NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**5 August 2020**
Title:	**Financial Position Report at 30 June (Month 3)**
Responsible Executive/Non-Executive:	**David Park, Chief Officer**
Report Author:	**Elaine Ward, Deputy Director of Finance**

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- Financial Position at 30 June 2020 with a summary of the final position for 2019/20.

This aligns to the following NHS Scotland quality ambition(s):

- Effective

2 Report summary

2.1 Situation

This report ensures that Highland Health & Social Care Committee members are informed of the financial position at month 3 2020/21.

2.2 Background

To achieve financial balance in 2020/21 NHS Highland are required to deliver £24m of savings as informed by the Annual Operating Plan and taking brokerage of £8.8m into accounts. This report details the Highland Health and Social Care element which feeds into the overall financial position. The report highlights ongoing uncertainties with regards to both funding and costs arising from Covid-19.

2.3 Assessment

Analysis of the situation and considerations are provided in the attached report.

2.3.1 Quality/ Patient Care

For savings schemes. the impact on quality of care is assessed at an individual scheme level using a Quality Impact Assessment tool. All savings are assessed using a QIA which can be accessed from the Programme Management Office.

2.3.2 Workforce

The impact on staff including resources, staff health and wellbeing is assessed at an individual scheme level within the Quality Impact Assessment tool. All savings are assessed using a QIA which can be accessed from the Programme Management Office.

2.3.3 Financial

We are reporting an underspend position of £0.225m, against a year to date budget of £94.416m, at 30 June 2020.

2.3.4 Risk Assessment/Management

Risk assessment of delivery is undertaken at an individual scheme and workstream level. Additionally, risk is assessed at an overall programme level and is summarised in the report.

2.3.5 Equality and Diversity, including health inequalities

n/a

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate through the following meetings:

- Workstream meetings held fortnightly
- Financial Recovery Board held weekly
- Scottish Government Oversight Board for NHS Highland

2.3.8 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.

- EDG 27 July 2020.

2.4 Recommendation

- **Discussion and noting**

3 List of appendices

The following appendices are included with this report:

- Appendix 1 HHSCC Finance Report – Month 3

HHSC Committee Report at 30 June (Month 3)

Report by: Elaine Ward

The Committee is asked to:
1. **Note** the HHSCP overspend of £0.248m for the financial year 2019/20.
2. **Consider** the financial position of the HHSCP to Month 3 noting the underspend of £0.225m against a year to date budget of £94.416m.

2019/20 – Financial Position

1. For the twelve months to March 2020 the HHSCP (excl Acute Services) overspent by £0.248m against a budget of £371.623m.

2. N&W and S&M Divisions delivered housekeeping savings of £3.325m, with £2.427m (73%) of these being recurrent.

3. There was an underspend within ASC of £1.293m against a budget of £132.239m. This is being fully analysed to understand the drivers behind this underspend to establish if there is a recurrent impact which will improve the funding gap.

Table 1 – 2019/20 HHSCP Financial Outturn

2019/20 Plan			Position to Date		
Annual Budget £000	Current Plan £000	Detail	Plan to Date £000	Actual to Date £000	Variance to Date £000
		HHSCP			
226,322	**226,322**	South & Mid Division	226,322	226,266	55
154,144	**154,144**	North & West Division	154,144	156,062	(1,918)
380,465	**380,465**	**NH Operational Units**	380,465	382,328	(1,863)
4,677	**4,677**	ASC Central	4,677	3,615	1,062
(13,520)	**(13,520)**	ASC Income	(13,520)	(14,072)	553
371,623	**371,623**	**TOTAL HHSCP**	**371,623**	**371,870**	**(248)**

2020/21 – Financial Position

4. The June 2020 position reports a £0.225m underspend against a year to date budget of £94.416m. 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 3

			Position to Date		
Annual Plan £000	Current Plan £000	Detail	Plan to Date £000	Actual to Date £000	Variance to Date £000
		HHSCP			
205,375	**211,552**	NH Communities	51,003	50,436	567
39,271	**39,213**	Mental Health Services	9,765	9,531	234
6,040	**6,040**	ASC Other	1,295	1,031	264
126,165	**126,850**	Primary Care	32,354	33,194	(840)
376,850	**383,655**	**Total HHSCP**	**94,416**	**94,191**	**225**

Table 3 - HHSCP Financial Position at Month 3 –split across Health & Adult Social Care

			Position to Date		
Annual Plan £000	Current Plan £000	Detail	Plan to Date £000	Actual to Date £000	Variance to Date £000
		HHSCP			
228,937	**229,443**	Health	57,760	57,580	180
147,913	**154,212**	Adult Social Care	36,657	36,611	46
376,850	**383,655**	**Total HHSCP**	**94,416**	**94,191**	**225**

5. Within the year to date underspend in Health of £0.180m, £0.505m relates to an underspend in pay and £0.325m overspend for non pay/income and GMS.

6. Adult Social Care is reporting an underspend of £0.046m against a year to date budget of £36.657m

7. Work continues to identify any reductions in costs associated with lower activity levels due to Covid-19.

8. It is anticipated that across the HHSCP all housekeeping savings for 2020/21 will be achieved. As at month 3, £0.203m of savings have been identified against the target of £0.900m.

Summary

9. At the end of June we are reporting on the actual position. Work is continuing to identify areas of spend which have been impacted by Covid-19 – at this stage we have yet to receive an indication of the funding allocation to support additional associated costs. The budget structure for 2020/21 has been rebuilt in order that it better reflects the organisation structure. Whilst an under spend position is currently being shown, accurate and timely reporting is essential to facilitate the achievement of financial targets for the HHSCP. As the new structure beds in, governance and a planned approach to financial and saving targets is crucial.

Elaine Ward
Deputy Director of Finance
19th July 2020

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 5 February 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
Dr Paul Davidson, Medical Lead
David Garden, Director of Finance
Tracy Ligema, Head of Community Services
Deidre MacKay, Non-Executive Director
Adam Palmer, Employee Director
David Park, Chief Officer
Simon Steer, Interim Director of Adult Social Care

In Attendance:

Mary Burnside, Head of Midwifery (from 1.40pm)
Leah Girdwood, Board Committee Administrator (Observing)
George McCaig, Performance Manager (from 1.45pm)
Brian Mitchell, Board Committee Administrator
Ann Pascoe, Chair of the Carers Improvement Group (from 1.25pm)
Michael Simpson, Public/Patient Representative
Katherine Sutton, Head of Acute Services (from 3.00pm)
Ian Thomson, Lead Social Work Officer (North and West)(from 1.25pm)
Dr Neil Wright, Lead Doctor (Videoconference)

Apologies:

Rhiannon Boydell, Mid Ross District Manager
Councillor Biz Campbell, Highland Council
Dr Ann Galloway, Area Clinical Forum Representative
Dr Ian Kennedy, Lead Doctor
Margaret MacRae, Staffside Representative
Philip MacRae, Board Non-Executive Director
Cllr Linda Munro, Highland Council
Sara Sears, Associate Lead Nurse (North)
Cllr Nicola Sinclair, Highland Council

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AGENDA ITEMS

- **Financial Position as at end December 2019**
- **Assurance Report from 7 November 2019**
- **Update on Flow Activity**
- **Progress Report on Implementation of Carers (Scotland) Act 2016**
- **Minute of Meeting of Clinical Governance Committee held on 3 December 2019**
- **Minute of Meeting of North Highland Local Partnership Forum held on 5 December 2019**
- **Minute of Meeting of North Highland Health and Safety Sub Committee held on 11 September 2019**
- **North Highland Performance Reporting – Health and Wellbeing Balanced Scorecard and Annual Operational Plan Performance Report**
- **NHS Highland Annual Operational Plan – Waiting Times Update**
- **Chief Officer's Reports**
- **Update on Review of Partnership Agreement**
- **Monitoring the Delivery of Adult Social Care Contracted Services**
- **Scottish Parliament Adult Social Care Inquiry**

DATE OF NEXT MEETING

The next meeting will be held on Wednesday 15 April, 2020 in the Board Room, Assynt House, Inverness.

