HHSCP Committee
30 June 2021

HHSC Committee Report at 30 June (Month 2)

Report by: Elaine Ward, Deputy Director of Finance

The Committee is asked to:
Note: The final position for the HHSCP for the 2020/2021 financial year **Consider:** The HHSCP position at the end of Period 2 2021/2022 **Note:** The detail of the Financial Plan submitted to Scottish Government for the 2021/2022 financial year. **Note**: The progress on the delivery of ASC savings.

1. NHS Highland & HHSCP financial position 2020/2021

1.1 At the end of the 2020/2021 financial year the overall financial position of NHS Highland is an underspend of £0.700m. This represents 0.7% of the full year budget.

Table 1 – NHS Highland Summary Income and Expenditure Report as at 31 March 2021

Current Plan £m	Summary Funding & Expenditure	Plan to Date £m	Actual to Date £m	Variance to Date £m
1,005.640	**Total Funding**	1,005.640	1,005.640	-
	Expenditure			
391.243	HHSCP	391.243	388.259	2.983
220.293	Acute Services	220.293	221.682	(1.389)
171.178	Support Services	171.178	172.072	(0.894)
782.713	**Sub Total**	**782.713**	**782.014**	**0.700**
222.926	Argyll & Bute	222.926	222.926	-
1,005.640	**Total Expenditure**	**1,005.640**	**1,004.940**	**0.700**
	Surplus/(Deficit) Mth 12			**0.700**

1.2 The HHSCP reported an underspend of £2.983m against budget for the financial year. This position has been significantly impacted by the response to the Covid 19 pandemic.

1.3 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 31 March 2021

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	HHSCP			
209.028	NH Communities	209.028	206.144	2.884
40.374	Mental Health Services	40.374	39.869	0.505
5.293	ASC Other	5.293	5.234	0.060
136.547	Primary Care	136.547	137.013	(0.466)
391.243	**Total HHSCP**	**391.243**	**388.259**	**2.983**
	Costs held in Support Services			
7.271	Covid Costs ASC	7.271	7.271	-
7.526	Covid Costs Health	7.526	7.526	-
(3.100)	PMO Workstreams (excl housekeeping)	(3.100)	(3.100)	-
(16.518)	ASC Income	(16.518)	(16.518)	0.001
386.422	**Total HHSCP and ASC Income/Covid**	**386.422**	**383.438**	**2.984**

Table 3 - HHSCP Financial Position at 31 March 2021 –split across Health & Adult Social Care

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	HHSCP			
243.452	**Health**	**243.452**	**241.197**	**2.255**
142.970	**Social Care**	**142.970**	**142.241**	**0.729**
386.422	**Total HHSCP**	**386.422**	**383.438**	**2.984**

1.4 Across the Health and Social Care Partnership costs of £14.797m were incurred in respect of Covid-19 during the 2020/2021 financial year These costs have been fully funded by funding allocations from Scottish Government.

1.5 The breakdown across services highlights an underspend of £2.884 within North Highland Communities the drivers behind this position being slippage in recruitment, staff diverted to the Covid response and reduction in service costs such as travel and subsistence.

1.6 Reductions in the provision of day care services and vacancies within Mental Health Teams continued throughout the Financial Year and contributed to an underspend of £1.248. An overspend of £743m within Police Custody Services resulted and this funding issue will be resolved in 2021/2022. This position was higher than anticipated due to locum use and arrears of pay due to a review of provision. Overall the position within Mental Health Services was an underspend of £0.505m.

1.7 The overspend of £0.466m within Primary Care was driven by locum costs within 2C practices and an increase in both volume of prescribing and elements of drug costs.

2 2021/2022 Position - HHSCP

2.1 At this early stage of the financial year the HHSCP is reporting an overspend of £2.133m against a year to date budget of £60.955m. The full year forecast is an overspend of £2.166m against a budget of £375.880m

2.2 A breakdown across services is detailed in Table 4 with a breakdown across Health & Adult Social Care shown at Table 5.

Table 4 – HHSCP Financial Position at Month 2 (May 2021)

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	HHSCP					
214.415	NH Communities	34.223	36.706	(2.483)	215.513	(1.097)
41.798	Mental Health Services	6.831	6.471	0.360	42.205	(0.407)
130.853	Primary Care	21.791	21.854	(0.063)	131.516	(0.663)
6.750	ASC Other	1.100	0.865	0.235	6.749	-
393.816	**Total HHSCP**	**63.944**	**65.896**	**(1.952)**	**395.983**	**(2.166)**
	Costs held in Support Services					
(3.300)	PMO Workstreams (excl housekeeping)	(0.550)	(0.133)	(0.417)	(3.300)	-
(14.637)	ASC Income	(2.439)	(2.675)	0.235	(14.637)	-
375.880	**Total HHSCP and ASC Income/Covid**	**60.955**	**63.088**	**(2.133)**	**377.084**	**(2.166)**

Table 3 - HHSCP Financial Position at Month 2 (May 2021) –split across Health & Adult Social Care

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	HHSCP					
231.171	**Health**	**38.644**	**39.597**	**(0.953)**	**232.421**	**(1.250)**
144.709	**Social Care**	**22.311**	**23.491**	**(1.180)**	**145.625**	**(0.917)**
375.880	**Total HHSCP**	**60.955**	**63.088**	**(2.133)**	**378.046**	**(2.166)**

2.2 Within North Highland Communities the ASC element is showing an overspend of £1.700m as uplifts have yet to be applied to the Independent Sector budgets – this will be done in advance of formal reporting to Scottish Government for Month 3. Slippage on savings accounts for the balance of this year to date position but it is anticipated that this will be recovered as the year progresses. The forecast position assumes the recruitment challenges experienced during 2020/2021 do not continue throughout 2021/2022.

2.3 The Month 2 position for Mental Health Services is showing a £0.360m underspend with an overspend of £0.407m forecast at year end. Whilst the year to date position is showing an underspend, this is mainly due to vacancies within the service and work is ongoing with the MH Workstream to identify what elements of this underspend can be allocated to the savings target. The position moves to an overspend mainly due to the continued pressure in the Police and Custodial Service although it is expected this will be resolved in year.

2.4 Within Primary Care the year to date position is showing an overspend of £0.063m with a forecast year end position of a £0.663n overspend. There is currently an underspend of £0.314m within Dental Services and an overspend in GMS of £0.314m relating to continued locum usage.

2.5 In setting the budgets for ASC for 2021/2022 an £11.3m funding gap has been identified and discussed with both Scottish Government and Highland Council. It has been agreed that Scottish Government will fund £4m of this gap with £2m coming from both NHS Highland and Highland Council. The balance (£3.300m) has been identified as a savings requirement with a risk sharing agreement of 50/50 agreed with Highland Council.

3 2021/2022 Financial Plan

3.1 A one year Financial Plan for 2021/2022 has been submitted to Scottish Government and this will be revisited at the end of quarter 2 reflecting ongoing uncertainty around the impact of Covid 19 on delivery of the financial plan and associated funding allocations.

3.2 The Financial Plan submitted requires £32.9m of savings to be delivered through the Cost Improvement Programme. Table 6 below summarises the breakdown of savings delivery targets.

Table 6 – Savings Delivery Targets

2021/2022	£m
Managed via PMO	25.100
Adult Social Care - delivered in partnership with Highland Council	3.300
Unidentified	4.500
Total	32.900

3.3 During 2020/2021 Scottish Government providing financial support in respect of slippage against NHS Highland's Cost Improvement Programme recognising the impact that Covid 19 had on delivery. Similar flexibility is not expected in 2021/2022. The CIP which has been developed is challenging and the risk around delivery should be recognised.

