

## 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 7 October 2020 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

#### Present:

Ann Clark, Board Non-Executive Director - In the Chair  
James Brander, Board Non-Executive Director (Videoconference)  
Deidre MacKay, Board Non-Executive Director (Videoconference)  
Philip MacRae, Board Non-Executive Director (Teleconference)  
Linda Munro, Highland Council Representative (Videoconference)  
Adam Palmer, Employee Director (Videoconference)  
David Park, Interim Deputy Chief Executive, and Chief Officer  
Simon Steer, Interim Head of Adult Social Care  
Elaine Ward, Deputy Director of Finance (Videoconference)  
Nicola Sinclair, Highland Council Representative (Videoconference)  
Sara Sears, Associate Lead Nurse

#### In Attendance:

Dr Tim Allison, Director of Public Health and Health Policy (Videoconference)  
Jean Boardman, Board Non-Executive Director (Videoconference)  
Rhiannon Boydell, Mid Ross District Manager  
Tania Godwin, Committee Administrator  
Kayleigh Fraser, Committee Administrator  
Tracy Ligema, Head of Community Services (Videoconference)  
Jill Mitchell, Primary Care Manager  
Karen Ralston, Highland Council Representative (Videoconference)  
Sara Sears, Associate Lead Nurse  
Dr Neil Wright, GP Partner Craig Nevis Surgery

#### Apologies:

Dr Paul Davidson  
Dr Iain Kennedy, Lead Doctor (GP)

## **AGENDA ITEMS**

- **Year to Date Financial Position 2020/2021**
- **Assurance Report and action plan from 5 August 2020**
- **COVID-19 Update**
- **Care Home Oversight Board**
- **NHS Highland Winter Plan**
- **Primary Care Modernisation Plan**
- **Chief Officer's Reports**
- **Third Sector Review**
- **Review of Adult Social Care**

## DATE OF NEXT MEETING

The next meeting will be held on Wednesday 2 December, 2020 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 David Park on his appointment as interim Deputy Chief Executive.

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.

## 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 5 there has been an overspend of £20.2 million, of which £18.9m related to costs associated with Covid 19. It was forecasted that there would be an overspend of £75m of which £57m would relate to Covid 19. The Covid 19 costs associated with the partnership were reflected in the circulated report. Further to month 5, an initial allocation of £34m to NHS Highland has been received from Scottish Government; the allocation will be reflected in the next report that comes to the committee.

E Ward spoke to the circulated report advising as to the financial position relating to the Highland Health and Social Care Partnership area. The position at the end of August was an overspend of £1.274m against a year to date budget of £154.121m. £3.630m of these costs are associated with Covid 19, £3.509m of these costs are funded, showing an overspend of £0.121m.

E Ward went on to discuss the main drivers for the overspend including high cost care packages, costs associated with Police and Custodial services and COVID related GP costs.

Philip MacRae, Board Non-Executive Director, asked for assurance that the estimates that were in place for COVID expenditure were robust. E Ward assured him Finance is confident in the estimates that are in place and this will be reviewed on a monthly basis.

David Park, Chief Officer, agreed that the financial statements have been confusing during the Covid 19 period. With funding still to be received from the Scottish Government the figures were still estimates. He discussed funding versus budget and emphasised the way NHS manage the budget – it is important to recognise the cost of delivering Adult Social Care is higher than the level of funding received.

After discussion, the Committee:	
• <b>Noted</b> the M5 position of a £1.274M overspend against a year to date budget of £154.121M as at 31 August 2021.	
• <b>Noted</b> that there was an underachievement on the savings plan for the Health and Social Care Partnership of £1.163M.	
• <b>Noted</b> that this position included £3.630M of costs associated with Covid19.	

### **3 PERFORMANCE AND SERVICE DELIVERY**

#### **3.1 Assurance Report from Meeting held on 5 August 2020**

There had been circulated draft Assurance Report from the meeting of the Committee held on 5 August 2020.

No comments were made

##### **The Committee**

- **Approved** the Assurance Report.

#### **3.2 Matters Arising From Last Meeting**

##### **3.2.1 Update on Partnership Agreement**

The Chief Officers Report (item 3.7 refers) included an update on the Partnership Agreement which was extended by the Board on 25 June 2020 for a period of six months.

Further commentary on the Carers Project Funding was also included in the Chief Officer's Report.

**The Committee Noted** the position.

#### **3.3 COVID-19 Overview Report**

T Allison spoke to the circulated report and provided a presentation to members in relation to the overall position regarding COVID-19 in Highland. He highlighted that the report was already out of date due to the constantly changing position..

He spoke about the overall position regarding COVID-19 in Highland. Although cases remained significantly lower than Scotland as a whole, cases were emerging around the area in particular a significant outbreak in Grantown on Spey and most recently a cluster of cases in Fort William. The pattern is expected to continue over the next few months and he anticipated further cases would arise. He stressed the importance of adhering to Government guidance.