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1 WELCOME AND DECLARATIONS OF INTEREST

At the commencement of the meeting a short Development Session was held, with a view to ensuring Committee members had a more in depth understanding of the underlying detail of financial reporting being presented to Committee, in relation to which they were required to take appropriate assurance or otherwise.

Members were advised D MacKay had agreed to accept the role of Committee Vice-Chair.

There were no formal Declarations of Interest made.

2 FINANCE

2.1 Summary Financial Position as at end December 2019/NHSH Recovery Plan Update

D Garden spoke to the circulated report advising as to the overall NHS Highland financial position, reporting a revenue budget overspend of £10.9m and a potential projected out-turn overspend of £14m, with £2.5m of required savings still to be delivered. The attention of members was drawn to Divisional area level performance, with aspects relating to Raigmore Hospital being highlighted, noting cost pressures relating to drug, locum and clinical supplies expenditure. Overall, movement from Months 8 to 9 had shown significant improvement. Members were also shown an indication of the summary subjective spend position, overall savings delivery to date and by Unit area, and locum/supplementary staffing spend comparison with previous years. D Park took the opportunity to advise the financial management and savings programme, through greater engagement levels, had been successful to date and allowed for greater confidence in reporting detail. He paid thanks to all staff who had been involved to date.

The Chair advised there would be a focus on locum and supplementary staffing spend at a future Committee Development session. She further welcomed the progress made in relation to securing a high level of recurrent savings. In terms of looking forward at the next meeting, D Park confirmed good progress was already being made in relation to developing both the Annual Operating Plan and Savings Plans required for 2020/2021.

After discussion, the Committee:	
• **Noted** the M6 year to date position of an £10.9m overspend on budgets, and a projected overspend of £14m.	
• **Noted** the forecast comprised £2.5m of unidentified savings.	

The Committee agreed to consider the following Item at this point in the meeting.

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Progress Report on Implementation of Carers (Scotland) Act 2016

I Thomson spoke to the circulated report, advising as to progress in relation to bringing together a Carers Programme, developing a comprehensive Carers Strategy, understanding available resources and developing a Carers Programme budget, developing a new range of services for Carers in Highland, development of Short Breaks Statement, the waiving of charges for services for Carers, and otherwise supporting practice across Highland. It was noted A Pascoe, NHSH Non-Executive Board member had been appointed Chair of the Carers Improvement Group. A Pascoe stated current focus related to establishing pilots to help gather evidence of Carers actual needs and training requirements, as well as an audit of all Delayed Discharges over 6 months in duration so as to define what it is that Carers

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actually need at this time. She stated there was also a need to consider cultural elements relating to the inclusion of Carers as part of a wider person-centred care approach. She stated oversight of the relevant £1.8m budget was key, recognising support provided to the client also represented a level of benefit to the associated Carer(s) involved.

On the points raised during discussion, I Thomson undertook to establish the level of Carers Support Plans currently in place, confirmed activity was underway to bring relevant budgets together and advised the £1.8m resource outlined was provided for new Carer Improvement activity only. The Chair agreed the need for receipt of assurance in relation to available resource and direction of associated spend. M Simpson sought further information on the three pilot areas identified and was advised these had been chosen on the basis they met the criteria of having the necessary facilities to enable a full Carer needs evaluation to take place prior to any eventual rollout, at which point consideration would be given to equity of access to services. D Park welcomed progress to date, and an increased spend profile. He highlighted the need to remain sighted on the total level of resource available and to be able to ensure this was utilised in the most effective and informed manner. A Pascoe confirmed officers were sighted on relevant GDPR legislation as part of any evaluation of direct/indirect benefit to Carers.

In terms of Strategy development, I Thomson advised this would take place as learning was received and appropriately evaluated. He added much of the available resource would be consumed through provision of the Information and Advice Service, provision of Local Carers Link Workers and for Self-Directed Carer Support. As the outcome of pilot areas was received a high level Strategy would emerge, with rural areas to be a particular focus. In terms of unmet need, P Davidson sought an update on how individual Carers were to be identified and suggested this as a role for the Carers Practice Development Officer. It was confirmed those involved were working closely with Lorraine Coe, Sutherland District Manager on this point whilst recognising that some individuals would be reluctant to self-identify as a Carer at all. I Thomson confirmed creative approaches were being encouraged, and that officers continued to work with Public Health on relevant aspects.

After discussion, the Committee:

- **Noted** the outline for progressing a Carers Programme, the steps proposed to bring together a comprehensive Carers Strategy, the outline of a development of a Carers Programme Budget, and the work being undertaken to comply with full range of duties contained within the Act.
- **Agreed** the expenditure necessary to implement three Carers Services pilots.
- **Agreed** the high-level profile to direct a tender for high quality and effective Carers services in Highland.
- **Agreed** proposals to progress recruitment of a Carers Practice Development Officer.

A Pascoe and I Thomson left the meeting at 2.00pm

3.2 Assurance Report from Meeting held on 7 November 2019

There had been circulated draft Assurance Report and associated Rolling Action Plan from the meeting of the Committee held on 7 November 2019. The Chair advised the Rolling Action Plan would be developed to become a live document.

The Chair went on to advise literature relating to recruitment of Lay Representatives had been reviewed prior to a new recruitment exercise planned for late February/early March 2020. Discussion had been held with the Communications Team following the previous recruitment exercise with a view to improving the level of interest generated.

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The Committee Approved the circulated draft Assurance Report.

3.3 Matters Arising

3.3.1 Update on Flow Activity (incl Delayed Discharge)

D Park gave a presentation to members on delayed discharges which had been considered by NHSH Oversight Group. Displaying data relating to Delayed Discharge across NHS Highland sites, members were advised this had increased in the previous year, with the predominant rise relating to Raigmore. The closure of a 28 bed Care Home in late 2019 had impacted however underlying Care Home and Care at Home capacity constraints were the major contributors. It was reported these constraints accounted for 83% of delays, with 54% of lost bed days related to Care Home/Adults with Incapacity. Care at Home capacity was reported as being directly related to recruitment issues, with Highland experiencing a relatively low unemployment rate at that time. In Highland over 75% of Care Home capacity was provided by the Independent Sector. D Park went on to advise that two new Care Homes were to open within six months. In terms of an Action Plan moving forward, there would be discussion with the Independent Sector to address issues of risk and to consider block purchase arrangements, continued discussion on developing a Care Academy and Care Staff Bank, pilot of a front end Enhanced Recovery Service to support discharge and ensure best use of available resources, development of an enhanced support service for Care Homes so as to prevent admissions, and provision of additional coordinated assistance in association with Scottish Government.

During discussion, reference was made as to night time care levels and S Steer advised this was impacted by relevant Working Time and Living Wage Regulations. As a result, consideration was being given as to the need for continued overnight presence and whether alternative, responsive, mobile solutions could be introduced where applicable. He stated this became more difficult within remote and rural areas. Overall, there was a need to ensure the total available resource was utilised in a coordinated manner for the widest benefit to Highland patients. A care cluster approach may be considered.

On working with Care Homes to avoid hospital admissions, it was advised a Flow Programme Board was to be established to consider aspects including pre-hospital care. He emphasised the importance of clinical interface arrangements. Dr Wright confirmed the value of being able to discuss care matters with relevant colleagues, highlighting community resource constraints as a very real issue. The Chair raised the subject of Hospital at Home services, as supported by the Cabinet Secretary, and was advised there was no set framework as to what that should or may involve. This had yet to be considered for Highland. It was confirmed that IV antibiotic delivery at home was provided in some areas of Highland however this was not a universally available service. The Chair, in welcoming the intended Programme Board approach, also heard that the overall Oversight Board structure being implemented by Scottish Government was in place for all NHS Boards under Level 4 support arrangements, with the individual topic areas subject to change.

The Committee otherwise Noted the presentation content and update provided.

3.4 Sub Committee and External Groups

3.4.1 Clinical Governance

There had been circulated Minute of Meeting held on 3 December 2019.

On the point raised in relation to Migdale Hospital, D Park advised staffing resource had been identified and the Strathy Ward re-opened. One patient had been transferred to New

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Craigs during the period of Ward closure. Whilst no changes were envisaged at that time, activity was underway to secure an enhanced Mental Health Leadership Team. T Ligema confirmed recent successful recruitment activity in this area.