3.4 The budget has been built based on a baseline uplift of 1.5% - £9.982m. In addition NHS Highland will also receive an uplift of £16.400m which is a share of £30.200m being provided nationally to maintain Boards within 0.8% of NRAC parity.

3.5 Initial funding has been allocated in line with the Scottish Public Sector Pay Policy and will be used as the starting point in the forthcoming Agenda for Change pay settlement – funding arrangements for Boards will be revisited by the Scottish Government in line with the outcome of the pay negotiations.

3.6 The Scottish Government budget also provided funding to support key policy areas such as Primary Care, Waiting Times Improvement and Mental Health. £595.9m has been allocated nationally as per below:

- Primary Care £250.0m
- Waiting Times £136.0m
- Mental Health & CAMHS £111.1m
- Trauma Networks £37.8m
- Drug Deaths £61.0m

Allocation details by Boards will be set out by individual policy areas.

3.7 In setting the budget it has been assumed that additional funding will be received from Scottish Government in respect of NHS Highland's ongoing response to the pandemic and the subsequent remobilisation of services and that funding will also be received in respect of the National Treatment Centre – Highland.

4 ASC Saving Plan

4.1 Four workstreams have been identified to deliver the £3.3m of savings previously reference in paragraph 2.5 and Table 6:

- Residential Transformation and ASC Cost Improvement Programme
- Community Led Support
- Child Health Services
- Transitions/ Children with Complex Needs

4.2 At this early stage of the financial year work continues to identify ideas and develop these into plans for delivery via NHS Highland's PMO cost improvement process.

4.3 The position at the end of Month 2 is summarised in Table 7 below:

Table 7 – ASC Savings

No of schemes	Unadjusted	Risk Adjusted
	£m	£m
30	1.985	1.196

5 **Recommendations**

The Committee is asked to:

- **Note:** The final position for the HHSCP for the 2020/2021 financial year
- **Consider:** The HHSCP position at the end of Period 2 2021/2022
- **Note:** The detail of the Financial Plan submitted to Scottish Government for the 2021/2022 financial year
- **Note**: The progress on the delivery of ASC savings.

Elaine Ward
Deputy Director of Finance
21 June 2021

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 28 April 2021 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
Philip MacRae, Board Non-Executive Director
Gerry O'Brien, Board Non-Executive Director
Elaine Ward, Deputy Director of Finance
Paul Davidson, Medical Lead
Simon Steer, Director of Adult Social Care
Tracy Ligema, Director of Operations (for Louise Bussell, Chief Officer)

Cllr Nicola Sinclair

In Attendance:
Dr Tim Allison, Director of Public Health and Health Policy
Fiona Duncan, Highland Council ECO for Health and Social Care
Fiona Malcolm, Highland Council Representative
Jane Park, Highland Council
Neil Wright, Lead Doctor
Ian Thomson, Area Clinical Forum Representative
Gillian Grant, Interim Head of Commissioning
Donnellan Mackenzie, Area Manager South & Mid
Mhairi Wylie, Third Sector Representative
Michael Simpson, Public/Patient Representative
Michelle Stevenson Public/Patient Representative (incoming)
Wendy Smith Care Representative (incoming)
Ruth Daly, Board Secretary
Stephen Chase, Committee Administrator

For Item 1
Jackie Hodges, Response Lead, NHSH Adult Social Care, Covid Response Team Oversight
Laura Morrison, Principal Officer, NHSH Adult Social Care, Covid Response Team Manager
Louise Quinn, Adult Social Care Senior Nurse, Covid Response Team
Kay Ferret, Adult Social Care Nurse, Covid Response Team
Campbell Mair, CEO, Highland Home Carers
Kenny Steele, CEO Highland Hospice

Apologies:

James Brander, Board Non-Executive Director
Adam Palmer, Board Non-Executive Director
Cllr Linda Munro, Highland Council
Louise Bussell, Chief Officer
Deirdre MacKay, Board Non-Executive Director

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AGENDA ITEMS

- **Year to Date Financial Position 2020/2021**
- **Assurance Report and action plan from 3 March 2021**
- **Matters arising**
- **COVID-19 Update and Social Mitigation Strategy**
- **Care Home Oversight Board**
- **Social Work in NHS Highland**
- **Adult Social Care Contract Monitoring**
- **Adult Social Care Fees and Charges**
- **Chief Officer's Report**
- **Health Improvement**
- **Committee Function and Administration**
- **Any Other Competent Business**

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DATE OF NEXT MEETING
The next meeting will be held on Wednesday 30 June 2021, at 1pm on a virtual basis.

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.

No formal Declarations of Interest were made.

The Chair was pleased to announce the successful recruitment of new lay representatives, Michelle Stevenson (as Public/Patient Representative) and Wendy Smith (as Carer Representative) who will assume their respective roles from 1st June 2021.

The Committee was informed that a Development Session on End of Life Care had been held that morning and was regarded as having been a very useful meeting. A report will be provided to a future HHSCC meeting outlining the progress of this partnership project.

P Davidson noted he had a problem accessing the invitation to the meeting due to a clashing diary invite. This was noted for future committee planning.

N Sinclair noted she would leave the meeting temporarily for childcare duties.

Staff Recognition
The meeting began with a presentation from staff working at the fore-front of the pandemic with a focus on Adult Social Care.

Jackie Hodges, and Laura Morrison, managers from the COVID Response Team, provided an overview of the logistics involved in training new staff during the height of the pandemic and the kinds of support systems which were put in place and adapted to support their colleagues. In April 2020 100 people were interviewed following a rapid recruitment process to meet the given brief for the COVID Response Team. Despite it being somewhat unclear what they were preparing for the approach from the outset was to recruit to values and provide a supportive experience for the new team, albeit mainly navigated online. COVID was still very much an unknown but there was great risk attached to these deployments. Colleagues across the organisation provided an extraordinary level of support (Travel, Payroll, HR, Finance, Training and Psychological support). Mandatory training was quickly adapted to ensure that infection prevention control, adult support and protection, and welfare practices were at the forefront of everyone's minds. Once the team were deployed there was a real sense of responsibility and helplessness from those of of the team who were left behind even though through the training provided and the support available from each other the team was as well prepared as they could be. The commitment was that once a team member was deployed the management would always be available as a team lead on call to them, in addition to the daily debriefs at the end of each shift.

Adult Social Care nurses, Louise Quinn, Kay Ferret, who had worked in four outbreak sites over the last year in Highland, gave testimony as to their personal experiences. Louise recalled how proud she was to be offered such a key role, with an element of fear for what it entailed and concerns about a mix of people coming together who didn't know each other. For many it was the first time working away from family so there were anxieties but the team quickly started to bond from the first shift onwards. From the first deployment the approach of the team was to help not to judge. Despite personal worries when staff could see how the infection had taken hold, instinct took over and there was a determination not to walk away. Something kicked in and people stepped up like a natural instinct. Staff had concerns about leaving family, had awareness of the possibility they might "not be going home with the health we came in with". A key aim of team members was to be polite and not appear to be judgemental or rude. A huge skill set was required in the tem including cleaning, nursing care, laundry and infection control. The team all checked on each other making sure people could get some time out, supply food, wash each other's clothes, receive new PPE, no ask

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was too big. A family from a group of strangers. “We all learned a lot about ourselves and I learned I was far braver than I thought I was.” Kay recalled how she came into the team in May 2020, into a family. “I was, anxious having a family at home with a daughter shielding, but put at ease by the team. I received important support from the team, who were all very patient and non-judgemental. The experience was very eye opening, people were dying and had died which affected us new people coming in. One evening I supported three people at the end of life. I had a strong desire to ensure these people would feel that they were not alone, although we were strangers I wanted to offer comfort in their final moments. That has given an immense sense of pride to be included in this experience which has been somewhat of a rollercoaster However, I was fully supported within the team to grow and am excited to see where we will go next.”

