5 Equality and Diversity, including health inequalities

The Committee has a range of stakeholders represented in its membership, including users of services and their carers. The most appropriate representation from Third Sector partners is under review. Membership was considered to be reasonably diverse from a stakeholder perspective. Diversity in the context of protected characteristics under equalities legislation should be a focus of the next self-assessment exercise due to be completed in 2022.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

All members of the Committee received an invitation to complete the self-assessment questionnaire and to the Development Session discussion.

2.3.8 Route to the Meeting

The self-assessment 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.

- HHSCC in Development Session 30/6/2021

2.4 Recommendation

A Decision is sought as follows:

- **Decision** – Agreement to the draft Action Plan at Appendix 1

3 List of appendices

The following appendices are included with this report:

- Appendix No 1 Draft Action Plan

HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE

SELF-ASSESSMENT ACTION PLAN

	Development Area	Intervention	Owner	Timeframe	Status
01	Improve awareness and understanding of assurance and the quality of assurance reports.	Develop an effective assurance training and awareness plan to be delivered across the year to non-executives, executives and senior management. <i>Incorporate training session on assurance to HHSCC in a Development Session</i>	RD/RF/FH AC/LB	 December 21	
02	Consider implementing a “level of assurance” approach SBARs to clarify the <ul style="list-style-type: none"> • purpose of the report • corporate objectives • risks it is addressing • level of assurance management provides 	Develop a proposal for a revised SBAR and committee agenda / minuting process to cover level of assurance approach and present for review and agreement. <i>Use revised SBAR, agenda and minuting process</i>	 SC/LB	 When available	
03	Quality of reports	<i>Implement revised SBAR and assurance approach</i> <i>Agenda setting meetings to agree clear instructions for report writers on purpose/scope of reports</i> <i>Agenda setting meetings to agree priority reports for review by Chair and Chief Officer</i>	SC/LB AC/LB/SC AC/LB/SC	When available Immediate Immediate	

04	Knowledge and Understanding of Committee Members	<p><i>Agree an annual programme of Development Sessions as part of Committee Workplan</i></p> <p><i>August Development Session to incorporate session on current Integration Agreement</i></p> <p><i>Session on Assurance to be arranged as part of Board wide programme as at 01 above</i></p> <p><i>Develop induction session for all new members</i></p>	<p>AC/LB</p> <p>LB</p> <p>RD/AC/LB</p> <p>AC/RD/SC</p>	<p>09/21 then annually in March/April</p> <p>24/08/21</p> <p>Tbc</p> <p>11/21</p>	
05	Timing/Agendas	<p><i>Directorate Leadership Team to draft Annual Workplan for consideration by Agenda setting meeting and then full Committee</i></p> <p><i>Development Sessions to be moved to month in between Committees</i></p> <p><i>Six meetings a year timetabled</i></p>	<p>LB</p> <p>AC/SC</p> <p>RD/SC/AC</p>	<p>For March/April 22 Meeting</p> <p>Immediate</p> <p>Year 22/23</p>	



HIGHLAND HEALTH & SOCIAL CARE COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: January 2022

1. PURPOSE

- 1.1 The purpose of the Highland Health and Social Care Committee is 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.

2. COMPOSITION

- 2.1 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.

2.2 **Ex Officio**

Board Chair

2.3 **In Attendance:**

Deputy Director of Human Resources
Head of Occupational Health & Safety

The Committee Chair is appointed by the full Board.

3. **QUORUM**

No business shall be transacted at a meeting of the Committee unless at least one Non-Executive Director being present (in addition to the Chair) and comprising a minimum of one third of Committee members.

4. **MEETINGS**

4.1 The Committee shall 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.

4.2 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.

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

4.4 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.

4.5 The Agenda format for meetings will be as follows:

- Apologies
- Declaration of Interests
- Minutes
 - Last Meeting
 - Formal Sub Committees
 - Formal Working Groups
- Strategic Planning and Commissioning
- Finance
- Performance Management
- Health Improvement
- Chief Officers Report

5. REMIT

5.1 The remit of the Highland Health and Social Care Committee is to:

- 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 children and adult 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 the performance of the Highland Health and Social Care Partnership, 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 the performance of services delegated by NHS Highland under the Lead Agency arrangements

5.2 The Committee will undertake an annual self-assessment of its work and effectiveness in accordance with NHS Highland and Good Governance values. This will inform the Annual Report to the Board.

5.3 The Committee is also required to carry out a review of its function and activities and to provide an Annual Report incorporating a Statement of Assurance. This will be submitted to the Board via the Audit Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit Committee in June.

- 5.4 The Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee's planned work during the forthcoming year.

6. AUTHORITY

- 6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.
- 6.2 In order to fulfil its remit, the Highland Health and Social Care Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.
- 6.3 Delegated authority is detailed in the Board's Standing Orders, as set out in the Purpose and Remit of the Committee.

7. REPORTING ARRANGEMENTS

- 7.1 The Highland Health and Social Care Governance Committee is a Governance Committee of NHS Highland and is accountable directly to the Board.
- 7.2 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.
- 7.3 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.