

## 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 26 April 2023 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

#### Present:

Philip Macrae, Non-Executive, Committee Vice Chair (in the Chair)  
Tim Allison, Director of Public Health  
Cllr, Christopher Birt, Highland Council  
Ann Clark, Board Non-Executive Director and Vice Chair of NHSH  
Cllr, Muriel Cockburn, Board Non-Executive Director  
Claire Copeland, Deputy Medical Director  
Pam Cremin, Interim Chief Officer  
Kate Dumigan, Staffside Representative  
Joanne McCoy, Board Non-Executive Director  
Kara McNaught, Area Clinical Forum Representative  
Michael Simpson, Public/Patient Representative  
Michelle Stevenson, Public/Patient Representative  
Simon Steer, Director of Adult Social Care  
Elaine Ward, Deputy Director of Finance  
Neil Wright, Lead Doctor (GP)  
Mhairi Wylie, Third Sector Representative

#### In Attendance:

Sarah Bowyer, Community Engagement Team, Healthcare Improvement Scotland  
Rhiannon Boydell, Head of Strategy and Transformation  
Stephen Chase, Committee Administrator  
Fiona Duncan, Chief Social Worker, Highland Council  
Arlene Johnstone, Head of Service, Health and Social Care  
Fiona Malcolm, Head of Integration Adult Social Care, Highland Council (until 2pm)  
Jo McBain, Deputy Director for Allied Health Professionals  
Jill Mitchell, Interim Deputy Chief Officer  
Kaye Oliver, Day Care Officer, Health and Social Care  
Kate Patience-Quaite, Deputy Director of Nursing  
Colin Stewart, Senior Contracts Officer  
Nathan Ware, Governance and Assurance Co-ordinator

#### Apologies:

Gerry O'Brien, Catriona Sinclair, Cllr Ron Gunn

## 1 WELCOME AND DECLARATIONS OF INTEREST

The meeting was introduced by the Vice Chair who noted that he would chair the meeting at the request of G O'Brien, who would return for the June meeting.

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

The meeting was quorate.

### 1.2 DECLARATIONS OF INTEREST

None.

### 1.3 Assurance Report from Meeting held on 15 March 2023 [pp. 1-12]

The draft minute from the meeting of the Committee held on 15 March 2023 was approved by the Committee as an accurate record.

Regarding the rolling actions, it was noted that

- A meeting between the chairs of the HHSCC and Clinical and Care Governance Committee to establish governance routes and oversight for relevant items between the committees is due to take place in June.
- An interim update on the Integrated Children's Report will come to the September meeting.

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| <b>The Committee</b> |
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| <ul style="list-style-type: none"><li>– <b>Approved</b> the Assurance Report, and</li><li>– <b>Noted</b> the Action Plan.</li></ul> |
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### 1.4 Matters Arising From Last Meeting

#### Ross Memorial Hospital

- The Chief Officer confirmed that she had been in contact with M Stevenson with a response to her questions arising from the meeting in March. It was noted that a project manager should have been appointed and that Scottish Government had requested in December that no new capital building work commence for the time being. Work to address issues around fire compliance would be the main driver for work at the initial stage. It was agreed that an update would be provided in the Chief Officer's Report for June.

#### North Coast Redesign

The Chief Officer noted that at the last committee meeting M Simpson had raised some issues around the Caithness and North Coast hub redesign projects.

- M Simpson noted disappointment and frustration with the lack of progress with the North Coast Redesign despite the engagement work carried out over the past few years.
- The Chief Officer gave apologies that M Simpson had not been notified of the cross check event regarding the redesign and offered to meet with him outwith the meeting to address the issues and to provide details of community engagement activity. The Head of Primary Care and S Bowyer also offered to be involved in these discussions.
- It was noted that the crux of the issue was that the redesign project had not taken enough account of wider service issues beyond those concerning the building itself.
- It was asked if the Chief Officer could clarify at the next meeting what the scope of the North Coast Redesign was and that this might be discussed in the wider context of the district report for Sutherland.

- The Chair gave apologies to M Simpson if any disrespect had been felt by him from the committee and wider process.

### Dental Services

The Director of Dentistry will bring a position paper to the June meeting.

#### **The Committee:**

- **NOTED** the updates.
- **AGREED** that the CO in conjunction with the Head of Primary Care will meet outwith the Committee with M Simpson to discuss the North Coast Redesign.

## **2 FINANCE**

### **2.1 Year to Date Financial Position 2022/2023**

The Deputy Director of Finance gave apologies to the Committee that a report had not been available due to the process of reconciliation of the partnership end of year position for 2022-23. She provided a verbal update.

