**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 12 January 2022 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
Deidre MacKay, Board Non-Executive Director – Vice Chair
Tim Allison, Director of Public Health
Louise Bussell, Chief Officer
Cllr Isabelle Campbell, Highland Council
Cllr David Fraser, Highland Council
Frances Gordon, Interim Finance Manager (substitute for Elaine Ward)
Philip Macrae, Board Non-Executive Director
Cllr Linda Munro, Highland Council
Gerry O'Brien, Board Non-Executive Director
Julie Petch, Nurse Lead
Michael Simpson, Public/Patient Representative
Wendy Smith, Carer Representative
Simon Steer, Director of Adult Social Care
Michelle Stevenson, Public/Patient Representative
Ian Thomson, Area Clinical Forum Representative
Neil Wright, Lead Doctor (GP)
Mhairi Wylie, Third Sector Representative

**In Attendance:**
Elspeth Caithness, Employee Director
Becs Barker, Operations Manager: Involvement, Quality and Innovation, Carr Gomm
Rhiannon Boydell, Head of Service, Community Directorate
Stephen Chase, Committee Administrator
Tara French, Head of Strategy and Transformation, HHSCP
Arlene Johnstone, Head of Service, Health and Social Care
Tracy Ligema, Communications Manager
Donellen Mackenzie, Area Manager, South and Mid Highland Operational Unit
Jo McBain, Deputy Director for Allied Health Professionals
Joanne McCoy, Board Non-Executive Director
Neil McNamara, CD for Mental Health, Learning Disability & Drug and Alcohol Recovery Services
Mike Winter, Senior Medical Advisor

**Apologies:**
Paul Davidson, Catriona Sinclair, and Elaine Ward.

## 1 WELCOME AND DECLARATIONS OF INTEREST

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

The meeting was quorate.

L Munro noted that she would arrive late to the meeting and declared by email ahead of the meeting a financial interest in Self-Directed Support in case the subject arose in discussion.

The Chair welcomed members and all attendees to the meeting and noted that new member of the Board, Joanne McCoy was attending for information but would be formally appointed as a member of the committee by the Board at their next meeting at the end of January.

## 2 FINANCE

### 2.1 Year to Date Financial Position 2021/2022 [pp.1-6]

F Gordon was on hand in lieu of the Deputy Director of Finance to receive questions on the paper which had been circulated prior to the meeting.

L Bussell noted that several discussions had been had with Highland Council for the future direction of workstreams to achieve Adult Social Care savings. There has been some challenge around how NHS Highland and the Council work together on transformation work and cost savings and efficiencies. A proposal to refocus this work for 2022/23 will be submitted to the February Joint Monitoring Committee.
The savings gap for next year has been identified as around £13.5m with discussions on-going with the Council and SG to secure a similar arrangement as this year to cover this gap.

In discussion, the following points were addressed:

F Gordon gave high assurance to the committee that funding from Scottish Government would be forthcoming to support the forecast year end variance of £0.314m for the HHSCP. Award letters have been received from Scottish Government.

With reference to p.5 of the report, the variance in the Community Mental Health Team budget position was noted and it was asked if this was due to vacancies being filled. It was answered that the overspend was mainly due to Adult Social Care packages which had seen some increase in long term costs. Increased recruitment has played a small part. More detail was requested in future reports to separate out primary reasons for the overspend such as recruitment costs.

With reference to a query regarding who has responsibility for overspends in delivering the Police Custody Service, it was confirmed that this is a statutory service that health boards had taken on service and financial responsibility for following the reorganisation of the Police Service in Scotland. The service covers specialist medical and psychological support for victims of crime and for persons held in police custody. Due to the statutory requirement for forensic medical examination only trained specialists can undertake this work and in the absence of a permanent appointment this work is carried out by agency locums incurring additional costs for NHS Highland. A business case is currently in preparation to address the overspend. A new facility is now partially up and running at Raigmore Hospital. Once the service has agreed a final budget NHS Highland will seek permanent recruitment for the role. It was suggested that the name for the service was now not appropriate for the area of work it now covers in terms of public understanding and access.

The Chair noted that assurance had previously been given that the pressures for 2022/23 would be covered, however with a business case to be submitted to the Investment Group this places doubt on the previous assurance. It was answered that delays around the establishing of the facility for the service at Raigmore Hospital had meant that the detail of

the business case was also held up. The likelihood of recruiting on a substantive basis once a business case has been agreed was thought to be positive.

