

Highland Health and Social Care Committee

01 March 2023

Item 5.2

NHS Highland

Highland Health and Social Care Committee Annual Report

To: NHS Highland Audit Committee

From: Gerry O'Brien, Chair, Highland Health and Social Care Committee

Subject: Highland Health and Social Care Committee Report 2022/23

1 Background

In line with sound governance principles, an Annual Report is submitted from the **Highland Health and Social Care Committee** to the Audit Committee. This is undertaken to cover the complete financial year, and allows the Audit Committee to provide the Board of NHS Highland with the assurance it needs to approve the Governance Statement, which forms part of the Annual Accounts.

2 Activity April 2022 to March 2023

The Highland Health and Social Care Committee met on six occasions during 22/23. The Board agreed to extend revised governance arrangements introduced in November 2021 into the first quarter of the year. This involved pausing Development Sessions and prioritising Committee business. Development sessions were reintroduced in July with a second session in September. The minutes from each meeting have been submitted to the appropriate Board meeting. Membership and attendance are set out in the table below. Membership and Attendance from 02 March 2022 to 31 March 2023

MEMBER (Voting)	02/03/22	27/04/22	29/06/22	31/08/22	01/11/22	11/01/23	01/03/23
Ann Clark, Chair 2022	✓	✓	✓	✓	✓	✓	
Gerry O'Brien, Chair 2023	✓	X	✓	✓	X	✓	
Deirdre McKay, VC 2022	✓	X	n/a	n/a	n/a	n/a	
Philip Macrae, VC 2023	✓	✓	X	✓	✓	X	
Joanne McCoy	✓	✓	✓	✓	✓	✓	
Muriel Cockburn	n/a	n/a	✓	✓	✓	✓	
Louise Bussell, CO	✓	✓	✓	✓	✓	✓	
Tim Allison, Dir of Public Health	✓	✓	✓	✓	✓	✓	
Cllr Linda Munro	✓	X	n/a	n/a	n/a	n/a	
Cllr Isabelle Campbell	✓	X	n/a	n/a	n/a	n/a	
Denise Macfarlane, Medical Lead 2022	X	X	X	X	X	n/a	
Claire Copeland, Medical Lead 2023	n/a	n/a	n/a	n/a	n/a	✓	
Cllr David Fraser	✓	X	X	X	✓	✓	
Cllr Chris Birt	n/a	n/a	✓	✓	✓	✓	
Cllr Ron Gunn	n/a	n/a	✓	✓	✓	✓	

Simon Steer, Dir of Adult Social Care	X	X	✓	✓	✓	✓	
Elaine Ward, Deputy Dir of Finance	✓	✓	✓	✓	✓	F Gordon	
Nurse Lead (rotational: Julie Petch & Sara Sears)	J Petch	J Petch	J Petch	X	X	X	
IN ATTENDANCE (Stakeholders)							
Michael Simpson, Public/Patient	✓	✓	✓	✓	✓	✓	
Michele Stevenson, Public/Patient	✓	✓	✓	✓	✓	✓	
Wendy Smith, Carer	✓	X	✓	✓	✓	✓	
Catriona Sinclair, ACF	X	X	X	X		X	
Ian Thomson, ACF 2022	✓	X	✓	P Hannan	n/a	n/a	
Neil Wright on behalf of Iain Kennedy, Lead Doctor (GP)	✓	✓	✓	✓	✓	✓	
Mhairi Wylie, Third Sector	✓	✓	✓	✓	✓	X	
Kate Dumigan, Staffside	n/a	✓	X	X	X	X	
Anne Campbell, Staffside	n/a	X	X	X	X	X	

During the period covered by this report the Committee Chair was Ann Clark from 01 April 2022 to 31 December 2022. Gerry O'Brien assumed the role of Chair on 1 January 2023. Deirdre Mackay was Vice Chair from 01 April 2022 to 27 April 2022. Philip Macrae assumed the role of vice-chair from 02 November 2022. The committee enjoyed the benefit arising from the filling of the lay member places in 2021/2022. Efforts continue to fill the vacant staff side memberships and establish regular and consistent medical and nursing representation.

2.1 The Pandemic

The pandemic continued to impact on the business of the Committee with reports regularly received on progress of the pandemic, the impact on business-as-usual services and the implications of measures to control the virus. These reports also included progress reports on the vaccination programme. The Committee heard moving testimony directly from a number of staff involved in supporting services impacted by the pandemic, particularly care homes and care at home services. The continued willingness of all staff to go 'above and beyond' despite the relentless professional and personal challenges of the pandemic has been recognised by the Committee at every meeting. The Committee has been particularly concerned to understand the impact on users and carers of the changes to services necessitated by measures to control COVID-19.