- The current position reported an overspend of just under £16 million compared to the initial plan estimate of £16.272 million which demonstrated a significantly improved position.
- The final quarter had seen a considerable number of additional allocations from Scottish Government and the through New Medicines Fund.
- There had been a reduction in top slices for some of the contributions NHSH had made to national projects as well.
- The Adult Social Care aspect of the HHSCP would see a break even position, as funding would be drawn down from the funding held over by Highland Council from the 2021-2022 financial year end.
- Details will be brought to the next meeting along with information on the financial plan for 2023-2024.

It was confirmed that a report would be available for the next meeting of the Board.

In discussion, the following areas were addressed,

- The Chief Officer noted that there would be a finance, efficiency and transformational change workshop the following week for executive staff and their deputies to discuss and set out plans in order to find focus and agreement on the board's appetite for transformational change including the difficult decisions around this.
- Positive work around the redesign of out of hours provision had been done in terms of workforce configuration and learning from this would be shared to encourage redesign work across the partnership such as work to reduce agency and locum spend and to do more around supporting Realistic Medicine.
- It was recognised that the transformational work would be difficult in terms of providing resources for services.
- The Chief Officer noted that a more robust plan would be possible after the meeting mentioned and would address the relationship between this work and the Annual Delivery Plan.
- The Head of Strategy and Transformation noted that Scottish Government had requested that the Annual Delivery Plan (ADP) for 2023-24 be submitted to them by June and that it would be seen by EDG in May. There was an aim to integrate savings plans with the ADP looking at performance, finance and workforce.
- It was commented that colleagues from Scottish Ambulance Service and General Practice should be included in these conversations in order to maximise transformational work and an integrated approach.

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| <b>After discussion, the Committee:</b>  |  |
| <ul style="list-style-type: none"><li>– <b>Noted</b> the update and noted that a report would be provided for the purpose of assurance at the next meeting of the committee.</li></ul> |  |



### 3 PERFORMANCE AND SERVICE DELIVERY

#### 3.1 Care Home Overview and Update

[pp.13-73]

The Chief Officer provided an overview of the situation within the Care Home sector noting the turbulence within the independent sector, which had been felt acutely particularly over the last 12 months with the closure Castle Gardens Care Home.

- The past two years had seen the independent sector struggle to maintain provision. This had been particularly marked in Highland due to the smaller care homes found across the region which were more expensive to run and often in more rural locations.
- A number of mitigations had been put in place which had included good engagement with the independent sector in terms of being proactive in providing supporting and gathering intelligence.
- There had been four concluded care home closures since March 2022 and the partnership was currently in the process of closing Russell Gardens Care Home which represented a loss to the sector of 143 beds. When set against current delayed discharges across hospitals within Acute and Community services this showed a struggle with capacity.

Moderate assurance was offered to the Committee based on:

- A good understanding of the Highland market, issues and current challenges,
- A clear direction of travel for future delivery of quality care home provision in locations where they can be safely, sustainably and affordably resourced,
- The comprehensive responsiveness of the Partnership to individual viability issues as they emerge, the arising actions from which may by necessity not accord with the intended and desired direction of travel,
- Senior Partnership visibility of issues, risk and impact.
- Comprehensive closure oversight and management, with clear understanding of risks and mitigations.
- Ongoing and open channels of communication and support with providers and sector representation forums..

During discussion, the following areas were raised,

- It was noted that the National Care Home Contract determined the costs of care home provision in determining the rate of pay for staff. The majority of care homes under NHH control are smaller and more remote and therefore have higher running costs due to issues around building age and are in locations which are more difficult to recruit to.
- It was confirmed that the responsibility to residents when care homes are closed is the first priority of NHS Highland as delegated by Highland Council who retain the responsibility to house care home residents.
- It was agreed that the Chief Officer report would take note of the current assessment around system impact and what data was being collected.

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| <b>The Committee:</b>  |  |
| <ul style="list-style-type: none"><li>– <b>NOTED</b> the report, and</li><li>– <b>Agreed</b> to accept <b>moderate</b> assurance acknowledging the substantial challenges.</li></ul> |  |

### 3.2 Learning Disability Services Assurance Report

[pp.74-

81]

The paper followed previous reports relating to the provision of care and support to individuals with a Learning Disability. Previous papers highlighted developments in the delivery of services, particularly in relation to day opportunities and the August 2022 paper provided details of the structure of the service and the complex arrangements in relation to the Adult Social Care budget. The paper presented to the April 2023 committee focussed on the risks relating to work to achieve the recommendations of the Coming Home Report and the organisations work with independent sector support providers to commission support for individuals with complex needs who require 24/7 support.