Jackie Hodges ended with thanks to the wider Adult Social Care management team.

On points raised by Committee members:

- The most important learning was realising the level of support available from colleagues across the organisation on any issues.
- Those present had been involved in discussions about the future of the Response Team and were keen to stay involved in some way. There was much about the approach of the Team that was in line with recommendations about person centred care in the Feeley Review.

A number of Committee members expressed thanks and appreciation for such a vivid insight into the personal experience of staff on the front line during the pandemic. M Simpson: proposed a formal vote of thanks to the staff of NHS Highland for all their work during recent months which was unanimously agreed.

Campbell Mair, CEO of Highland Home Carers, Co-Chair of the Highland Health and Social Care Partnership Strategic Planning Group and committee member of Scottish Care, was then invited to give his perspective on the last year during the pandemic. Mr. Mair reported that his organisation was the largest employee owned company in Scotland as well as, one of the largest social care organisations in Scotland.

He gave an organisational perspective on the work of social care during the pandemic. He felt that locally, the wider sector and his organisation had worked more effectively with NHS Highland in its lead agency role – based on individual relationships as opposed to structures or systems. A number of NHSH staff had gone the extra mile, too numerous to mention but including G Grant, C Stewart, S Steer. Those staff and others like them had shown dedication, commitment, integrity and respect for the sector, particularly in the areas of PPE, ensuring a resilient third sector in the social care arena. The joint experience of working through the pandemic had significantly strengthened local relationships and mutual respect.

Nationally, the situation had been the opposite: Covid had exposed a total lack of understanding, respect or recognition of the care home, care at home, and Social Care sector more widely. The workforce had been largely overlooked yet Highland Home Carers in the last twelve months had delivered 1.2 million episodes of care across Highland, (Raigmore A&E delivers approximately 30,000 annually). This was work that went on behind closed doors, often working one-to-one operating under public, media and political scrutiny,
There had been challenges around PPE supply, especially at the start of the pandemic. The initial response of the NHS nationally indicated ignorance of the scale of the social care workforce, e.g. the initial supply of PPE to Highland Home Carers was around 400 gloves.
There had been a significant gap between what was thought helpful and what was actually needed in adult social care.

Looking forward, Mr. Mair felt that The Feeley Report gives a little bit of hope that the situation might improve but there was an urgent need to address the “say/do” gap, for example recent pay awards offered a 2.2% uplift for Care Home staff in the face of a 4.4% increase for other front line workers and for people who are already doing difficult work for minimal pay. The coming 12 months looked set to be a time of significant change and he hoped the Committee could play a prominent part in promoting positive change for the sector.

A number of Committee members echoed Mr. Mair’s view that social care required greater support and recognition:

- Family carers see at close hand the huge connection between well paid staff and effective care. More choice of service providers is required especially for families with complex needs. Communication between health and social care staff also needs improved
- M Simpson agreed that a harsh spotlight had been shone on what has traditionally been a ‘hidden service’ being largely delivered in people’s homes and in care homes. The sector needs to ensure the media interest does not recede.
- K Steele reported that as a new entrant to the social care market, Highland Hospice could attest to the stark contrast between what terms and conditions could be offered to social care staff compared to health staff.
- S Steer: agreed that at the start of Covid social care was under recognised and the pandemic had changed that. He emphasised that for social care the effects of the pandemic will be felt for a long time to come. The Committee should appreciate that providers have had and are continuing to have a very difficult time and that staff are exhausted. This will need to be taken into account in planning and resourcing services going forward. Social Care is not through the crisis – Provider basis is beaten up after a really tough time, with overworked staff. The lessons to be learned are there as demonstrated by the speakers, but need addressing – under resourced.

The Chair asked all contributors what was the one change during the pandemic that they would most like to see continue? Responses included:

- Significant reform of the approach to commissioning services with parity of esteem for the social care workforce. A move away from commissioning episodes of care for a particular price is required towards commissioning caseloads and people.
- Continuation of a values based approach to supporting colleagues and teams. That may have cost implications but it would be a worthwhile investment in terms of retention and absence rates.

The Chair reiterated the thanks of the Committee to the speakers for their contributions and the work they have done and continue to do, and encouraged them to pass the message on to their colleagues.

The speakers left the meeting at 1.51 pm.

2 FINANCE

2.1 Year to Date Financial Position 2020/2021

Due to internet connection problems the Committee agreed to continue with the meeting until this was resolved. Item 2.1 followed item 3.2.

E Ward, Deputy Director of Finance, provided an update with regard to NHS Highland’s position to the end of the financial year, with the proviso that this was not a final record. The paper presented the Month 11 position.

At the end of Month 11 (February 2021) the overall financial position of NHS Highland was an underspend of £3.342m with a breakeven position forecast at financial year end. This position was dependent upon the management of recent unexpected Adult Social Care and other allocations received in month 10 and receipt of funding from Scottish Government in respect of the recognition payment recently paid to all staff. In addition, Scottish Government provided funding to cover the element previously identified as a brokerage requirement. This position allows all Boards within Scotland to be in financial balance at 31 March 2021.

The Highland Health & Social Care Partnership financial position at Month 11 (February 2021) was a year to date underspend position of £0.516m with a forecast year end position of an underspend of £3.299m. This position would be managed via flexibility arrangements with Scottish Government and the Highland Council to balance the overall NHSH financial position at year end and ensure allocations received late in the year will be available to NHS Highland in 2021/22.

The forecast year end position also reflects additional funding received from Scottish Government in respect of the Adult Social Care (ASC) funding gap rolled into the Covid-19 funding position. NHS Highland provided budgetary cover in respect of this gap in previous years.

There remains a gap between the cost of delivering ASC services and the funding received from Highland Council. Discussions between both parties and Scottish Government with respect to the funding position for 2021/22 have been productive with agreement reached on contributions from all parties.

A Community Health Services 2021/22 savings target has been identified in addition to the £3 million already identified, of £1.9 million. A charter has been presented to the Recovery Board to show the initiatives undertaken to generate those savings.

G O'Brien requested further information about overspend in relation to police custody services and whether overspends on prescribing were forecast to continue in 21/22.

E Ward reported that the requirement to provide improved forensic services for victims of sexual abuse was the reason for overspend in relation to police custody services. That budget pressure would be funded in 21/22. It was difficult to predict the position re drug prescribing. Some drug prices had risen considerably in the last year but were gradually falling more recently.

The Chair noted that it is positive that flexibilities had been agreed with Scottish Government and Highland Council and an agreed position for the year ahead had been reached with regard to the Adult Social Care funding gap. However, she emphasised that this is only a one year arrangement and therefore there is still a lot of work to do in terms of progress going forward. The Chair asked if an overall level of progress could be reported to the partnership on the £3 million savings and the charter for the Recovery Board.

E Ward affirmed that this information will be incorporated into the report for the June Committee.

After discussion, the Committee:	
• **Noted** the financial position of the HHSCP to Month 11, noting the underspend of £0.516m against a year to date budget of £347.481 and a forecast full year underspend of £3.299m against a budget of £384.596m.	
• **Agreed** an update on progress on £3m savings and charter for the Recovery Board would be presented at the meeting on 30 June 2021.	

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3 PERFORMANCE AND SERVICE DELIVERY

3.1 Assurance Report from Meeting held on 3 March 2021

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

The Chair noted a matter of accuracy in the minutes: the text box of item 3.4 was incorrect. [Minute amended after the meeting]

The Committee
- **Approved** the Assurance Report.

3.2 Matters Arising From Last Meeting

No matters were raised ahead of the meeting.

Matters relating to item 5.1 were discussed (see below).

3.3 COVID-19 Overview Report

T Allison, Director of Public Health and Health Policy provided a verbal report and presentation to members of the overall position regarding COVID-19 in Highland.