In terms of testing, there had been a good response in Care Homes where staff are being tested weekly. A small number of positive staff cases had been diagnosed. Deidre MacKay questioned the high take up of testing in Care Homes and the implications of test results. Cllr Nicola Sinclair questioned the access to tests in Caithness and more rural areas. T Allison agreed there had been some delays however the situation was improving. A pilot would be carried out in Wick to improve access to tests and Dr.Allison agreed to provide further information out with the meeting . He stressed how important it is that everyone uses the tests appropriately and adheres to the guidance to prevent any delays or further implications.

Adam Palmer, Employee Director, emphasised that NHS staff should work from home where possible and this view was supported by T Allison. A Palmer asked for an update on the work that is currently been done regarding mitigating the impact of Covid 19 within deprived

communities. Latest information shows that the highest number of positive Covid tests is amongst the most deprived communities. T Allison advised a draft strategy has been written and consulted on, and will be circulated in due course.

Ann Clark referred to the ongoing issues around Care Home visiting and the impact restrictions were having on patients and families. She asked for clarification about how risks were assessed and what role NHS Highland played in agreeing visiting arrangements. T Allison advised that Care Homes now have approval for indoor visiting to take place. Individual assessments are done for independent Care Homes through Public Health and for NHS homes through Infection Control. He added that indoor visiting in parts of Argyll and Bute has been suspended due to the higher levels of COVID infection in the community, however North Highland visiting was currently still allowed. This situation would be reviewed should there be any local outbreaks. Simon Steer, Interim Head of Adult Social Care, advised that there has not been much demand for indoor visits but when there is the visit is worked around the individual and their families, with a number of Care Homes making innovative arrangements

**ACTION: T Allison to provide Cllr Nicola Sinclair more information outwith the meeting regarding testing**

**The Committee:**

- **Noted** the report.

### **3.4 Care Home Oversight Board**

The circulated report provided assurance and updates on new arrangements for the oversight and support of Care Homes which had been stipulated by the Cabinet Secretary in May 2020 in a letter to Health Boards and Councils outlining new arrangements for the oversight and support of Care Homes. The letter was appended to the report.

Firstly, S Steer, asked the Committee to note that NHS Highland had been quick to identify and act on what was needed at the start of the pandemic. COVID 19 had created unprecedented challenges over the past months. The scale of challenge has required an equally unprecedented response from the Health and Social Care sector and its dedicated workforce. He went on to discuss the need to recognise these challenges are not just for now. These pressures create risks to the health and wellbeing of both people who need care and support and also our workforce.

Michael Simpson, Public/Patient Member Representative, commented saying that Covid19 has brought Care homes to the forefront of recognition and value, particularly of their staff. It was recognised how challenging the Covid 19 situation had been and S Steer agreed that further discussion on the impacts on the service would be required.

James Brander, Board Non-Executive Director, mentioned the Scottish Government guidance and asked whether NHS Highland had been able to respond to the constant and rapid changes to the Guidance. S Steer said in the early months of Covid it was incredibly difficult as guidance could be issued at short notice in response to new learning about the virus and its impact in different care settings. The existing relationships with Care Homes that had been in place in Highland had been of great benefit.

D Park added that Highland had experienced a number of advantages from the Lead Agency model, including being able to quickly access NHS supply lines for PPE for the social care sector. NHS Highland was also able to learn from arrangements in Argyll and Bute.

**After discussion, the Committee Noted:**

- that the testing, support visits, oversight and engagement represented a significant new area of work throughout the Covid period and provided assurance that appropriate and compliant oversight was in place to ensure support of Care Homes
- that the requirements of the attached Scottish Government requirements for enhanced professional clinical and care oversight of care homes had been actioned as required.

### 3.5 NHS Highland Winter Plan

T Ligema spoke to the circulated report and discussed the purpose of the plan, highlighted its importance and the main changes of approach from previous years. This winter is likely to place unique pressures on the NHS. COVID-19 will be co-circulating with winter flu and other viruses with the likelihood of transmission increasing over the winter period.

The plan was the initial approved draft and demonstrated NHS Highland's ability to manage winter pressures across Health and Social Care. T Ligema stressed the plan was currently high-level and required input from several stakeholders. The plan included all of the usual pressure points. The plan also takes account of the likelihood of significant extra pressures in relation to Covid 19 as well as the flu vaccination programme. This year, winter planning is linked to the remobilisation plan and the annual operating plan for the organisation. There has been no prescriptive guidance from the Scottish Government about the winter plan and no check list or self-assessment to respond to. So, this has been an opportunity to pull together a winter plan that is more system-wide. In summary, the aim was to enhance community health and social care in order to maintain hospital capacity and delivery of targets in the Remobilisation Plan.

M Simpson asked what the situation was with regards to flu vaccinations; he stressed that the community needs reassurance and asked who is responsible for the programme. Dr Neil Wright, GP Partner Craig Nevis Surgery added that GP practices are under a lot of pressure and that funding for the programme had not yet been finalised. He stressed that clinics are being sorted out as best as they can and as fast as they can to ensure a safe and responsible environment.

Jill Mitchell, Primary Care Manager, advised the programme is being delivered by GP practices with the exception of Care Homes and for school-aged children which are both delivered by community teams. There is an agreement in principle from GPs that they will deliver the programme to their cohort. She added, the programme is very different this year, however they are learning on what they can do differently and better.