The committee:

- Noted the risks associated with the provision of support to individuals
- with complex needs and the recruitment and retention difficulties
- being experienced by the support sector.
- Noted the consequences of the risks being experienced by support
- sector providers in our ability to achieve the recommendations of the
- Coming Home Report.
- Confirmed support for the actions to enable individuals with a learning disability and complex needs to lead full and active lives in their own homes in community settings.

The Head of Service gave a presentation summarising the findings of the report.

- It was noted that the housing required by individuals with complex needs was usually bespoke and designed in order to meet their needs, such as including high fencing and additional sound proofing, careful consideration of the location of houses and two exits from every room and delivered in cluster settings.
- The aim is to support the individuals to live well in their communities and the model was supported by Scottish Government and had been well researched as found to be the most effective and sustainable model of support delivery.
- It was noted that planning around such housing was a long process and that in that time an individual may come into the system who needs a place to live. In such cases isolated or non-cluster solutions may be provided along with a support worker to make regular checks. This model is far less sustainable due to the more isolated nature of the accommodation and can be very intensive from the perspective of support work.
- The above work is overseen by the Coming Home Implementation Report which includes specific recommendations for Highland to be involved with in a bid to enable the organisation to ensure that it can bring people back from out of area placements and also to maintain conditions for individuals to continue to live in their local area. NHS Highland has been fully involved in that report and has been part of the pilot project for the Dynamic Support Register and has been involved in the national work of which it is a part.
- A significant amount of work had been carried out to assist people to return to the Highland region in line with the Coming Home Report and in line with previous Scottish Government reports.
- A recent innovative development had seen NHS work with Safest Houses to design and build brand new accommodation in Melfort in consultation with the service users and their supporters. This work was now complete with a key hand over in April 2023. However, there had been recruitment challenges to the support worker roles required for the buildings and their occupants and therefore it had not been possible to home anyone at the site.
- The recruitment issue was noted as much the same as that which had been experienced across the sector.
- Meetings were being held with Scottish Government to address the health inequalities of individuals with complex needs and the SG were in the process of setting up new learning networks across Scotland to ensure that each board area was able to meet the directive to provide required health checks.

- The challenge of having every person with a learning disability access a budget for their support provision was noted with regard to the impact of meeting these targets as well as the additional care support that NHS Highland provides for individuals.
- Limited assurance was offered to the Committee with regard to the significant concerns mentioned above to meet the needs of care and support for individuals with a learning disability or complex needs. However, it was felt that moderate assurance could be offered regarding the ability to carry out health checks.

During discussion,

- It was commented that the expected timescale for occupation of the newly built site at Melfort was unknown but that mitigating actions in partnership with the wider sector were underway with a view to using agency staff before staffing is fully recruited, however it was thought that there may be similar struggles around the recruitment of agency staffing.
- It was noted that there was no capital cost to NHS Highland for the new site which would be leased to a registered social landlord by Safest Houses. It was commented that the landlord would receive the money back via housing benefits but that costs would be borne by NHS Highland if the property is unoccupied after an initial three month period.
- The Head of Adult Social Care offered to give the Committee a briefing outside the meeting on the challenges in the sector and some of the proposed solutions. The Chair commented that this could be a good subject for a development session for the Committee.
- It was noted that the issue around the new build site and plans for two further sites be added to the Board Risk Register.

In summarising, the Chair noted that the Committee accepted limited assurance from the report and that a report would come back to the Committee which addressed some of the issues raised in discussion.

#### **The Committee:**

- **AGREED** to accept **limited** assurance from the report noting the areas of challenge.

*The committee held a short break at 2.55pm and reconvened at 3.05pm.*

### **3.3 IPQR Dashboard Report**

[pp.82-101]

The Head of Strategy and Transformation introduced the report and outlined some of the key areas, which proposed moderate assurance to the Committee noting the continued and sustained stressors facing both NHS and commissioned care services.

- Care At Home had seen relatively unchanging levels of unmet need related to availability and capacity in conjunction with a continued reduction in independent sector provision related to workforce issues.
- The picture for Care Homes was similar as noted above.
- Pressures on SDS had shown a relatively static position over the last six months following a rise over the summer.
- SDS had seen a continued rise in Option One direct payments, especially in remote and rural areas due in some degree to there being a lack of availability of other services
- The number of approvals for care breaks had fluctuated month by month and it was not possible currently to see a specific.
- Adult Protection had seen a continued rise in referrals.
- Psychological therapies had shown a significant reduction in long waits.
- Drug and Alcohol Recovery was performing just slightly under the national performance level.