The weeks preceding the meeting had seen a steady drop in cases. As of 23 April 2021 there had been 22 new cases in 7 days compared to 47 the previous week. Dr. Allison emphasised the need not to be complacent and indicated a wariness around relaxation in levels of safe behaviour. Acknowledging that every death had been a tragedy Dr.Allison noted that the number of deaths in Highland compared well with Scotland as a whole. However some care homes in the Inner Moray Firth had experienced challenges in recent months with 44 deaths since December. A review of recent care home deaths in relation to vaccinations will be led by public health officials in Argyll and Bute.

Testing (lateral flow) was widely available across the board in the Health and Social Care sector with high levels of testing taking place in the Highland Council area.

In relation to the vaccination programme, across the Highland Council area around 125,000 people had their first dose with around half that number having received their second dose. Progress was very good compared to the Scotland position albeit had slowed recently due to challenges with stock.

The floor was opened to questions and comments.

The Chair asked Dr. Allison to outline how the Board was addressing some of the challenges in managing the vaccine plan.

Dr. Allison agreed that a number of challenges were being addressed including vaccine supply, recent guidance on the Astra Zeneca vaccine and some GP practices being unable to deal with younger cohorts. Highland will continue to use the Pfizer and Astra Zeneca vacines although no one under 30 will be offered the AZ vaccine. No Moderna vaccine would be offered in Highland. Various contingency plans were in place to manage distribution. It was a complicated situation and there would also be a booster programme to accommodate. However progress continued to compare well with other Scottish boards.

G O'Brien asked about the likely impact of tourism on infection rates. Dr. Allison answered that there was not a particular increase in rates of infection last summer during the lockdown easing in spite of large numbers of visitors. There would be mitigating factors, for example most tourists are mixing outside and he was not exceptionally worried about this summer so long as people continue to follow the rules. There would be challenges but large testing programmes can be rolled out quite easily.

P Davidson informed the committee that the additional work involved in COVID vaccination programmes represented around a 20% increase in practice activity and involvement in the programme was a considerable strain on GP practices in addition to enforced changes to ways of working due to COVID. The pressures on GP practices would need to be carefully considered as part of on-going discussions about our plans.

The Committee:

- **Noted** the report.

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3.4 Care Home Oversight Board

S Steer provided an overview of the circulated report and provided a brief overview of the key Adult Social Care service delivery issues, seeking to provide assurance the Board was complying with the guidance issued by Scottish Government.

The Care Home Oversight Board has been in receipt of assurance reports on care home issues and activity, and has provided direction on escalated matters flagged by the daily safety huddle. The reporting to the group includes the following: RAG status (care homes on "red" or "amber" status), Public Health closure status, bed capacity, TURAS compliance, Care Inspectorate grading, new Scottish Government guidance and requirements, and mutual aid deployment.

S Steer noted that there were no current outbreaks in care homes, that the situation is much improved but continued joint working would be required for this improvement to be maintained.

N Wright asked how the Clinical and Care huddle works.

S Steer answered that every day a range of staff including the leads for contracts and infection control would meet to examine data on a range of issues including, PPE, staffing ratios, etc. Local intelligence was combined with information from an electronic monitoring system, the TURAS System, used by care homes to provide a daily status report.

P Macrae asked why investigations into one particular care home have been under consideration since April 2020, being concerned that this must have an impact on staff morale and other issues.

S Steer answered that this was a particularly complex case with other issues arising from the initial investigation. There was confidence that the end of the process was in sight following supportive interventions. There was no current risk and the investigation team was working with staff to provide assurance.

G O'Brien noted that the report was very informative but it needed populating with actual data on critical issues.

S Steer noted this was a helpful suggestion and provided a commitment to focusing future reports on providing assurance to the Committee rather than reassurance-, and he would provide a commitment to this effect.

The Chair asked how learning was shared between large scale investigations and the rest of the provider community.

S Steer noted this was a sensitive issue and for confidentiality reasons learning had to be shared in an anonymised way with an emphasis on the general principles raised by investigations and on a 'no blame' basis. The sector was keen to learn and share with each other.

The Chair noted the proposal for an update report in 6 months. She suggested that there was a need to agree an overall framework for reports from the Oversight Board and suggested an annual report which would be a comprehensive overview of activity during the year and an update on actions every 6 months, in between times any issues could be escalated via the CO's report where necessary. S Steer agreed to discuss and agree with L Bussell and F Duncan an overall framework for reporting to the Committee.

The Committee

- **Noted** the report and agreed that a progress report should be submitted to the Committee during 2021 which would include an overall framework for future reports from the Oversight Board.

3.5 Social Work in NHS Highland

S Steer provided an overview of the key Social Work delivery issues.

The sector was effectively still operating under Covid conditions, it had been significantly affected, and social care had not been 'stepped down'. However the way some social work assessments and services were delivered had to be radically changed with much less face to face contact with clients. This inevitably meant some increased risk to people's wellbeing but this had been mitigated as far as possible by the introduction of a more robust leadership structure in Highland, digital engagement and measures such as the Covid Response Team. The pandemic had thrown a harsh light on the need for new models of care which had been recognised in the Feeley Review recommendations which included the need for fair work approaches and how this would be financed as well as an emphasis on a human rights approach. The Committee were asked to recognise the range of challenges dealt with by the service during the pandemic, the outstanding response and the need for further improvement going forward, which Mr. Steer suggested needed to be benchmarked against the practice recommendations of the Feeley Report. He ended by thanking his colleagues who had been involved in producing the report.

The Chair noted the reference in the report to the need to improve clinical and care governance arrangements and asked if there was a clear plan and timetable for resolving the situation.

S Steer answered that conversations with the Chief Executive of NHS Highland were on-going but he expected relatively rapid agreement on a way forward.

The Chair requested that the Chief Officer's next report provides assurance on progress and necessary mitigating actions.

DRAFT

W Smith asked for clarity around the re-enabling of social care noting how care packages have been cancelled or reduced.

S Steer acknowledged that there had been changes to the way some services were delivered as a result of national guidance and other issues such as staff shortages due to shielding and Covid testing however packages had not been reduced or cancelled. This assessment was challenged by W Smith.

The Chair noted that the Committee had previously received a report on a survey by Inclusion Scotland on user and carer experience during the pandemic which raised similar concerns to those expressed by Ms Smith. Concerns had also been expressed at the Committee’s last meeting about the remobilisation of day and respite services. Mr. Steer agreed to seek updates on the Inclusion Scotland survey and remobilisation of day and respite services.

D Mackenzie commented that there is an awareness that lived experience in the year past varied hugely. Some clients self-selected for a reduction in activity due to anxiety around visitors going into homes. Every effort had been made to reach out to clients to work with providers to ensure appropriate support through alternative means. The service was keen to hear about individual experiences.

W Smith emphasised that her comments were based on her involvement with Inclusion Scotland and Strathclyde University research on lived experience showing involvement in the development of the carer strategy. It was agreed that further conversations would take place outwith the meeting to explore the issues raised by W Smith and enable the service to respond to her feedback.

G O’Brien asked for clarification on issues raised in the report regarding the potential interest of the Mental Welfare Commission in NHS Highland’s practice of supporting the discharge of patients from hospital to care homes during the pandemic. S Steer responded that it was not possible to provide details of individual cases in Committee but that he would provide further assurance on the issues to Mr. O’Brien outside the meeting.

R Daly asked how the Committee wished to reflect the assurance levels received from the report in the meeting minutes. It was agreed the Chair and the Board Secretary would discuss this outwith the meeting.

Further suggestions were made by members of the Committee for a development session on issues raised by the report and for further evidence of lived experience of users and carers to be provided to the Committee.