3.4.2 North Highland Local Partnership Forum

There had been circulated Minute of Meeting held on 5 December 2019.

3.4.3 North Highland Health and Safety Sub Committee

There had been re-circulated Minute of Meeting held on 11 September 2019.

The Committee otherwise Noted the circulated Minutes.

M Burnside left the meeting at 2.55pm.

3.5 North Highland Performance Reporting – Health and Wellbeing Balanced Scorecard and Annual Operational Plan Performance Report

G McCaig spoke to the circulated report, Balanced Scorecard and Performance Report. The attention of members was drawn to the projected outturn on Outpatients and TTG Waiting Times for North Highland, plus declining performance in relation to both Enablement and Psychological Therapies activity.

During discussion, S Steer highlighted strong Grading performance within the Highland Care Home sector. He stated NHS Highland was a strong deliverer of Social Care activity and took the opportunity to thank those involved in delivering relevant services. In relation to Enablement, he stated there was a need to evaluate the associated impact of this service and whether this was meeting the needs originally identified. T Ligema expressed the view Enablement activity should not sit as an isolated service and should be considered day to day activity. The Chair reminded members that NHS Highland was commissioned to provide Adult Social Care services on behalf of Highland Council and as such the relevant Indicators being measured may not necessarily directly align to NHS priorities. This point would be raised with Highland Council. D Park stated the circulated reports should be utilised to help identify particular areas of concern requiring greater detailed consideration, and reiterated that NHSH was a strong performer in relation to Adult Social Care activity although Mental Health performance remained a concern. He advised Annual Operational Plans would help inform relevant Performance Indicators moving forward.

After discussion, the Committee otherwise Noted the content of the circulated report.

G McCaig left the meeting at 3.10pm.

3.6 NHS Highland Annual Operational Plan – Waiting Times Update

K Sutton gave a presentation to members and advised current activity was being led by B Steven, with specific targets having been set in relation to both Outpatients and Treatment Time Guarantee activity. Officers were on track to deliver the agreed improvement trajectory for Outpatients, with additional capacity contracted where appropriate, and efficiency work expected to produce positive results over time. In relation to TTG improvement activity, it was reported this had been impacted by winter pressures and a series of relevant coding issues. The overall position was recovering at this time. Members took the opportunity to recognise the improvement evidenced in relation to Outpatient activity and offered their thanks to all relevant staff involved.

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During discussion, the Chair sought an update on the key improvement activity for the coming year, significant risk areas and associated mitigating actions being taken. K Sutton advised all patients were prioritised on a clinical basis (Emergency, Urgent, Others) and as such those in hospital have a reason to be there. Re-prioritisation was undertaken where appropriate, in consultation with patients and according to clinical need. She went on to advise that, as an example of cross-cutting activity, Theatre capacity across NHS Highland would continue to be released and NHSH continued to lobby the Scottish Government for additional resource. It was stated any move to more strongly apply the NHSH Local Access Policy would require Committee and NHS Board support.

On the question as to what support the Committee/NHS Board may be able to offer, it was advised the relevant Access Recovery Board had suggested consideration of adoption of the Glasgow model in relation to which a full report was to be submitted both to this Committee and the NHS Board for support and approval. At the close of discussion, D Park reminded members such improvement activity was being undertaken at a time of ever increasing demand levels.

After discussion, the Committee otherwise Noted the updated position.

D Garden and K Sutton left the meeting at 3.35pm.

3.7 Chief Officer's Reports

D Park spoke to the circulated report which provided an overview of Operational activity across North Highland, highlighting areas of focus for improvement as well as areas of further opportunity. Updates were provided in relation to People (Recruitment and Selection, staff Experience and Sickness Absence), Quality and Safety (Improvement Activity, Infection Prevention & Control, and Patient Safety), Care (Adult Social Care, Integrated Health & Social Care Community Services, Mental Health & Learning Disabilities and Drug & Alcohol Recovery, Support for People with Dementia and their Families, Primary Care Services, Midwifery – Community Midwifery Units, Chronic Pain Service, Highland Sexual Health, Technology Enabled Care, Dental and Prison/Custody Services) and Service Redesign.

During discussion, it was confirmed the report on the Caithness Maternity Services community engagement exercise was in draft format, and would be subject to further discussion prior to submission to the NHS Board. Once finalised the report would be shared with the Committee. The Chair sought a future update in relation to HQA, wider leadership training, and Value Management activity. On the issue of GP recruitment, the Chair also sought an update in relation to the possible development of innovative approaches in this area such as the use of resource sharing arrangements, joint working and peripatetic recruitment. D Park advised that whilst creative solutions were being considered, he reminded members that GPs were independent contractors for the most part.

ACTION: Agreed to receive a full report on Quality Improvement activity at a future meeting – **D Park**

After discussion, the Committee otherwise Noted the detail of the Chief Officer's report.

4 HEALTH IMPROVEMENT

There were no matters discussed in relation to this Item.

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5 COMMITTEE FUNCTION AND ADMINISTRATION

5.1 Highland Health and Social Care Partnership Updates

D Park advised discussion continued with Highland Council in relation to agreeing a new Partnership Agreement and Scheme of Integration. Financial resource remained a key discussion point in relation to which an early resolution would be sought.

The Committee Noted the position.	

5.2 Remaining 2020 Meeting Schedule

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

9 April
11 June
13 August
8 October
10 December

6 FOR INFORMATION

6.1 Monitoring the Delivery of Adult Social Care Contracted Services

There had been circulated a report summarising outcomes from 49 contracts monitored during Quarters 2 and 3. A further monitoring visit was undertaken for The Highland Council. It was reported the number of operational meetings with providers had significantly increased in recent months. Monitoring of the payment of the Living Wage for care staff remained a priority. It was noted contract monitoring activity regularly highlighted issues and concerns requiring follow up action and review. Forty main areas had been identified and which were being acted upon, including in relation to management/staffing issues, service delivery concerns; potential or actual Large Scale Investigations; concerns with financial viability, a change of provider/owner and transfer of packages to another provider. Progress had been, and was ongoing, with regard to service delivery concerns previously identified and this had led to discussion under the LSI Protocol and the ongoing review of provider Service Improvement Plans. The Contracts Team continued to implement a new system for escalating and de-escalating of risks to service delivery. It was stated routine contract monitoring continues to identify and resolve issues in relation to Adult Social Care contracted services and the intention remained to focus effort on priority areas.

The Committee Noted the outcomes of the second and third quarter reviews and progress made in resolving issues highlighted in previous reviews.	

6.2 Scottish Parliament Adult Social Care Inquiry – Call for Views

There had been circulated a report advising as to a call for views on a Social Care Inquiry, in relation to exploring the future delivery of Social Care in Scotland and what is required to meet future needs, by the Scottish Parliament Health and Sport Committee. It was advised the key questions in the call for views related to “experiences of Social Care in Scotland” and “the future delivery of Social Care in Scotland”. The Highland response would be developed by the Joint Monitoring Committee following a Workshop to be held in mid-February 2020. This would in turn be considered by the Strategic Planning Group prior to submission on behalf of the Highland Health and Social Care Partnership.

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The Committee so Noted.

7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on 15 April 2020 in the Board Room, Assynt House, Inverness.

The Meeting closed at 3.50pm

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NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**5 August 2020**
Title:	**Covid 19 Update**
Responsible Executive/Non-Executive:	**Paul Davidson,**
Report Author:	**Boyd Peters**

1 Purpose

Please select one item in each section and delete the others.

This is presented to the HHSCC for:

- Awareness

This report relates to an:

- Emerging issue

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

A new strain of human Coronavirus infection was identified in December 2019 and was subsequently named 2019 novel Coronavirus (Covid-19). Data from China and Italy suggest that Covid-19 infection may occur at any age, but the burden of severe disease is largely seen in certain subgroups and particularly those with pre-existing chronic disease. In the event of widespread transmission in the local community, data from other countries suggests that anything up to 20% of cases will require hospitalisation, and of those admitted to secondary care, up to 25% may require advanced respiratory support.