Regarding section 4 of the paper on additional money for ASC Winter Funding it was asked what the process is for agreeing how the money is spent. It was answered that Scottish Government allocates these monies for specific purposes and to provide additional capacity to that already in the system, even where budget deficits exist.

There will be a struggle to make use of funds for interim care beds due to ¾ of care homes being closed to admission due to COVID. As regards the national ask for increased capacity within Care at Home this will also be challenging to deliver due to recruitment difficulties. However, work is already going on to bring forward initiatives to spend the additional funds. For example, it had been decided to bring in the new pay rates for social care staff now to further incentivise recruitment. Further work is underway to see how best NHS Highland can support providers actively examining areas of vulnerability, enhancing the multidisciplinary offer, and supporting delayed discharge. Systems wide leadership meetings have taken place to determine target areas using the principal of Enhanced Community Services but with the understanding that some funds must be used to support social work.

The Chair requested that the next Chief Officer's report address how the impact of the additional funds and associated changes to services will be evaluated.

| **After discussion, the Committee:** | |
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| - **Noted** and **considered** the NHS Highland financial position at the end of Period 8 and the projection to year end. | |
| - **Noted** the progress on the delivery of ASC savings. | |
| - **Noted** the intention to agree with the Council a different approach to addressing the gap in funding of ASC at the JMC in February. | |

## 3 PERFORMANCE AND SERVICE DELIVERY

### 3.1 Assurance Report from Meeting held on 3 November 2021 [pp.7-16]

The draft Assurance Report from the meeting of the Committee held on 3 November 2021 was circulated prior to the meeting.

The minutes were approved as an accurate reflection of the meeting.

The Chair advised of the following proposed updates to the Rolling Action Plan:

- The Terms of Reference for the ASC Fees Group require further conversations with the Director of Finance before it can be approved.
- It was agreed to take the Careers in Social Care item off the plan.

| **After discussion, the Committee:** | |
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| • **Approved** the Assurance Report and **noted** the updates to the Rolling Action plan. | |
| • **Agreed** to remove the Careers in Social Care item from the plan. | |
| - **Noted** that the Terms of Reference for the ASC Fees Group require further conversations with the Director of Finance before it can be approved. | |

### 3.2 Matters Arising From Last Meeting

There were no matters arising.

### 3.3 Mental Health Services Assurance Report [pp.17-45]

A Johnstone introduced the assurance report on the Interim Mental Health Services Strategy circulated ahead of the meeting; N McNamara and M Winter were on hand for questions. All the challenges highlighted in the report from December 2020 remained and services had

been further impacted by the pandemic. Some improvements had progressed including the introduction of the Mental Health Assessment Unit providing 24/7 cover for emergency and unscheduled care. The combination of existing pressures and the pandemic were unprecedented and detailed Action Plans were put in place prioritising measures to ensure safe care for patients and staff. These were available on request from A Johnstone. NHS Highland had deployed additional support to the service. M Winter has been appointed as Senior Clinical Advisor and an Associate Nurse Director for Mental Health, a Director of Psychology, and an Interim Deputy Medical Director have also recently been appointed.

During discussion, the following points and questions were raised:

It was asked what Highland-wide support there was for children and teenagers, for example the Choices project in Lochaber. Children and Young People (defined as under 18s or under 25s for vulnerable young people such as care experienced young people) are outwith the Mental Health team's specific remit but are operationally managed by Acute Services and in partnership with Highland Council.

It was noted that any Mental Health Strategy needs to begin from year 0 upwards regardless of who delivers the work and that a joined-up approach is required for patients including a better dialogue between services. Other concerns noted were the lack of a dedicated service for children who have experienced sexual abuse. Further information was requested regarding additional investment in Highland for children's and young people's mental health.
It was agreed with the Chief Officer that more detail would be provided concerning CAMHS and Mental health support for teenagers.

In response to a query about the need for further investment and progress on digital enablement of service improvements A Johnstone indicated that regular meetings with the Head of e-health have been scheduled.

Regarding what overall level of assurance the Committee could take from the report about progress of actions to address the critical risks highlighted in the report. M Winter responded from his initial impressions in post that the service is moving in the right direction towards improved access and assessing best use of existing resources and he was satisfied that safe and efficient care is being provided.

The importance of joined up working with the Third Sector was considered a notable absence from the report, as Third Sector organisations often deal with people who are unable to or waiting to receive services from the NHS. The continued use of the term 'professional' in relation to those in the employment of the NHS overlooked the dedicated work of staff employed in the Third Sector. The suggestion of 'clinical' as a descriptor was offered. The need to foster stronger relations with the Third Sector was acknowledged.