The Chair noted the potential substantial impact on integration arrangements in Highland of the Feeley Review. She suggested that instead of a future update report on the Feeley recommendations what was required was a report on how the Health and Social Care Partnership would consider and manage any required changes to the partnership, in collaboration with stakeholders.

The Committee

- **Noted** the contents of the report, in particular, the range of duties and complexities of the Social Work role; the dedication, compassion and commitment demonstrated by adult social care staff during the pandemic; the significant implications of the Feeley Report for the future of adult social care and both current and planned service improvements being progressed by the strengthened Leadership Team.
- **Agreed** the future production of a report to the Committee with proposals for the consideration and implementation in Highland of the recommendations of the Feeley Review

DRAFT

- **Agreed** a development session should be held on the topics discussed.

3.6 Adult Social Care Contract Monitoring

G Grant introduced the circulated assurance report on contract monitoring, noting that different types and methods of contact have resulted in a blended approach into this year, and that the appendix detailed the kinds of contact for different groups of service providers.

The Chair thanked G Grant and her colleagues for their work throughout the pandemic. The Chair asked how the risks in relation to reduced face-to-face contact with providers and their clients were being managed and if those risks were recorded on operational risk registers.

G Grant answered that mitigation was often a case of asking clients different questions, making use in part of virtual visits, and limiting numbers of visitors. She noted that more frequent and informal visits have tended to build up more trust and assurance. The issues were not specifically recorded on the Risk Register but will be logged.

G O'Brien asked whether and how contract monitoring will in future reflect assurances from external sources such as the Care Inspectorate. G Grant responded that there were a number of different agencies on board bringing different intelligence to the table.

The Committee
- **Noted** the contents of the report and agreed that assurance had been provided regarding NHS Highland's approach to contract monitoring.

3.7 Adult Social Care Fees and Charges

G Grant introduced the circulated report for noting, commenting on the impact of Covid which had caused a delay to confirmation of fees for 21/22 and advised further assurance would be provided for the next meeting.

The Chair noted that the process referred to in the report would need to be reviewed: the reference to a Finance Committee meant the Finance and Performance subcommittee of the HHSCC which had been removed from the Committee's Terms of Reference.

G Grant answered that there would be discussion with the Director of Finance as to necessary changes to the current process. She further noted that £2.7 million of sustainability payments had been made to Highland providers and that agreement is in place regarding these to the end of June. Once government information has been received regarding the situation beyond June a further report would be brought to the Committee.

T Ligema suggested that membership of the groups referred to in the report may need updated to reflect the changing management structures within NHS Highland.

W Smith asked if the £2.7 million paid out to care providers was Covid related.

G Grant responded that these were exclusively Covid payments from Scottish Government administrated regionally.

The Chair noted the need for a further assurance report once the process runs its course.

DRAFT

The Committee Noted the terms of the report, that the process for agreeing fees and charges would be revised to take account of changes in the Terms of Reference of the Health and Social Care Committee and management structures and that a further assurance report would be provided once a revised process had been agreed and the process for 21/22 had been concluded.

3.8 Chief Officer's Report

T Ligema spoke to the circulated report on behalf of L Bussell and provided an overview of the key issues.

- A draft revised Highland Partnership Integration Scheme is out for consultation.
- A management restructure to create a single North Highland service for all community directorate functions was well underway. This would also move management of rural general hospitals into the Acute Service Division.
- Provision of a new hospital on Skye was slightly behind schedule but the new Badenoch and Strathspey Community Hospital in Aviemore would be due for a July handover. A business care was being developed to mitigate a potential staffing shortage for the Skye hospital.
- Enhancing community services: work was continuing with no care at home delays for people in hospital in the Inverness area. Spread of the lessons learned was being supported by Area Managers.
- In relation to the Primary Care Improvement Programme a successful tender has been completed for Community Link Workers with the contract commencing July 2021. Three pilot sites would become early adopters of the mental health work stream. Remobilisation of primary care services was being taken forward in line with guidance from Scottish Government

P Davidson noted that areas of Primary Care, notably Dentistry, had been challenged by remobilisation.

N Sinclair asked about Primary Care Mental Health provision particularly with regard to Out of Hours access in Caithness.

P Davidson responded that there had been improvement in Primary Care but that there was a gap in transition between daytime and Out of Hours services.

M Simpson requested a report on progress with the North Coast Redesign at the next meeting and commented on a lack of information for the local community on the transfer of the Tongue medical practice.

P Davidson responded that the transfer of the Tongue medical practice was achieved through a competitive process with high quality bids having been received. P Davidson noted that M Simpson's feedback was valuable, that the patient population should have updates about such changes and that this was the responsibility of the practices. However he agreed to discuss the issue of information provision with the practice.

It was agreed that further information on the provision of community link workers would be provided to G O'Brien outwith the meeting.

The Chair suggested a future report bringing together an overview of the various hospital redesign projects. T Ligema and Alan Wilson (Director of Estates) to discuss this outwith the meeting. An update on Lochaber and North Coast redesigns will be included in the next Chief Officer's report.

DRAFT

The Committee Noted the terms of the report.

4 HEALTH IMPROVEMENT

There were no matters discussed in relation to this Item.

5 COMMITTEE FUNCTION AND ADMINISTRATION

5.1 Committee Annual Work Plan

G O' Brien asked why Children's Services was not specifically referenced in the work plan and how this would be reported going forward.

The Chair commented that the intention was to review the work plan at each meeting going forward as part of the Committee Function and Administration item. The Committee would be providing assurance to the Board with regard to the delivery of the delegated functions of Children's Services but the format of how this is to be reported and how frequently is under review as part of the revised Integration Scheme. Reporting of Adult Support and issues was also under review.

S Steer reported that the discussions regarding Adult Support and Protection were not yet concluded, but he would be happy to bring an assurance or information item to the next meeting to the Committee.

The Chair commented that it was a matter of urgency for discussions to be concluded and an agreement reached regarding reporting on Children's Services.

T Ligema responded that L Bussell has asked her to pick up responsibilities around Children's Services for the Community Directorate.

G O'Brien requested that the issue should be captured in the Rolling Action Plan.

The Chair requested this be noted for future discussion.

The Committee Noted the need to include actions in the Rolling Action Plan with regard to: • **Childrens Services** • **Adult Support and Protection**

6 AOCB

No other business was discussed.

The Chair apologised for the length of the meeting noting the important messages conveyed.

7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **30 June 2021** at **1pm** on a virtual basis.

The Meeting closed at 4.26 pm

DRAFT

FOLLOW UP FROM HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE ACTION PLANS – MARCH 2018 ONWARDS

Those items shaded grey are due to be removed from the Action Plan.

	Item	Action / Progress	Lead	Outcome/Update
01/03/2018	**Sub Committee Terms of Reference**	Terms of Reference for Finance and Performance Sub to be finalized and approved at Committee (management action from internal audit report) Clinical Governance Sub Committee on hold	**A Clark/L Bussell**	Sub Committees removed in Board Review. Discussions to take place regarding clinical governance reporting.
15/01/2019	**Care Academy Development**	Agreed progress report on development of a Care Academy be submitted to a future meeting.	**S Steer/I Thomson**	To be incorporated in future report to Committee on social care matters.
04/09/2019	**Clinical Governance**	Agreed detailed report on ASC Clinical & Care Governance to be submitted to future meeting.	**S Steer**	Future Meeting
04/09/2019	**Children's Services Reporting**	Agreed to discuss relevant matters with newly appointed Executive Officer for Health and Social Care (Highland Council)	**S Amor/L Bussell**	To be discussed at June 2021 meeting.
04/09/2019	**Chief Officer's Report**	Agreed consideration be given to inviting C Morrison to address a future meeting on Near Me.	**A Clark/L Bussell**	Future Development Session.
04/09/2019	**Chief Officer's Report**	Agreed an update on SDS activity be brought to a future meeting.	**D MacKenzie**	November 2021 Meeting. Interim updates.
05/02/2020	**Chief Officer's Reports**	Agreed a full report on Quality Improvement activity be submitted to a future meeting.	**L Bussell**	Future Meeting.
05/08/2020	**Inclusion Scotland Report on COVID and Disability**	Agreed a report on the Findings from a follow up Survey be brought to future meeting.	**A Johnstone**	Future Meeting when survey available.
03/03/2021	**Chief Officer's Report**	Agreed a report on redesign of day services for people with learning disabilities be brought to a future meeting.	**A Johnstone**	In workplan for January 2022 – need to confirm appropriate date.