Increasing levels of UK clinical data plus the commencement of social distancing measures in late March have allowed better modelling. It is now suspected that the figures will be lower. The prevalence of the infection in communities is lowering and the projected curve will as a result be flatter and the peak number of cases will be smaller.

The potential impact of coronavirus infection on community, secondary care and critical care services during the pandemic period is nevertheless considerable. NHS Highland commenced urgent preparations for the pandemic in early March. The next table illustrates the incidence rate of Covid-19 in Board areas in Scotland, with Argyll & Highland low compared to others. The pattern is suggestive of a link with urbanisation, although one island board appears as an outlier due to a significant cluster occurring within a small population.

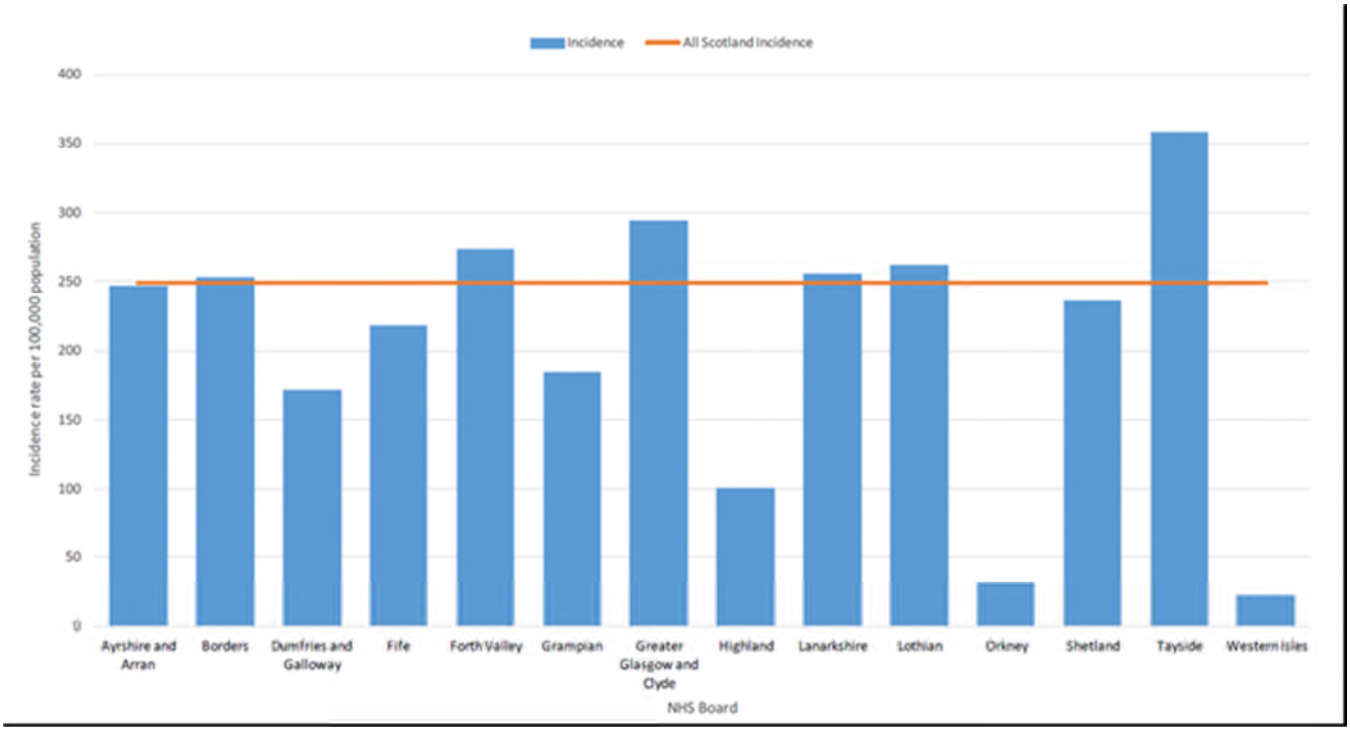


Table: Incidence Covid-19 per 100,000 population each Board.

2.2 Background

NHS Highland's over-arching objectives for its Covid-19 response are

1. Protect and preserve life.
2. Safeguard health, safety and wellbeing of staff and contracted service providers.
3. Support and facilitate the Scottish Government Public Health Strategy.
4. Maintain NHS Highland and Integrated Partners situational awareness.
5. Plan for increased mortality rates.
6. Plan for maintenance and appropriate available capacity of critical Health and Care services.
7. To inform staff and service users.
8. Learn and adapt for early recovery.

The whole system response has been planned via a Gold/Silver/Bronze command structure underpinned by formal governance and reporting arrangements.

The NHS Highland Major Incident Management Plan and NHS Highland Pandemic Flu Plan provide the response structure. Business Continuity plans have been reviewed and updated where necessary.

A Mobilisation Plan was initially submitted to Scottish Government in draft on 18th March 2020 and following revision updated and resubmitted on the 6th of April 2020. The plan is the result of a multi-agency approach across the Health Board, Argyll & Bute and The Highland Council Local Authorities (and related Partnerships), Police Scotland, Scottish Ambulance Service (SAS) and Scottish Fire and Rescue Service, alongside partners in the Third and Independent Sector, to agree plans and priority actions in relation to COVID-19. The mobilisation plan will continue to evolve as more information becomes available.

2.3 Assessment

2.3.1 Patient Care

Activity

The total number of confirmed cases across the Highland Board area is 363 over the period to 7th June. Numbers of NHS Highland Covid-19 patients being treated in ITU at Raigmore have steadily reduced to 1 on average at the end of May.

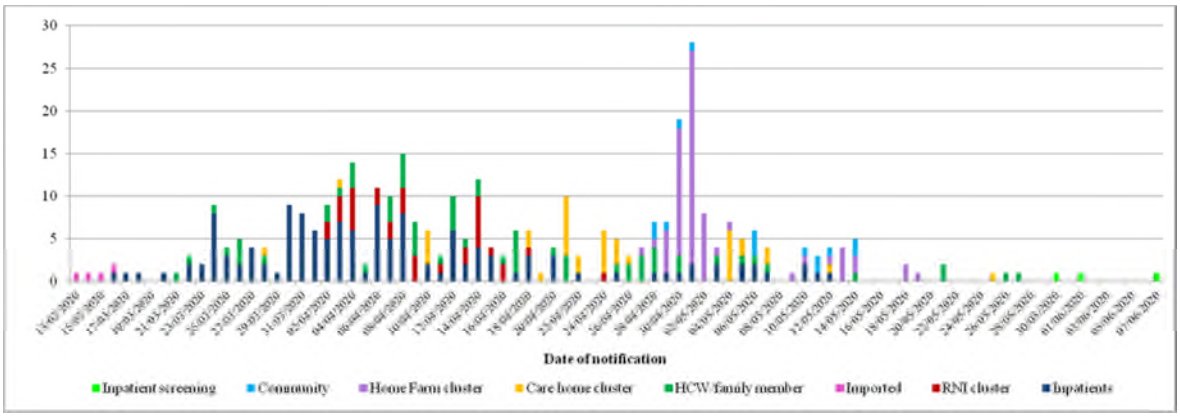


Table 1: Chronological overview of notified cases

The pattern of Covid-19 incidence is illustrated in Table 1 which shows where cases have occurred and illustrates an overall wave and falling incidence. Clusters have occurred in various parts of Highland & Argyll, including in one community hospital, the R.N.I. in Inverness. The purple spike in the table is linked to testing of staff and residents in Home Farm, asymptomatic as well as symptomatic. This different approach to testing resulted in a much larger numbers of cases being detected.

Monitoring of potential and actual cases of Covid-19 within the Care Home Sector continue, with enhanced testing policies applied as per newly published Government guidance. Care Homes under surveillance for Covid-19 outbreaks remain few in number. Enhanced support is provided to affected care homes in the form of public health and

infection control input plus professional assistance where required, including homes which are privately owned and run. A system to overview testing, results, surveillance and arising issues has been developed.

Government policy changes have been frequent and these include changes to death certification and notification of deaths in care homes, responsibilities of Health Boards to support and overview care homes and testing policies for staff and residents of these facilities. This work is very current and new policy has emerged which gives clinical executive directors responsibility for overseeing aspects of care in these facilities.