2.2 Service Planning and Commissioning

The Committee considered various aspects of the planning, commissioning and co-ordination of services across North Highland including: Commissioned Care at Home services, Care at Home Oversight Group, Primary Care Improvement Plan implementation, Mental Health Services, Children's and Young People's Services, progress with the commissioning of services from the Third Sector, Carer's Strategy implementation and implementation of a new strategy for Self Directed Support services for adult social care. Common themes across all of these reports were the impact of the cost-

of-living crisis, rising energy costs and continued recruitment and retention difficulties. The absence of an agreed commissioning strategy for services continues to hinder the introduction of revised commissioning arrangements. Following agreement of the Integrated Joint Strategy in early 2023/2024 it is essential that commissioning arrangements are reviewed and revised within that strategic context. The implementation of the Medical Assisted Treatment standards for addiction services highlighted once again the geographical issues facing services and the problem of ensuring that transport issues are not permitted to prevent full access to services. We heard through a number of service reports the vital importance of listening to the voices of carers and ensuring that solutions and services are truly co-designed and implemented appropriately.

2.3 Scrutiny of Performance

2.3.1 Service Delivery

It has been difficult for the Committee to gain a comprehensive overview of performance across all areas of its remit. The Committee has received assurance reports on particular areas of service pressure including mental health services, children's services and adult social care. The assurance provided on Children's and Young People's services is necessarily limited to that obtained from the discussion that was undertaken at the March 2023 meeting. For 2023/2024 it is intended that the requirements of the Integration Agreement will be met with two reports being presented to the committee for discussion and subsequent assurance. The question of assurance on Clinical and Care Governance in relation to areas within the committee's remit remains unresolved despite being outstanding for a considerable period of time; resolution in the early part of 2023/2024 must be achieved. At each meeting the Committee received an exception report from the Chief Officer focusing on risks and mitigations associated with the pandemic and remobilisation of business-as-usual services.

2.3.2 Finance

The Committee received regular reports on the financial position of services within its remit. Due to uncertainty over support for COVID related costs and additional pressures in adult social care, inflationary pressures and the complexity of the 2021/2022 year end in relation to carried forward reserves there was continued uncertainty throughout the year about the overall financial position of the partnership. During the year it became apparent that the £9m target for recurring savings from transformational redesign of services and efficiencies would not be achieved. Forecast savings sit at £3m for the full year, the majority of the savings identified in year are non-recurring. Pressures arose during the year in relation to locum and agency costs, particularly in Primary Care and Mental Health, rising costs associated with care home, care at home and a significant increase in the number and associated cost of care packages for individual clients. Progress on the transformational change required to return to a sustainable financial position can only be achieved through the implementation of the Integrated Joint Strategy and implementation of a new Health and Social Care Partnership Commissioning Strategy addressing continued financial pressures in adult social care.

3 Corporate Governance

The Committee implemented revised Terms of Reference, following the approval of a revised Integration Agreement with the Highland Council. The significant change was the removal of acute services from the Committee's remit. The Committee retains an interest in some aspects of hospital services as community services have a significant part to play in the on-going challenge of reducing delayed discharges and maintaining flow throughout our hospitals. No other significant changes have been made to the Terms of Reference.

4 External Reviews

None

5 Key Performance Indicators

Whilst the Committee continued to meet throughout the year, the severe workforce pressures experienced as a result of the effects of the pandemic meant the NHS Highland Board agreed to operate in 'governance light' mode for several months. This has limited the scope to progress aspects of the Committee's workplan as far as we would have wished, most notably a revised approach to Public Health, Health Improvement and an improved format for the partnership's Annual Performance Report. Following on from a successful development session in September we have been able to make good progress on the introduction of a Highland Health and Social Care IPQR in the final months of the year. Currently this concentrates primarily on adult social care indicators but the information provided is already beginning to influence discussion and scrutiny at the committee. Further development work is required in areas such as mental health, primary care and community services.

A report on performance for the 22/23 year will be published in July 2023. The 21/22 Performance Report showed improvement is required in the following areas: delayed discharges, capacity within Social Work services to undertake legal duties of assessment and review and timescales for accessing drug and alcohol services.

Performance in relation to Children's Acute Mental Health services are of particular concern and NHS Highland has agreed a recovery plan with support from Scottish Government.

6 Emerging issues for 2023/24

It is likely that workforce issues of recruitment, retention and staff wellbeing will be critical to NHS Highland's ability to manage the competing priorities of the pandemic, service recovery and improving outcomes for our population. Decisions about the scope and implementation of a National Care Service and the extreme financial pressure across the entire health and care system will inevitably mean discussions will need to take place about new models of integration and service delivery. Following positive discussions involving committee members and the Director of Public Health the committee will seek to establish a revised methodology for ensuring that key health improvement and preventative messages are fully captured in service design and delivery. This will be aided by a move towards locality reporting during the year whereby we will seek to understand the performance of the entire health and care system at a local level.

7 Conclusion

Gerry O'Brien, as Chair of the Highland Health and Social Care Committee has concluded that the systems of control within the respective areas within the remit of the Committee are considered to be operating adequately.

Gerry O'Brien, Chair

Highland Health and Social Care Committee

DATE