- In terms of strategy development, a period of scoping is underway to reach out and engage with organisations. The importance of strong linkages between a Highland Community Planning Partnership strategy and the strategy for mental health services was acknowledged.

- With regards to governance of the improvement plans, the process for monitoring the action plans involves fortnightly and monthly meetings with individual services accountable to executive directors involved in the plans. Eventually, monitoring will be provided by the Mental Health Oversight Board. This has been delayed by the Covid response but the intention is still for this to progress soon. The remit will cover Highland and Argyll and Bute with an oversight and assurance role to evaluate decisions made by the services.

Given the degree of challenge facing the service, it was agreed that a further update come to the committee in six months and that there would be clear links made with Child and Lifespan workstreams.

| **The Committee:** | |
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| - **Noted** the report. | |

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| - **Agreed** that the Improvement Plans mentioned in the paper can be made available on request from A Johnstone. | |
| - **Agreed** that a further update come to the committee in six months and that there would be clear links made with Child and Lifespan workstreams. | |

### 3.4 Self-Directed Support Strategy [pp.46-57]

I Thomson and B Barker gave an overview of the work around the planned Strategy process and timeline.

- It was acknowledged that there is a need for a strategy to refresh the Self-Directed Support ethos, address the eligibility criteria, to act more preventatively and assist clients in shaping their own care.
- Feedback from social workers is that their work has become increasingly mechanistic without sufficient flexibility to help users shape their support.
- The Feeley Report noted SDS as progressive but not proportionately implemented across health boards.
- The aim is that going forward strategy should not focus only on individual needs but also address collective needs and shared resources.
- A broad-based alliance is required to reinvigorate the implementation of SDS.

B Barker (Community Contacts) described how a reference group of Third Sector, carer, Highland Council and NHS partners met to determine what SDS meant for people in Highland. The group sought to design a way to engage with communities to hear their views on issues such as person-centredness (care requirements), equality (living as active citizens), priorities (such as independent living), and the needs of carers, offering meaningful choice and control. A key focus was to find ways to support community-led approaches. The group also examined ways of monitoring activity and evaluating positive change for users, their supporters and staff, and how to provide support in a timely fashion.

The responses favoured a move away from assessment given in terms of tasks or time and towards more creative approaches. Ten priority actions were determined (the how of putting together an implementation plan) and a Strategy Implementation Group will be formed. It was suggested that this group could report on progress to HHSCC. It was also suggested that better conduits need to be developed such as carers unions to continue the conversation and inform the strategy and ensure stronger participation.

The following questions and points were addressed during discussion:

- The importance of active listening as part of a relationship-based practice was emphasised, albeit this will have resource implications as good listening takes time.
- Enabling people to shape their own support, even if this involves some time without supports, to promote independence.
- In relation to any common themes amongst the responses which did not agree with some of the proposals, an example was the language of the Independent Living Movement, which uses the term ‘disabled’. However, some people viewed this as disempowering. Another example was around taking a rights-based approach to service provision.
- Definitions for the terms ‘community’, ‘community-led’, and ‘community leaders’ were sought in relation to the paper Community led services refers to low level supports that might be provided by friends, family and local community groups, including Third Sector organisations. It was acknowledged that ‘community’ is not a panacea and that communities need support and resource; intelligence and networking is an important factor in providing this. The aim is to find the best support for the individual in each case drawing upon existing networks and developing those in vulnerable areas. It was acknowledged that community resilience and levels of community led support is variable across the area. However, community led support can often be a richer experience than formal services. The importance of everyone working together to support individuals was

emphasised with the guiding principle being what is the best support for an individual at a point in time.

The Chair expressed thanks to everyone involved in developing the draft strategy and the Chief Officer offered support from the SLT to move to the next stage. The Chair also suggested that implementation of the strategy would have financial implications for the partnership and therefore strong links with other transformation workstreams and the strategy work to be led by T French would be essential. Following suggestions from the Chair the Committee agreed:

- A Clark, I Thomson and L Bussell will discuss when to bring back updates on progress with the Implementation Plan including any matters requiring further approval.
- A future paper examining mechanisms for engagement to be brought to the committee, including how the Community Directorate will implement the new NHS Highland engagement strategy and framework.

| **After discussion, the Committee:** | |
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| **The Committee:**<br>- **Approved** the draft Strategy (appendix 2). | |
| – **Agreed** that A Clark, I Thomson and L Bussell will discuss when to bring back an update to the committee on progress with the Implementation Plan including any matters requiring further approval by the Committee. | |
| – **Agreed** that a future paper examining mechanisms for engagement will be brought to the committee including implementation of the NHS Highland engagement strategy and framework across the Community Directorate. | |

### 3.5 Chief Officer's Report [pp.69-82]

The Chair asked the Chief Officer to provide an overview of the current impact of the Omicron Covid variant.