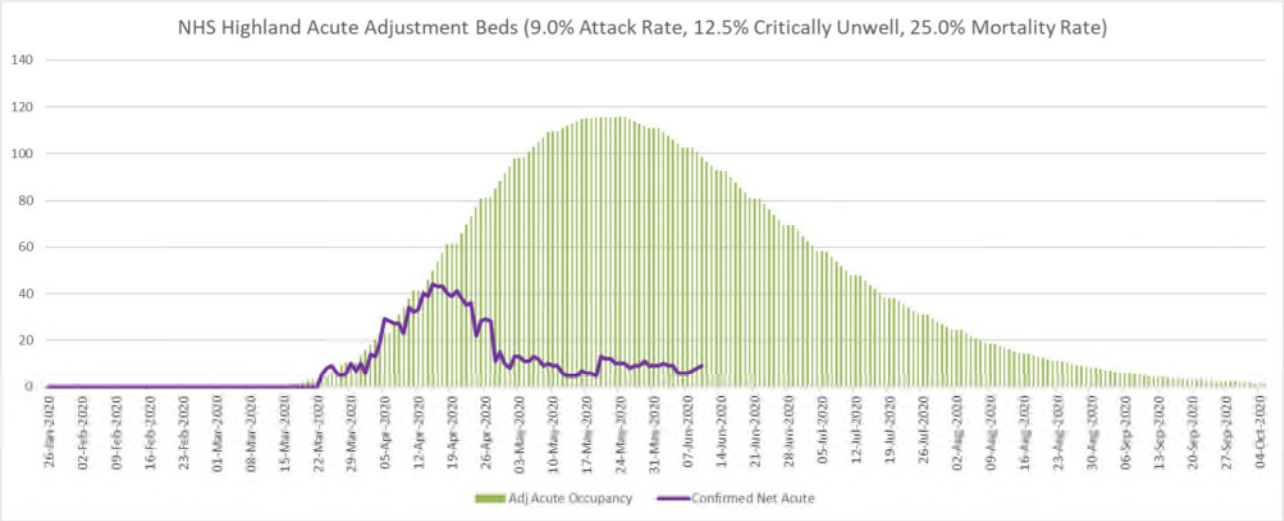
Capacity, Activity & Re-mobilisation

NHS Highland made significant progress in reconfiguring its bed base and its core operations early in the pandemic in order to create the additional bed capacity and workforce capacity which was felt may be required to address the impact of the pandemic. Red and Green zones in all our sites allow for adequate and safe separation of patient flows for symptomatic proven or suspected Covid-19 patients and non Covid-19 positive patients. In addition to the above provision for COVID 19 patient pathways, all areas continue to provide for emergency, urgent and cancer pathways via the green pathways.

It is to be noted that urgent cancer surgery continued during March and April. Now that the peak of the first wave of the pandemic curve is past, thanks to the effects of lockdown, consideration is being given to how future services might be provided. Covid-19 virus will be a new and additional risk factor which will require new ways of working if we are to minimise risk to patients and staff. The first draft of the re-mobilisation plan was submitted to Scottish Government on 25th May 2020. This will be an iterative document which will develop and grow as more knowledge and information becomes available. It will describe how services will be organised and delivered in the “Covid era.”

Within community services 14 Covid-19 Assessment Centres across the Health Board Area staffed by community nursing, GPs and Secondary care nursing and medical staff remain a key part of the Care Pathway for Covid-19 patients. Numbers of patients in these centres have remained low which we believe indicates a low and diminishing community prevalence of the virus. However emerging evidence shows that a significant percentage of those infected can have no symptoms or very few symptoms, so we cannot be entirely sure about community prevalence. The increased testing capacity locally and nationally, plus the progression in testing criteria to include broader sections of the community will in time give a clearer picture on prevalence.

In the table below, the modelling for a population attack rate of 9% is in green and the purple line shows the actual incidence of Covid positive in-patients.



Testing in Argyll & Highland is now available via NHS routes and also via 2 mobile testing units which are provided by military services and a regional testing centre in Inverness, run by Deloitte and under UK Government control. Some random community surveillance testing has also been commenced. Testing and contact tracing will form part of the lockdown exit strategy and this has now commenced throughout Scotland. There is also testing capacity available through the national care home portal, with testing kits delivered and collected prior to processing in Glasgow.

2.3.2 Workforce

- A Covid-19 Workforce Resource Centre has been established and went live week commencing 6 April providing a central point of escalation for staff shortages and related issues.
- Guidance on appropriate use of PPE continues to be developed and issued to relevant staff in line with emerging Scottish Government guidance.
- Centralised escalation points for shortages of PPE to be notified and addressed have been established by Procurement and are working well.
- Efforts to provide scaled up wellbeing support for our staff are at an advanced stage.

2.3.3 Financial

Scottish Government is working with all Territorial Boards to calculate the financial impact of Covid-19. Financial impact includes direct costs of creating additional capacity and the lost opportunity to realise savings through planned savings schemes which have been interrupted by the pandemic. Figures continue to be revised as more information comes to light.

2.3.4 Risk Assessment/Management

As the first wave of Covid-19 subsides, planning is underway to determine how best to provide general services including elective care in the Covid era. Modelling for virus activity after lockdown is lifted will necessarily be broad and it is therefore not possible to predict accurately how Covid will affect service delivery. Minimising Covid-related risk will

be factored in to patient pathways. Novel clinical practice such as the increased use of technology (telephone, VC, computer) for patient assessments will need to become the new norm. In May, clinical models for patient care, both locally and regionally, were being developed in advance of Government request.

2.3.5 Equality and Diversity, including health inequalities

Work is commenced nationally with respect to this and further information may follow..

2.3.6 Other impacts

Not applicable to this update.

2.3.7 Communication, involvement, engagement and consultation

As noted previously, a multi-agency approach to planning has been taken across the Health Board, Argyll & Bute and The Highland Council Local Authorities (and related Partnerships), Police Scotland, Scottish Ambulance Service (SAS) and Scottish Fire and Rescue Service, alongside partners in the Third and Independent Sector.

Communications are issued regularly from both Gold and Silver Commands and Gold Command has responsibility for all internal and external communications relevant to the Covid-19 pandemic.

2.3.8 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 20 July 2020.

2.4 Recommendation

The Committee is asked to note this update.

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

Meeting: **Highland Health & Social Care Committee**

Meeting date: **5 August 2020**

Title: **Inclusion Scotland Report on COVID and Disability**

Report Author: **Arlene Johnstone, Head of Service (Learning Disability/Autism) on behalf of David Park, Chief Officer**

Situation:

A report from Inclusion was received on the 14th May 2020 from Inclusion Scotland detailing the results of a survey (live in April 20) and described the experiences of people with a disability, living in Highland, during the early phase of COVID 19. They asked people about challenges and barriers they faced as also sought information about positive experiences.

Report Summary Findings:

- 2 out of 5 respondents to Inclusion Scotland's survey said that the current Covid-19 crisis had impacted on the social care support they receive
- A quarter of all respondents were concerned that they did not know how COVID-19 would impact on their social care and support in the future after restrictions are relaxed
- A clear theme emerged that families with disabled children and their families have not been given any extra support to cope with the additional care needs as a result of the closure of schools and other community facilities
- A large proportion of responses noted that they are now either acting as carers to family members, or are having to rely on family members to care for them. Although some people may have already provided care to their family member pre-Covid-19, the current situation is placing a greater strain on carers
- Some respondents spoke about their worries in relation to not being able to get medical appointments or routine health services which have been cancelled as a result of the crisis
- Disabled people raised issues how self-directed support budgets could be spent and the availability and employment of personal assistants
- Where personal assistants or carers were available there was a problem identifying the correct PEE and potentially accessing it. As a result a smaller proportion of disabled people reported that they had opted to stop people providing care/support coming to their homes to protect themselves and/or their families from contracting the virus
- The intersecting barriers to the access to integrated health and social care support is understandably having a significant impact on disabled people and their families, carers and peer supporters wellbeing.