In discussion, the following areas were noted,

- It was agreed that the Head of Strategy and Transformation would explore if data around waits for Care At Home could be feasibly extracted for the committee's reference.
- The Chief Officer commented that the Board had recently held a development session on IPQR and performance and that the discussion would feed into reporting and work with Joint Officer Group and Joint Monitoring Committee colleagues, and it was felt that Care At Home wait data would be beneficial for these groups.
- It was suggested that more detail be included in the IPQR narrative on improvements in patient waits for psychological therapies and that this be tied to the trajectory for improvement to be in line with Board-led work to make performance scrutiny more forward looking.
- It was confirmed that data on Raigmore fell outwith the IPQR for Health and Social Care Partnership in its reporting to Scottish Government which accounted for Raigmore's status in the report as 'non reporting'.
- It was asked why reporting is given in 'weeks' and in reply it was noted that this was to meet reporting standards but that this could be looked at in terms of assisting the committee's understanding of the data.
- The Chief Officer noted that triangulated data was necessary to get a handle on areas of omission in the statistics and that this could be the subject of a future development session.

**The Committee:**

- **AGREED** to accept **moderate** assurance from the report.
- **AGREED** that an update report come to a later meeting of the Committee.

### 3.4 Chief Officer's Report

[pp.102-107]

The Chief Officer gave an overview of the report which included project updates from the urgent work group on plans for North Skye Healthcare and there had been improved collaboration between the parties concerned, and noted ongoing work on the Lochaber and Caithness redesign projects.

An update on Care Home Oversight was discussed above.

During discussion,

- It was noted that an invite had not been received by the committee's Lead Doctor Rep to the Caithness Redesign Cross Check event and that this would be remedied for future engagement work as soon as possible as an action for the Chief Officer to follow up.
- It was acknowledged that more community resource was necessary for the changing demographic but that this should not be at the expense of hospital services and for the things which they can do best.

**The Committee:**

- **Noted** the report.

### 3.5 Adult Social Care Fees and Charges

[pp.108-131]

The Senior Contracts Officer introduced the paper to the committee and noted that the recommendations put forward were based on work undertaken with the Fee Briefing Group and subsequently endorsed by the Chief Officer and Director of Finance. Due process had been followed and the approach adopted followed the Scottish Government policy. The recommendation was to agree an uplift to be able to fund the Scottish Living Wage, which stood at £10 as minimum payment for staff delivering care. This was to cover all the registered services from care homes to care at home and housing support.



- It was noted that the National Care Home contract was not currently settled for the year and there were ongoing negotiations at the national level. The report requested an interim uplift following a recommendation from COSLA.

In discussion, it was noted that the two national offers had been rejected by Scottish Care.

- Negotiations at a regional level were being undertaken by Highland Council and the Chief Officer had made a request for an update from the Chief Social Worker at Highland Council on the position.
- The Head of Adult Social Care noted that there were likely to be further cost differentials beyond the negotiated position which may add further cost pressures. He also noted that current financial forecasts for NHS Highland are based on there being an agreed contract. If the contract is not agreed this would mean a change in the forecast would be necessary with a destabilised care home sector.
- If negotiations are not resolved by 30 June the most likely outcome would be for Highland Council (and thereby NHS Highland) to offer an extension to the current arrangements, however there would be no guarantee that the sector would accept this.
- Mitigation is underway with regular contact with sector representatives to maintain good lines of communication.
- The proposed level of assurance was discussed and it was concluded that the paper was robust in terms of due process and mitigating actions, accepting that the negotiations were not within NHS Highland's remit.

The Committee:

- Noted the requirements of the Scottish Government and COSLA regarding wages for care staff, and the status of current information received;
- Noted that the Fees Group had prepared recommendations, which were those as contained within the report, and which were endorsed by the Chief Officer and Director of Finance.
- Noted the National Care Home Contract interim increase for care homes but that settlement had not been achieved and that NHS Highland awaited further updates from COSLA, Scotland Excel and Scottish Government.
- In furtherance of the due process, the Committee considered and agreed the fee and contract recommendations outlined in Appendix 2 of the report.

The Committee agreed to take **substantial** assurance from the paper noting the caveats discussed above on the outcome of the National Care Home Contract negotiations.