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**30 June 2021**
Title:	**Adult Social Care Commissioned Services Fee Rates 2021-2022**
Responsible Executive/Non-Executive:	**Simon Steer, Director of Adult Social Care**
Report Author:	**Colin Stewart, Acting Commissioning, Contracts and Compliance Manager**

1 Purpose

This is presented to the Board for:

- **Awareness**
- **Decision**

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

NHS Highland considers on an annual basis, the fee and contractual arrangements to apply to commissioned adult social care services for the following financial year. These services include care home, care at home, support and day care services.

An agreed process is undertaken annually, in accordance with the remit previously agreed by the Health and Social Care Committee, which is then reported back to the Health and Social Care Committee to provide assurance around this area of activity.

At the previous meeting of the Highland Health and Social Care Committee on 28 April 2021, the Committee noted both the position regarding fee arrangements for 2021-2022 and also the need to update the currently agreed and operating role and remit of the Adult Social Care Fees – Commissioning, Briefing and Instruction Group to take account of changes in reporting and management structures.

This further report now provides:

a) assurance on the fee process implemented for 2021-2022; and

b) requests approval to an updated role and remit for the Adult Social Care Fees – Commissioning, Briefing and Instruction Group.

2.2 Background

Members of the Committee are reminded of a previous report to the Health and Social Care Committee on 1 March 2018, which advised of the way in which fees for adult social care are considered and planned for, and how the contracts / business support team are provided with direction to undertake negotiations and transactions with care providers.

This previous report confirmed that NHS Highland contracts with care providers, paying agreed fees for the care services provided. Depending on circumstances, these fees are either *standard* fees or *non-standard* fees which recognise a specialist service which usually manages a level of complexity.

The Adult Social Care Fees – Commissioning, Briefing and Instruction Group was established in 2017 as an operational group to ensure consistency of approach across the North Highland Partnership area.

This Group operates to the previously agreed and still current role and remit. A proposed updated role and remit is as noted later in this report.

2.3 Status

2.3.1 Fee Rates 2021-2022

The process of reviewing adult social care fees is based on a number of elements, a crucial component of which is the outcome of the National Care Home Contract national negotiations and settlement.

As noted in the report to the Highland Health and Social Care Committee on 28 April 2021, the process of fee setting had not at the time of writing that report, been finalised, as the NCHC settlement outcome had been awaited. This outcome was since received and confirmed the rates which to apply to payments for Nursing and Residential Care for 2021/22, effective from 12th April 2021, enabling final projections to be prepared.

This clarification followed information already received from the Scottish Government on 31 March 2021, which made a request of Partnerships to ensure a uniform fee increase of 2.2% was applied to other registered services commissioned. The national uplift is intended to reduce the time required for individual contract negotiations, ensuring there is no delay in the workforce receiving a pay increase and for which funding has been included within the 2021/22 financial plan. These arrangements are separate to the NCHC arrangements as noted above.

These fee amendments were subsequently projected and a detailed recommendation and impact report was prepared by the Adult Social Care Fees – Commissioning, Briefing and Instruction Group. This was provided to the Chief Officer and Director of Finance for their approval, in the context of the Scottish Government fee approach requirement and as a pragmatic approach to ensure timely payment.

These arrangements, as approved by the Chief Officer and Director of Finance, have now been implemented accordingly and a summary of the fee arrangements now in place for 2021-2022 are provided at **Appendix A** for information.

2.3.2 Adult Social Care Fees – Commissioning, Briefing and Instruction Group Role and Remit

The current role and remit for the Adult Social Care Fees – Commissioning, Briefing and Instruction Group was last reviewed in December 2019. Since this time, the Finance and Performance Sub-Committee referred to in the approval process is no longer in place.

To address this, the approval process has been updated to reflect a change in the approval process. The opportunity has also been taken to update group membership arrangements.

The proposed updated remit is now provided at **Appendix B**

2.3.3 Quality/ Patient Care

No impact.

2.3.4 Workforce

The fee approach continues the requirement of providers operating registered care services to pay the minimum of the Scottish Living Wage.

2.3.5 Financial

The cost of the fee approach is estimated at **£2.533m** which is reflected in the financial plan.

2.3.6 Risk Assessment/Management

Contractual and service continuity risk has been mitigated by applying a short term contract extension, pending the fee and contract approvals now in place.

2.3.7 Equality and Diversity, including health inequalities

Not applicable.

2.3.8 Other impacts

None.

2.3.9 Communication, involvement, engagement and consultation

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

- Providers have been notified of the revised fees and contract durations. Payment at the new fee levels will be made by 30 June 2021.

2.3.10 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.

- ASC Fee Sign off Chief Officer and Director of Finance 12 May 2021
- Fee Briefing and Instruction Meeting 6 May 2021
- Fee Briefing and Instruction Meeting 9 April 2021
- Fee Briefing and Instruction Meeting 3 March 2021

2.4 Recommendation

- **Awareness :** Members of the Committee are asked to **note** the ASC fee approval assurance process for 2021/2022
- **Agreement:** Members of the Committee are asked to **agree** the revised role and remit of the Adult Social Care Fees – Commissioning, Briefing and Instruction Group as provided in **Appendix B**

3 List of appendices

Appendix A

Summary of 2021/2022 Fee and Contracts Arrangements for Adult Social Care commissioned services

Appendix B

Revised role and remit for the Adult Social Care Fees – Commissioning, Briefing and Instruction Group

Appendix A:

Adult Social Care Commissioned Services
Fee and Contract Arrangements 2021-2022

<table>
<tr><th>Fee Category</th><th>Fee Approach</th><th>Duration</th><th>Notes</th></tr>
<tr><td>SDS Option 1</td><td>+2.2%</td><td>+1 year</td><td rowspan="2"></td></tr>
<tr><td>SDS Option 2</td><td>+2.2%</td><td>+1 year</td></tr>
<tr><td>NCHC Care Homes</td><td rowspan="4">COSLA settlement Nursing +3% and residential +2.83%</td><td rowspan="12">+1 year</td><td rowspan="4">Note within the COSLA settlement there may an agreement to revise the settlement from 3.0% to 3.2% for nursing. This change is dependent on the outcome of NHS pay negotiations which are linked to the payment of nurses in care homes</td></tr>
<tr><td>Standard Care Homes</td></tr>
<tr><td>Non Standard Care Homes</td></tr>
<tr><td>Out of Area Highland Care Homes</td></tr>
<tr><td>Out of Area Placements</td><td>Continue to align with host authority rate</td><td></td></tr>
<tr><td>Care Homes 1:1</td><td rowspan="7">Current rates +2.2%</td><td></td></tr>
<tr><td>Care at Home</td><td></td></tr>
<tr><td>Support Standard</td><td rowspan="5"></td></tr>
<tr><td>Support Non Standard</td></tr>
<tr><td>Housing Support</td></tr>
<tr><td>Home Based Respite</td></tr>
<tr><td>Spot purchase Daycare</td></tr>
<tr><td>Registered Daycare</td><td>Current rates +2.2% and continued payment at gross</td><td>+1 year</td><td>Caveat to be added to the contract variation for this fee category to take account of any remobilisation contractual changes that may be needed.</td></tr>
<tr><td>3rd Sector</td><td>standstill</td><td>+1 year</td><td rowspan="2">A review to be undertaken to determine whether there was a future need to extend the requirement to pay the Living Wage to non registered care services</td></tr>
<tr><td>Non care home non standard</td><td>standstill except as noted below</td><td>+1 year</td></tr>
<tr><td>Non Standard bespoke Services</td><td>standstill</td><td>+1 year</td><td></td></tr>
<tr><td>Care homes non standard placement agreements</td><td>standstill</td><td>+ 1 year</td><td></td></tr>
<tr><td>Care Home specialist use beds including respite and flexible use</td><td>COSLA settlement Nursing +3%</td><td>+ 1 year</td><td></td></tr>
</table>