NHS Highland & Highland Council Response to findings:

- **2 out of 5 respondents to Inclusion Scotland's survey said that the current Covid-19 crisis had impacted on the social care support they receive**
  - NHS Highland has not cut any social care support during Covid-19 crisis however there have been significant changes to support provision during this time for a number of different reasons:
  - Building based day centres closed and although workers remained in contact with supported people, this was a significant impact on support provision
  - Some families / carers / supported people asked support workers to stay away or moved their loved one into their own family home
  - Some support providers rationalised their support provision as a response to staff shielding, this was evident in the first four weeks of the crisis but quickly rebalanced as staffing levels settled
  - Some support providers reduced support provision if the purpose of the support was not possible to deliver during lockdown

- **A quarter of all respondents were concerned that they did not know how COVID-19 would impact on their social care and support in the future after restrictions are relaxed.**
  - NHS Highland and Highland Council will review the support provision of each individual after restrictions are relaxed to ensure individuals needs are met, it is possible that some people's support will increase depending on their need but it is also possible that the current crisis has enabled people to learn new skills and try out a different way of being supported that might continue beyond the current crisis

- **A clear theme emerged that families with disabled children and their families have not been given any extra support to cope with the additional care needs as a result of the closure of schools and other community facilities.**

- **A large proportion of responses noted that they are now either acting as carers to family members, or are having to rely on family members to care for them. Although some people may have already provided care to their family member pre-Covid-19, the current situation is placing a greater strain on carers.**
  - NHS Highland and Highland Council acknowledge the significant impact upon carers and the additional stress and burden they are experiencing during the crisis. We are currently providing emergency support and respite to individuals in extreme crisis and are maintaining telephone contact to provide support. The Adult Learning Disability Service have maintained or established telephone contact with carers and individuals and have provided innovative methods of support via Facebook and Zoom.

- **Some respondents spoke about their worries in relation to not being able to get medical appointments or routine health services which have been cancelled as a result of the crisis**.
  - There has been significant changes to how people access medical appointments, eg GP practices all operate telephone triage services, mental health appointments are being carried out using NearMe.

- **Disabled people raised issues how self-directed support budgets could be spent and the availability and employment of personal assistants.**
  - Guidance regarding the spend of Option 1 or 2 SDS budgets has been provided by the Scottish Government and has allowed more flexibility in the spend of budget to reflect the difficulties experienced.

- **Where personal assistants or carers were available there was a problem identifying the correct PEE and potentially accessing it. As a result a smaller proportion of disabled people reported that they had opted to stop people providing care/support coming to their homes to protect themselves and/or their families from contracting the virus.**
  - The concern regarding accessing and identifying the correct PPE at the early stages of the pandemic were widely experienced and are widely acknowledged. NHS Highland are hopeful that these issues are now fully resolved. All support providers have full access to the PPE they require, Option 1 budget holders and unpaid carers are also able to access PPE via NHS Highland supply routes.

- **The intersecting barriers to the access to integrated health and social care support is understandably having a significant impact on disabled people and their families, carers and peer supporters wellbeing.**
  - It is acknowledge that there is complexity in the processes of accessing health and social care support, however further detail is required to better understand the barriers that are referred to in the statement.

Recommendations and summary:

- This report was helpful to better understand the experiences of disabled people during the early days of Covid 19.
- NHS Highland & Highland Council acknowledges the significant impact of COVID 19 upon disabled people and their carers
- To continue dialogue with Inclusion Scotland and ensure their involvement as a DPO (Disabled Persons Organisation) in future collaboration and consultation.
- To note the concern in the detail of the report that many disabled people and their families are more likely to be digitally unconnected and to ensure NHS Highland and Highland Council recognise this and ensure a plan to both assist individuals to become connected and to provide information in a variety of accessible formats.

Route to the Meeting

This has been previously considered by the following groups:

- Executive Directors Group 20 July 2020.

The Committee is asked to note this update

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

Meeting: **Highland Health & Social Care Committee**

Meeting date: **5 August 2020**

Title: **Chief Officer's Assurance Report**

Report Author: **David Park, Chief Officer**

This Adult Social Care (ASC) update to the Health and Social Care Committee, appraises members of the Committee on key service delivery and activity areas prior to and during the COVID-19 pandemic.

In particular, this update focuses on:

- the availability of ASC dashboard information to inform organisational decision making during COVID-19;
- ASC activity oversight;
- the delivery or provision of care home, care at home, younger adult support services, and third sector activity;
- key activity areas, such as the availability of PPE;
- the approach to contract monitoring and provider communication;
- financial supports available in relation to ASC commissioned providers during the COVID-19 period;

ASC Dashboard

For the last 5+ years, the Commissioning, Contracts and Compliance Team has undertaken weekly phone round of care homes in order to ascertain bed vacancies. This has provided timely and up to date information to aid Case Managers to find placements and assist address delayed discharges.

With COVID-19, and the Scottish Government imperative to free up space in hospitals, this phone round became a daily task. As the pandemic progressed, the Adult Social Care Bronze Group (under the command structure) required more detailed management information than just bed vacancies, and requested a daily (7 day) dashboard to provide a RAG overview of Care Homes (Older People), Care at Home, and Learning Disabilities/Mental Health/Physical Disabilities. For each of these functional areas a RAG status was required for COVID, staffing and Personal Protective Equipment.

It is intended to now move to an automating collation and reporting approach, to minimise effort on the manual collation of data and to direct resources instead to focus on supporting and follow up actions.

ASC Activity Oversight

Care Homes

NHS Highland mobilised a Support Team to provide management, leadership and care within Home Farm Care Home in Skye. That team remain in situ albeit Home Farm has now been declared by the Health Protection Team as a Covid free environment and the initial Adult Support and Protection concerns have been addressed with significant improvement in the delivery of care now in evidence. Discussions continue between NHS Highland and HC-One regarding future management and leadership of Home Farm.

Care at Home

The care at home sector has adapted well to the challenges of COVID-19 and continued to deliver services without significant disruption. Several of the providers have expanded their operations quickly and efficiently to include new areas of responsibility including additional services in Badenoch and Strathspey, East Ross Drumnadrochit and Cannich. The Enhanced Responder Service has worked closely to enable hospital discharges from Raigmore Hospital.

Contractual 4 weekly meetings with providers in the South and Mid area are now recommencing.

Support Services
The support sector has adapted well to the challenges of COVID19 and continued to deliver and maintain services for people with a learning disability and mental health issues in Highland. The sector has been meeting regularly with the Head of Service: Learning Disabilities and Autism in a huddle arranged to flag issues with regards to service delivery, PPE, and any other emerging issues. In addition, regular meetings with individual providers have been held in order to provide additional support and oversight of services. These support mechanisms have been successful in flagging any emerging issues, maintaining stability in the service and enabling a quick response to any escalation of issues.

Provision for Carers

Whilst initial progress was made implementing the previous decision of the committee to take forward a number of pilot initiatives, a review of progress indicated a need to strengthen financial processes in line with organisational requirements. Work is currently underway to establish clearer and more robust commissioning and governance arrangements to enable plans to be taken forward.

Day Care

NHSH currently commissions Day Care services from 13 independent sector providers, 9 on a block purchase basis and 7 on a spot purchase basis, at a cost of approximately £1.5m

NHSH wrote to providers on 1 April 2020 to provide reassurance that contracts which were due to end on 31 March 2021 would continue on current terms and payment levels until at least 30 June 2020, pending approval of fee rates for the financial year 2020/2021.

NHSH agreed to uplift current fee rates by 3.3% (total cost now approximately £1.65m) in line with Scottish Government expectations, with the increase backdated to 1 April 2020, subject to providers signing their variation to contract, with funding levels reverting to 2019/2020 rates in the event of non-signing. This was communicated to providers during June 2020, with updated contractual documentation enclosed. Providers are now progressing the signing of the documentation.

It is highlighted, that due to COVID-19, the majority of day care providers have had to close their service with many establishing alternative means of delivering some form of service to their clients. NHSH has agreed to continue to make payment to providers, in accordance with their contractual terms and conditions during this time.

Other day and carers services have sought to creatively reassign their resources so that carers and service users receive some form support within the confines of lockdown; and a variety of new routes have been found to provide assistance. We have also streamlined our Assessment and Approval processes to seek to ensure that there are no unnecessary delays in people accessing appropriate support and to ensure increased flexibility of response during this time.