The Chair asked whether it was the intention to develop targets for some of the objectives so that the Committee could in future assess how successful the new approach had been. It was confirmed that any targets associated with the winter plan would be drawn from the Remobilisation Plan.

**The Committee Noted** the report.

### 3.6 Primary Care Modernisation Plan – Progress Update

Jill Mitchell spoke to the circulated report, providing an update in relation to the modernisation plan. The programmes had been reconvened and workstreams would be implemented soon. As a result of Covid 19, Community Link Worker procurement was delayed, additionally the stakeholder workshops that were planned for the spring were also put on hold although being rearranged digitally. It was anticipated that procurement would be completed by 5th April 2021 and services would have commenced by this time.

A specific focussed piece of work with GP practices was currently underway looking at nursing work streams across practices to scope the services that are needed to support primary care for the different nursing tasks. Mental health is high on the agenda, more so now with Covid 19. She went on to discuss the work streams that are specifically dedicated to mental health and are looking at how they can combine funding to get the most out of it to develop local targeted services that will benefit the communities.

N Wright asked what progress was being made with the mental health work stream. J Mitchell assured it had been reconvened, funds were in place and this was now a priority area of focus. .

She went on to discuss Action 15 developments from the Mental Health Strategy 2017-2027 set up by the Scottish Government to help Boards support mental health initiatives. An element of this funding was to increase the mental health workforce to give access to dedicated mental health professionals directed to community and primary care.

**The Committee Noted** the contents of the report.

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

The Chief Officer's Report included commentary on the following areas:

- Restructure of Acute services and Community services
- Home Farm Care Home, Isle of Skye
- Remobilisation of Community Services and Covid Preparedness
- Major service redesign
- Mental Health, Learning Disability and Drug and Alcohol Service
- Adult Social Care Contributions
- Partnership Agreement/Integration Scheme
- Carers Funding

D Park spoke to the circulated report, highlighting a number of issues including the management restructuring underway, the work to transfer ownership of Home Farm to NHS Highland and the challenges facing community services as the pandemic continues..

Michael Simpson expressed the community's disappointment at the lack of progress and communication in relation to the North Coast redesign project. It was confirmed that a lot of work had been going on in the background with Highland Council and that meetings would be set up with the community soon. Mr. Park acknowledged that the project had been significantly affected by the pandemic and gave assurances that communication would be improved.

Nicola Sinclair asked for further information about the management restructure and about the redesign process for Caithness. D Park referred to the decision to create a single Acute Division across the whole of the NHS Highland area and a single Community Division in the area of the Highland Health and Social Care Partnership. The single Acute Division would enable maximum use of theatre capacity across the four acute hospitals, a standardised approach to Emergency Medicine and better workforce planning. The single Community Division would enable more effective support for local staff from clinical and professional leads and a more consistent and equitable approach to service provision across the Highland area. Assurance was given that work on the Caithness redesign was very much on-going and a number of significant improvements to Caithness General had recently been enabled by additional funding secured from Scottish Government.

**The Committee Noted** the terms of the report.

### 3.8 Third Sector Review

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

R Boydell explained that the paper had been brought for information and endorsement of a decision that was made by the Third Sector Project Board meeting held in September which was their first meeting since Covid lockdown. The process for awarding the third sector money had been completed last year. There were a number of organisations who were awarded money through contracts which would run up until end March 2021 which would be extended. The paper gave background to the decisions to extend contracts for the organisations for a further year.

D Park spoke about the feedback that had been received from the initial round of awards, which included the need to ensure appropriate time for financial resource planning. He commented that the decisions of the Board would enable organisations to plan their approach to funding requests.

#### The Committee:

- **Endorsed** the decision of the Third Sector Project Board to extend Adult Social Care contracts currently purchased from the Third Sector for one year i.e. 1 April 2021 to 31 March 2022, at current funding levels and subject to sustained activity levels, for all Third Sector providers listed in Appendix 1 to the report; and
- **Agreed to** communicate this decision to the relevant providers.

## 4 HEALTH IMPROVEMENT

There were no matters discussed in relation to this Item.

## 5 COMMITTEE FUNCTION AND ADMINISTRATION

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

The Chair provided an update that the Board had recently undertaken a review of all of its committee structures with a view to strengthening its governance arrangements. The Terms of Reference of the Committee had been reviewed with a view to reflecting the organisational restructure and also the upcoming discussions with the council regarding the partnership arrangements.

She went on to discuss the wider governance considerations for the Board and in particular made reference to the need to strengthen risk management arrangements.

**The Committee Agreed** to ratify the revised Committee Terms of Reference, as circulated.

### 5.2 Remaining 2020 Meeting Schedule

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

**2 December**

## **6 FOR INFORMATION**

### **6.1 Review of Adult Social Care**

**The Committee Noted** the links to a recent interview on the review of adult social care given by Derek Feeley, former director general of Health and Social Care in the Scottish Government.

## **7 DATE OF NEXT MEETING**

The next meeting of the Committee will take place on 2 December 2020 in the Board Room, Assynt House, Inverness and on a virtual basis.

**The Meeting closed at 16.20 pm**