**The Committee:**

- **NOTED** the report, and
- **Agreed** to accept **moderate** assurance from the report noting the caveats outlined above.

## 4 HEALTH IMPROVEMENT

### District Reports

This item was postponed to the June meeting due to local system pressures.

## 5 COMMITTEE FUNCTION AND ADMINISTRATION

### 5.1 Committee Work Plan

[PP.165-168]

The Chair introduced the Work Plan for approval by the Committee and noted that the June meeting was likely to be a busy one.



- The Head of Strategic Commissioning noted that the request for items on Self-directed Support and rates for personal assistants was an item that may need to come to the June meeting. There was also a need to consider Cost Containment Plans for Adult Social Care.
- The Chief Officer noted the need to extend an invite to the Adult Protection Committee to provide its annual report, and that the Chief Social Worker's Annual report was likely to come to the Committee after it had been seen by Highland Council. There would also be an important paper on the Dental position.
- The Chief Officer requested that the Drug and Alcohol Recovery Services paper be postponed due to the significant work around MAT standards and in order to give the new service lead time to work on the report.
- The Chair confirmed that the above suggestions would be considered at the agenda planning session with the Chief Officer.

#### **The Committee**

- **noted** and **agreed** the Work Plan for 2023-24.

## **5.2 Risk: Level 1 Risks Report**

**[PP.169-172]**

The paper outlined the risk registers held by the Community Directorate across the operational areas of Community services, Primary Care services (including independent contractors in Optometry, Community Pharmacy, Dentistry), Out of hours Primary Care services, Mental Health and Learning Disabilities services; and Adult Care services. The summary of Community Directorate Risks was brought to the committee for assurance of action and mitigation taken.

The Committee was asked to consider the report and identify any matters that require further assurance or escalation to NHS Highland Board. A *moderate* level of assurance was recommended to the Committee.

- The Head of Primary Care noted that more of the data had now been transferred to digital from paper format which had made the data more visible.
- Monthly meetings had been taking place where divisional risks for operational units were discussed and scored, and data was updated around new risks and those escalated to senior management and on to the Health and Safety Committee, HHSCC or the Executive Directors Group.
- There were currently 47 risks recorded on Datix at level 2 and 3.
- The Dental position was recorded as a level 2 risk, and the Dental Director will provide a report to the June committee meeting.
- The Mental Health and Learning Disability situation was discussed above.
- Issues around Primary Care include sustainability of practices, recruitment in some of the Board-managed practices and the high use of locums.
- Remote and rural areas remain a significant area of concern for recruitment across all disciplines.
- Statutory Mandatory Training had seen an improving position due to sustained work on his area.
- There are some risks around premises and accommodation in terms of the maintenance backlog of ageing estate which required capital investment. There was a specific improvement plan around ligatures which was led by the Head of Mental Health, Learning Disabilities and Drug and Alcohol Recovery Services.

During discussion,

- It was noted that a community version of the OPEL monitoring system that was currently in use at Raigmore Hospital was under consideration and had received positive feedback to the Board. Discussions were underway to consider the merging of Community

Services and Mental Health Services as part of this work, and to have as full a picture as possible across Pharmacy, Optometry, Dentistry, General Practice. It is thought that the system will be rolled out for winter 2023 with development work over the summer.

- The current reporting system is the one that had been used for reporting around COVID across services.
- The Head of Primary Care noted that she was leading on a piece of work around out of hours provision and its sustainability in the organisation. This work would involve GPs in the redesign discussion.
- Work to address risk around remote and rural provision had involved collaboration with Scottish Ambulance Service colleagues.
- It was noted that information concerning a follow up to the pilot study which saw the Fire Service assisting with falls would be found and circulated to the Committee.
- The Chair noted the valuable work the Board was doing in terms of developing risk management.
- N Wright noted the importance of colleagues having the opportunity to illustrate some of the stresses experienced on service areas to assist with populating the risk register. The importance of intelligence received from the monthly risk meetings was acknowledged in this regard to making a dynamic, responsive system, and that the aim was to get to a position where it would be easier to identify struggling practices.

#### **The Committee**

- Accepted **moderate** assurance from the report.

## **6 AOCB**

The Chair acknowledged the contribution of M Simpson as Public/Patient Representative on the Committee since 2017 and thanked him for his contribution and work on behalf of those he represented which has been vital to fuller representation of voices at the Committee.

## **7 DATE OF NEXT MEETING**

The next meeting of the Committee will take place on **Wednesday 28<sup>th</sup> June 2023 at 1pm** on a virtual basis.

**The Meeting closed at 3.47 pm**