Third Sector Commissioned Services

Members are reminded that NHS Highland's Board agreed in 2017 that a review of Third Sector commission services should take place. This was to ensure alignment with current NHSH strategic priorities, best value and compliance with EU Procurement legislation and local NHSH Standing Financial Instructions (SFI).

A Project Board and Team were formed in early 2018 to progress matters.

During 2019 the Project Board agreed the following:

1) A new NHSH funding application process was introduced in April 2019 open to all Third Sector Providers (existing and new) delivering services in Highland who sought funding below £50k per annum. 26 providers were successfully awarded funding for a 1 year period from 1 April 2020 to 31 March 2021, totalling approximately £520k.

2) Tender Waivers were sought and approved by NHSH (during December 2019/January 2020) following NHSH SFI guidelines for 10 existing providers currently in receipt of funding above £50k per annum. Providers were awarded funding for a 3 year period from 1 July 2020 – 30 June 2023, totalling approximately £1.97m.

3) To undertake a number of tender exercises during 2020 for services currently delivered by 8 existing providers. However, guidance was received from COSLA during March 2020 regarding pressures on social care providers arising from the COVID-19 response and ways in which commissioners could alleviate these pressures, to protect the resilience of the social care sector

and ensure they remain operationally and financially viable. One area within the guidance related specifically to tenders, and the guidance is as follows:

"If tendering exercises are underway, maximum flexibility on this is recommended, for example, by extending deadlines for returns or postponing the exercise to ease pressure on providers at this difficult time."

In light of this, the Project Board agreed to extend current providers contracts to 31 March 2021 at a cost of approximately £880k; and to monitor the situation during this time in event the situation changes/improves, when we would make further contact with providers.

Contractual documentation has been progressed for all of the above scenarios.

It is highlighted, that due to COVID-19, the majority of third sector providers have had to close or have established alternative means of delivering services to their clients. NHSH has agreed to continue to make payment to providers, in accordance with their contractual terms and conditions during this time.

Contract Monitoring

Prior to COVID19, an established contract monitoring process was in place, which comprised monitoring of contractual compliance, service delivery, and strategic / operational plans through formal contract monitoring visits, operational liaison meetings, desk-top monitoring (primarily for low value and/or low risk contracts), and robust reporting requirements. In order to allow providers to concentrate on service delivery demands, and as per COSLA's guidance which stipulates that contract monitoring should be *proportionate* and *local contract monitoring processes should be flexed and relaxed if required to minimise service disruption,* formal contract monitoring visits to providers were suspended in mid-March. Priority was placed on keeping in touch with providers in order to provide support, maintaining effective provider relationships, and identifying and escalating emerging issues.

In addition to the above, the Contracts Team has continued to liaise with the Care Inspectorate and attend now virtual feedbacks following inspections, in addition to monitoring grades for all registered services. Where there have been service improvement requirements identified within a particular service, there has been monitoring and liaison with the provider to ensure on-going service improvements.

Provider Communication

From the outset of the pandemic, there has been a significant volume of information and fast paced policy changes and updates for commissioned services to understand, digest and apply.

The approach of NHSH has been to ensure clear and timely communications with providers and to signpost to the source of information wherever possible. All communications have been clearly set out with what the information is and what specific action the provider is required to take.

Until the implementation of the daily huddle template for care homes, there had been daily contact with each care home provider; and daily/then weekly sector communications with care at home and LD support services. The new use of MS

Teams/Zoom has been effective in communicating with providers collectively and is an approach which will continue to be used.

Emergency Payment Plans (EPPs)

In line with Scottish Government and COSLA guidance, NHS Highland has initiated a series of supportive measures for providers to ease any cash flow concerns and service delivery disruption and to provide continued financial support during COVID-19.

On 31 March 2020, NHS Highland issued a detailed commissioning approach to all providers, which set out the intended commissioning approach, focussing on collaboration, communication and cash flow and we further committed to addressing follow-up provider queries by way of a comprehensive suite of FAQs for all Adult Social Care Providers.

One of these supportive measures was the implementation of an Emergency Payment Plan to make payment at existing (March 2020) activity levels for care-at-home, home based respite and housing support commissioned services. Providers have been asked to provide assurance on the actual level of service provided during this EPP period and will, notwithstanding, receive payment at March 2020 levels.

These scheduled will continue until the 26 July, when further arrangements will be reviewed in line with SG guidance available at the time, activity levels during the initial EPP period and after communicating with the sector.

Business Support has flexed their existing business processes to accommodate this priority request.

Provider Relief Application Approval Process

Following confirmation by the Scottish Government of the need to provide financial support for adult social care providers incurring additional costs due to COVID-19 (to be met by SG), a provider relief application process was developed in line with Scottish Government and COSLA guidance, and drawing on best practice from elsewhere. This process was signed off at Adult Social Care (ASC) Bronze in early June and sent to all providers on the 17 June 2020.

NHS Highland has issued guidance, detailing local arrangements for the provision of sustainability payments for ASC commissioned services which included an application form, assessment process and rationale for payment of any claimed **additional costs** related to COVID-19.

To date, NHSH has received in excess of 40 application forms, although we expect this to significantly increase and the subsequent resource impact on ASC colleagues is being assessed and reviewed on a weekly basis.

Care Home Assurance

The Care Home Assurance Group was set up following guidance issued by the Scottish Government on 16 May 2020, as a result of the impact of the pandemic on Care Homes and in addition to the Social Work focus, added a requirement that Public Health and Nursing should also form part of that assurance group.

As such that Care Home Assurance Group includes representatives from all disciplines and considers issues on a weekly basis. Operational meetings in terms of care homes operate as above. Those Safety Huddles consider each Care Home in Highland individually and report on relevant issues in terms of safe service delivery being primarily PPE, Staffing and Covid status.

The above assurance meetings provide a safe and robust process for the continuing delivery of adult social care services during the pandemic.

PPE

Personal Protective Equipment (PPE) was an issue from the outset in terms of both its availability and its use. NHS Highland have provided guidance to the sector in that regard and as part of the daily phone around have assured that it is available at all times. This has at times been a challenge as there have been issues in terms of the availability of PPE generally which are now largely resolved. At the time of writing the dashboard and templates which provides details in relation to the availability of PPE shows no critical issue for any provider.

Testing

Testing has also been a key issue and is led by the Public Health Team. It is clear however that a robust testing protocol ,supported by infection control measures has a significant impact on the safe delivery of adult social care and as such testing has also been an issue which is discussed regularly at the Adult Social Care meetings led by NHS Highland and there has been close working between both directorates.

Specific Service Areas

In Highland there are currently 67 Care Homes of which 14 are NHS managed and 53 sit within the independent sector. Within this combined service area there is a staff breakdown as follows:-

Total numbers of staff in all roles: 2552 independent + 501 in house = 3053
Total numbers of staff in care/face to face roles: 1859 independent + 355 in house = 2214

The number or residents varies but there are 2039 beds available although generally some of those would be used for respite provision.

Learning Disability Services

Learning Disability Services identified their service users, in terms of vulnerability and arranged that they and their carers be regularly contacted to check on their well-being. They also set up weekly meetings with service providers to ascertain their ability to maintain support packages and set up a 7 day per week phone line for professionals to obtain advice in relation to any concerns.

A similar arrangement was made in respect of older adults who access care at home where community teams and day care services identified their vulnerable service users and ensured that regular phone contact was maintained. Similar arrangements to those in place for care homes has been adopted such that the dashboard system

provides an overview to Care at Home providers who complete a daily return highlighting any emerging issues of concern.

Route to the Meeting

This has been previously considered by the following groups:

- Executive Directors Group 20 July 2020.