Appendix B

Adult Social Care Fees – Commissioning, Briefing and Instruction Group

Proposed Revised Role and Remit

30 June 2021

Background

NHS Highland contracts with care providers, paying agreed fees for the care services provided. Depending on circumstances, these fees are either *standard* fees which are overseen by the National Care Home Contract, or *non-standard* fees which recognise a specialist service which usually manages a level of complexity.

The Adult Social Care Fees – Commissioning, Briefing and Instruction Group (Fees Group) was established in 2017 as an operational group to ensure consistency of approach across the North Highland Partnership area.

The remit of the Fees Group was agreed by the Health and Social Care Committee in March 2018 with a further update in December 2019 which consolidated the already agreed role and remit and provided further detail as to the operating procedures of the group.

This further revision in June 2021 is to update the membership of the group and the fee sign off process.

The Adult Social Care Fees – Commissioning, Briefing and Instruction Group

The required oversight will be provided by an **Adult Social Care Fees – Commissioning, Briefing and Instruction Group (Fees Group).** Approval of this group is required to progress to any **adult social care** commissioning / procurement arrangement and this group will oversee contract performance.

Remit

The remit of this group will be to oversee, consider, agree recommendations and provide instruction on **North Highland** Adult Social Care Commissioning financial tariff, contract and activity issues to ensure compliance with current Standing Financial Instructions.

The group will:
- consider all Adult Social Care Commissioning related issues;
- provide instruction to Commissioning / Procurement Teams;
- oversee the Adult Social Care contracts register;
- monitor and receive reports on Adult Social Care Commissioning activity;
- identify and report on areas of non compliance;
- prepare fee and contract recommendations to the Chief Officer and Director of Finance, to ensure the approach represents the NHS's agreed strategic direction; meets the Board's objectives; and is affordable.
- provide an assurance report to the Highland Health and Social Care Committee early in the new financial year
- prepare annual (or more frequently or outwith this schedule if required) financial and contract recommendations.

The key stages and timings are as undernoted:

When	What
July to December	Fee and contract proposals prepared by Group and provision made in the annual financial plan
January	Approval of the financial plan
February	Final recommendations prepared by the Group to take account of affordability
February	Recommendations made to Chief Officer and Director of Finance for “in principle” approval
March/ April	Final approval of recommendations from the Chief Officer and Director of Finance once detail of any national settlements is known
March/ April	Providers notified
April	New fee and contract arrangements implemented
April	Assurance report to the April Highland Health and Social Care Committee or the next available meeting following final approval of recommendations
May	Tender waiver report to NHS Highland Board, as required
Ongoing	6 weekly meetings of the Group to review and oversee fee issues and address any outstanding or arising matters

Membership

The Fees Group will comprise the following membership:

Head of Commissioning (Chair)
Depute Director of Adult Social Care
Head of Service, Community Directorate
Head of Service, Community Directorate nominated deputy
Deputy Director of Finance
Finance Manager (ASC)
Head of Mental Health and Learning Disabilities and Autism
Head of Service (Learning Disabilities and Autism)
Commissioning, Contracts and Compliance Manager (Depute Chair)

In attendance will also be a representative / representatives from the Commissioning, Contracts and Compliance Team; Business Support Team; and Operational Team as required:

Practical Arrangements

- Declaration of Interests
    - Group members must declare any interests at the commencement of each Fees Group meeting.

- Quorate Arrangements

    - In line with good governance arrangements, the minimum number of persons who should be present at each meeting will be a third of the membership.

- Chairing

    - The meeting will be chaired by the Head of Commissioning.

    - The depute chair will be the Commissioning, Contracts and Compliance Manager, who will chair in their absence.

- Attendance

    - Where a Board member is unable to attend, apologies should be submitted to the meeting administrator and arrangements made for a briefed substitute to attend in their place. Any substitute must be able to fully participate in any required decision making.

- Decision Making

    - Any required decisions will be made by consensus, with a declared position required from each Group member.

    - Where a consensus position cannot be reached, the budget holder for the area under discussion will confirm the final position, except in the situation of any conflict with the Standing Financial Instructions, in which case the Chair will have the casting vote.

- Frequency

    - Meetings will take place 6 weekly (and quarterly as a minimum) and more frequently by the Group's agreement.

- Administration

    - The Commissioning, Contracts and Compliance Team will administer the Group.

    - Papers will be issued no less than 3 working days in advance of the meeting, and otherwise tabled by exception.

    - Action notes will follow within 5 working days of the meeting.

Reporting and Governance

The Group will submit the following reports:

- performance reports to North Highland Community SLT as requested;

- annual (or more frequently or outwith this schedule if required) financial and contract recommendations for approval by the Director of Finance and Chief Officer in January-March each financial year;

- Annual fee assurance report to the Health and Social Care Committee;
- Annual contract monitoring assurance report to the Health and Social Care Committee;
- A tender waiver will be sought where necessary or relevant, in line with Standing Financial Instructions.

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**30th June 2021**
Title:	**Enhanced Community Services Update**
Responsible Executive/Non-Executive:	**Louise Bussell, Chief Officer**
Report Author:	**Rhiannon Boydell, Head of Service, Community Directorate**

1. SUMMARY

District teams focussing improvement efforts on changes that support the following aims:

- that people who do not need medical care but require health or social care support will be assessed at home or in a homely setting
- people should not be in hospital waiting for support in order to return to their home.
- District teams can increasingly provide support to help avoid admissions and that we should be able to do this throughout the 7 days and at any time

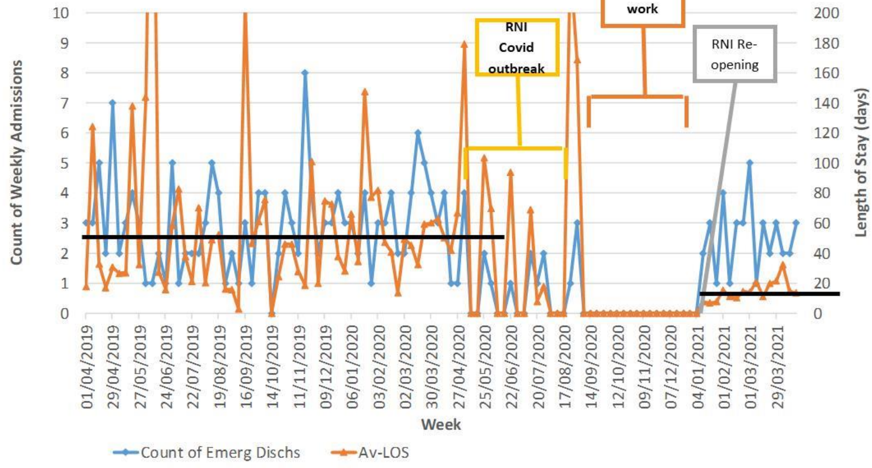
2. INVERNESS COMMUNITY SERVICES

Before 2020 RNI Community Hospital had 30 beds (2 wards of 15 beds each). In April 2020 we experienced a COVID outbreak in the hospital and then decided to keep the wards closed to enable essential fire safety work and then to keep capacity available to support anticipated winter/covid surge.