- NHS Highland has not, as yet, reached the numbers of staff absences some other boards have experienced. However, the pressures are still being felt on the service with 100 NHS Highland staff alone off work isolating in the last week.
- Hospital admissions with COVID have remained relatively low. The hotspots have been in Care at Home, and Care Homes (49 have closed to admissions, down from a high of 57) and this has had a knock-on effect across the system.
- All staff teams are 'going the extra mile' to keep service running. Only a small number of services have been stepped down as many are still essential. Day Centres have reduced footfall due to the requirement to distance.
- The number of people with Covid in the staff group has fallen over the last three days
- A Resource Centre has been set up to link up with Highland Council to address wider systems pressures and address areas of need, although all partners are experiencing similar pressures
- As of Monday 10th January, 85% of people 18+ have received the vaccination across Highland and Argyll and Bute.
- The Director of Public Health noted that vaccination take up has been very good with over 80s have 95% coverage, and over 70s at 90% which is adding to overall protection
- Staffing pressures will continue to be an issue over the next two to three weeks. There are signs of improvement but the numbers of infections are still very large.
- The WHO level of concern for spread of infectious diseases is 5% of positive cases in the community; the current level in Highland is 25%.

In discussion,

- G O'Brien expressed interest in the actions arising from the Mental Welfare Commission report on Adults with Incapacity issues and requested a report to a future committee in relation to all aspects of Adults with Incapacity issues.

- The Head of ASC confirmed that a paper was likely to be ready for the April committee on ASC issues, bearing in mind current staffing pressures.
- The Chair sought clarity on the reference to letters of support sent to patients and carers about systems pressures (p.71). The CO confirmed that this largely involved a change to times of care packages rather than reductions in service. Since the paper some reduction has been necessary and family members have been called upon to cover the shortfall However clear expectations have been set that changes have to be risk assessed so that no one 'falls through the net'. The teams are clear about where gaps in care may exist and are making absolutely every effort to keep services running. Whilst the pressure on services is unprecedented so is the effort being made by staff in all services, which is placing an even greater burden on both staff and families.
- The Chair asked whether the health and wellbeing support accessible to healthcare staff are also available to social care staff. S Steer noted that discussion with providers is on-going around support needed. However, the levels of exhaustion are significant and with no end in sight to the pandemic many have been leaving the care sector for alternative employment.
- Councillor Linda Munro expressed confidence that services are doing everything that can possibly be done. A key issue is learning for the future and essential to this is recognising the role of Personal Assistants and addressing their support needs in our future strategy.
- It was proposed that the committee acknowledge the efforts of staff somehow.
- M Winter noted that he had met with Janet Davidson from Chaplaincy and highlighted its non-denominational support work for staff feeling isolated or under pressure at home or at work.

| **After consideration of the report and discussion, the Committee:** | |
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| - **NOTED** the report. | |
| - **Agreed** that L Bussell will convey the Committee's thanks to all staff in NHS Highland's weekly bulletin. | |
| – **Agreed** that a paper be produced examining all aspects of services in relation to Adults with Incapacity. | |

## 4 HEALTH IMPROVEMENT

There were no matters discussed in relation to this Item.

## 5 COMMITTEE FUNCTION AND ADMINISTRATION

### 5.1 Review and Update of Annual Work Plan [p.83]

The revised work plan was circulated ahead of the meeting.

- A draft workplan for 2022-23 will be considered at the March meeting. The Chair invited points for inclusion in the workplan to be considered ahead of the meeting.
- A paper on Learning Disability services is scheduled for the March meeting. The CO will double check that this is on track to be provided.
- The Annual Report on Care Home Oversight will appear at the April meeting.

| **The Committee** |
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| - **APPROVED** the Work Plan. |

## 6 AOCB

None.

## 7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 2nd March 2022** at **1pm** on a virtual basis.

**The Meeting closed at 3.27 pm**