The Committee is asked to note this update

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

NHS Highland
Highland Health and Social Care Committee Annual Report

To: **NHS Highland Audit Committee**

From: **Ann Clark Chair, Highland Health and Social Care Committee**

Subject: **Highland Health and Social Care Committee Report 2019/20**

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 2019 to March 2020

The Highland Health and Social Care Committee met 5 times during the reporting period. The Committee met on the 2nd of May 2019, 4th of July 2019, 4th of September 2019, 7th of November 2019 and 5th of February 2020. 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 1 April 2019 – 31 March 2020 :

Member	2/5/2019	4/7/2019	4/9/2019	7/11/2019	5/2/2020
Ann Clark, Chair	✓	✓	✓	✓	✓
Ann Pascoe (resigned 05/19)	✓	n/a	n/a	n/a	n/a
Deidre Mackay	✓	A	✓	✓	✓
James Brander	✓	✓	A	A	✓
Adam Palmer	✓	✓	A	✓	✓
Philip MacRae (From 1/7/19)	n/a	✓	A	✓	A
David Park, Chief Officer, Highland P'ship	✓	✓ (T Ligema)	✓	✓	✓
S Steer, Interim Dir. of Adult Social Care	✓	✓	✓	✓	✓
David Garden, Interim Director of Finance	✓	✓	✓	✓ (F Gordon)	✓

Dr Boyd Peters, **Medical Lead**	**A**	**A**	**✓** **(P Davidson)**	**✓** **(P Davidson)**	**✓** **(P Davidson)**
Nurse Lead **(rotational basis)**	**A**	**A**	**✓** **(S Sears)**	**A**	**✓** **(M Burnside)**
Cllr N Sinclair (to end Feb 2020)	**✓**	**A**	**A**	**✓**	**A**
Cllr R MacDonald (to end June 2019)	**A**	**n/a**	**n/a**	**n/a**	**n/a**
Cllr L Munro (from 1/7/19)	**n/a**	**A**	**A**	**✓**	**A**
Cllr B Campbell	**A**	**A**	**A**	**✓**	**A**
In Attendance					
VACANT (S'side)	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
Mrs M MacRae (S'side)	**✓**	**✓**	**✓**	**A**	**A**
VACANT (Public/Patient)	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
Michael Simpson (Public/Patient)	**✓**	**✓**	**✓**	**✓**	**✓**
VACANT (Carer)	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
Ms M Wylie (3rd Sector)	**A**	**✓** **(V Gale)**	**A**	**A**	**A**
Dr I Kennedy **Lead Doctor (GP)**	**A**	**✓** **(N Wright)**	**A**	**A**	**✓** **(N Wright)**
(Medical Practitioner)	**A**	**A**	**A**	**A**	**A**
Rotational Representative (ACF)	**✓** **(M Moss)**	**A**	**A**	**✓** **(M Elkhazindar)**	**A**
D A Galloway **Area Clinical Forum**	**✓**	**✓**	**✓**	**A**	**A**
Head of Financial Planning	**A**	**A**	**A**	**A**	**A**

2.1 Service Redesign
The Committee considered and progressed during the year a number of significant matters related to the modernisation and redesign of services including redesign of services in Sutherland linked to the creation of a North Coast Hub in Tongue, implementation of the Sir Lewis Ritchie Report into services in North Skye and redesign of services for carers following introduction of the Carers Scotland Act 2016.

2.2 Service Planning and Commissioning
The Committee scrutinised and received assurance on various aspects of the planning, commissioning and co-ordination of services across North Highland including: planning for winter pressures within the system, development and approval of the Primary Care Improvement Plan, implementation of the Third Sector Commissioning Review and introduction of a revised contract for independent sector care at home services. A key role of the Committee is to provide to the Board assurance of compliance with the Public Bodies (Joint Working) (Scotland) Act 2014. Regular progress reports were received on negotiations with the Highland Council to revise the Integration Agreement governing the Highland Health and Social Care Partnership. A report on improvements required to arrangements for assurance on children's services delivered by Highland Council on behalf of NHS Highland was considered by the Committee and will inform renegotiation of the Integration Agreement.

2.3 Scrutiny of Performance

2.3.1 Finance
Detailed consideration of the in-year financial position of the operating unit and its three divisions took place, along with monitoring of progress against relevant housekeeping and cross cutting workstream savings activity. Significant in-year pressures were experienced especially by the Raigmore division. Where necessary mitigating actions were identified and put in place. Remarkable progress was made during the year to contain costs and implement service redesign proposals. At month 9 19.5 million was delivered against a planned in-year target of 22m. (During the year meetings of the Finance and Performance Sub-Committee were suspended due to the introduction of the Finance Recovery Board and Programme Management Office. From October to March finance matters were fully considered at the main Committee meetings)

2.3.2 Service Delivery
The Committee received substantive reports on progress towards objectives in the NHS Highland Annual Operation Plan on a number of critical areas of performance including national waiting times targets for elective surgery and outpatient appointments, delayed discharges, mental health services and workforce issues. Despite significant redesign and improvement activity performance was challenged throughout the year due to long standing workforce shortages, loss of capacity in the care home and care at home sector, the upgrade of theatre space in Raigmore and temporary ward closures to control infection outbreaks.. The Committee also scrutinised the Health and Wellbeing Scorecard, identifying areas of performance on integration of health and social care services for adults which required improvement. The Committee approved the statutory Annual Report on integrated services which showed that out of 36 indicators where comparable data is available performance was stable or improving in 28, with 8 showing a decline in performance. At each meeting the Committee also considered a comprehensive assurance and exception report from the Chief Officer allowing the Committee to scrutinize operational performance under the Highland Quality Approach objectives of people, quality and care.. Contract monitoring reports on the quality of care homes and care at home services, including information on external inspections were received and assurance given on improvement actions required. The Committee noted that overall, external grading of care home services was improving.

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3. Sub-Committee Activity

3.1 North Highland Partnership Forum
The Local Partnership Forum for the Highland Health and Social Care Partnership met 5 times, ensuring that staff and their representatives were consulted and involved throughout

significant change processes and service developments. Key agenda items discussed included the financial recovery programme, clinical waste management arrangements, at the Culture Fit for the Future plan, staffing issues in mental health services, the flu vaccination programme, apprenticeship schemes and staff recognition.

3.2 Clinical Governance Sub Committee

The appropriate consideration of clinical governance issues related to the Highland Health and Social Care Partnership area and the relationship between a sub-committee of HHSCC and the NHS Highland Clinical Governance Committee continued during the year. Clinical governance matters of concern were reported through the Chief Officer's report, minutes of the Clinical Governance Committee and updates from the Chair who also sits on the NHSH Clinical Governance Committee.

3.3 Health and Safety

The Sub-Committee was newly established during the year to provide assurance that the Divisional Units have appropriate arrangements in place for effective health and safety planning, organisation, control and monitoring and to monitor Health and Safety compliance and performance in the Divisional Areas and provide direction accordingly. Matters scrutinised included operational health and safety plans including key risks around mental health services, violence and aggression training, fire safety, face fit testing, health and safety related adverse events, projects with health and safety implications, review of audit reports and review of regulatory interventions.

4 External Reviews

A number of Internal Audit reports of relevance to the work of the North Highland operational unit were carried out during the year including on implementation of the Best Start programme of redesign of maternity services, community planning, ante-natal services and waiting list management. In addition previous reviews of NHS Highland's approach to risk management have led to significantly revised policies and procedures and the Committee will in future have an increased role in assuring the Board on management of risk within its area of responsibility.

5 Emerging issues for 2020/21

The coming year will be dominated by recovery from the COVID-19 pandemic. Governance committees of the Board have been suspended for at least three months therefore it is unlikely that the Committee will meet until the autumn of 2020. The Committee identified during the past year that its Terms of Reference required review and updating however any revision will be dependent on the outcome of renegotiation of the Partnership Agreement with Highland Council which has been significantly delayed by COVID-19 measures. NHS Highland is also undertaking a review of governance structures, the outcome of which will also influence any changes to the Committee's operation.

When the Committee reconvenes pressing issues are likely to include continued efforts towards financial recovery, managing the delivery of both COVID-19 and other services simultaneously, sustaining beneficial service transformation achieved during the pandemic and changes arising from the renegotiation of the Partnership Agreement with Highland Council.

6 Conclusion

Ann Clark, 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. A number of areas for improvement have been identified by the Committee and these will be addressed by the Short Life Working Group established by the Board in 2020 to review the structure and operation of its governance committees.

Ann Clark, Chair
Highland Health and Social Care Committee April 2020