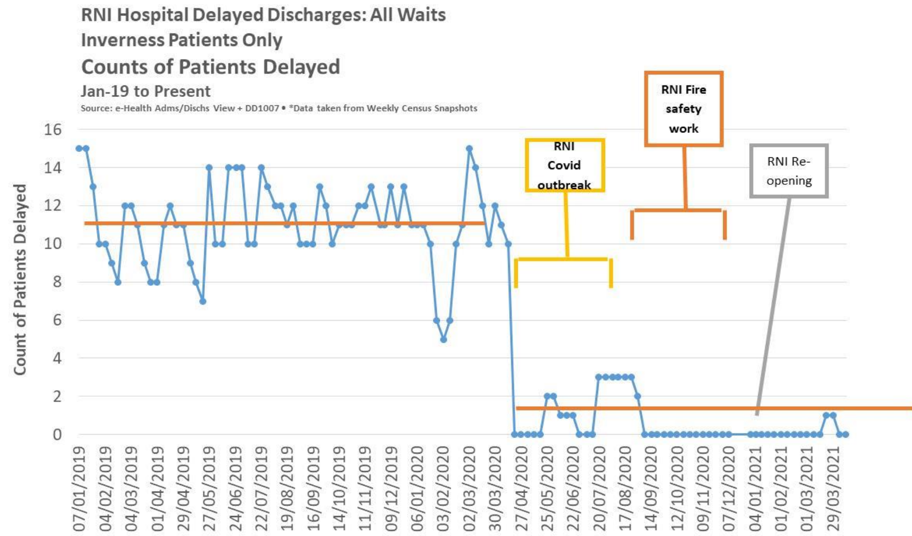
In September 2020 we started to implement changes in the way that the community services were working to bring people home from hospital for assessment rather than being assessed in Hospital. In January 2021 we further started to develop and implement the processes for enabling us to respond to urgent needs and support people to stay at home and avoiding unnecessary hospital admissions.

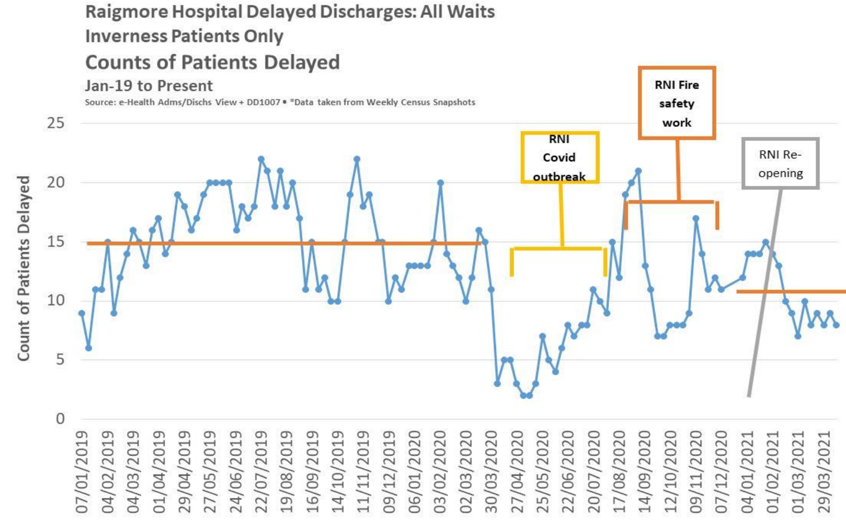
12 beds were opened in the RNI on 5th January 2021 and the hospital team working alongside the community teams developed a coordinated approach to using the hospital beds which has significantly reduced the number of people from Inverness who are held awaiting discharge in hospital as shown in the following graphs:

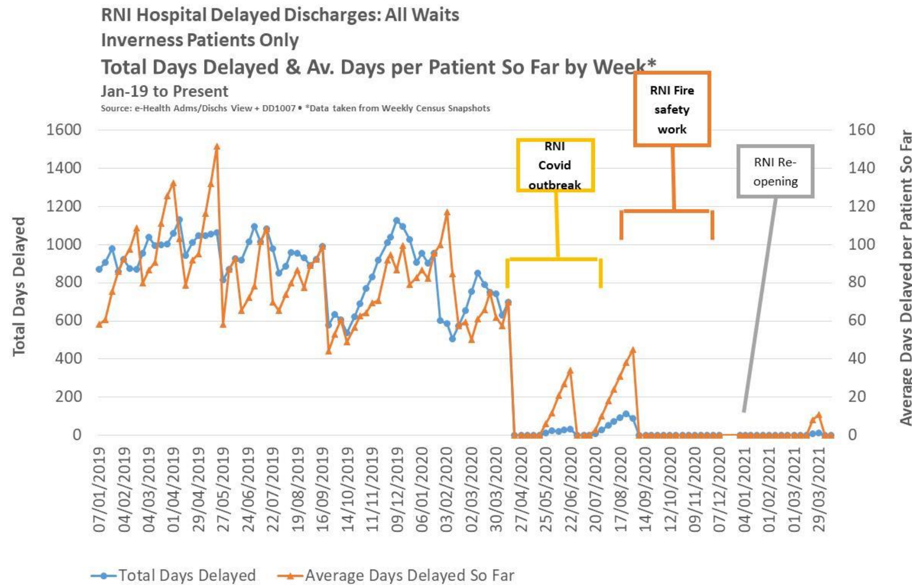
Length of stay in RNI for people from Inverness - Over the 15-weeks between 11/01/21 and 25/04/21 the median length of stay is 14 days (average = 14.8 days). This compares to the 26-week period described above from Sep-19 to Mar-20, where the median length of stay is 46.4 days (average = 55.8 days).

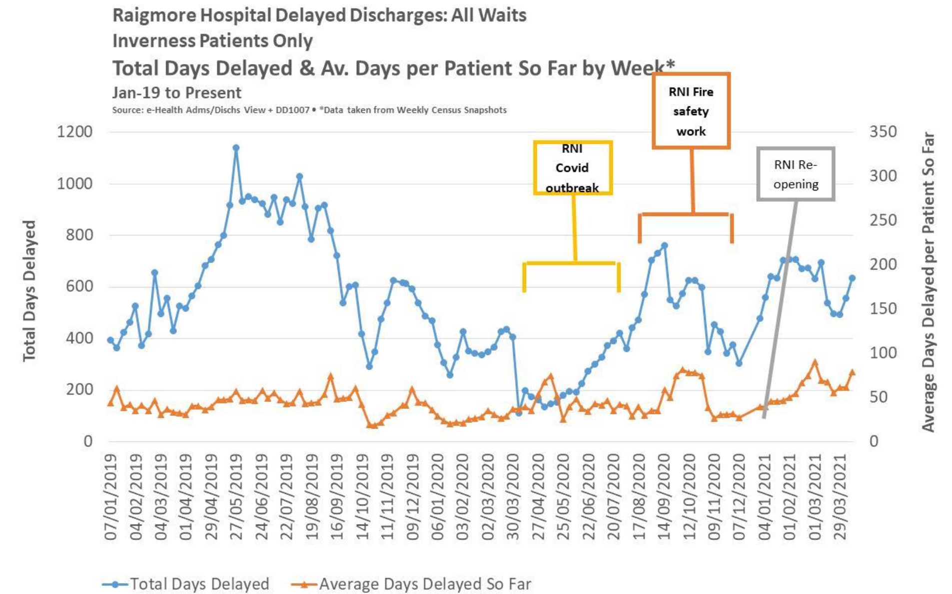

RNI• Inverness Patients* Ages 65+
Count of Emerg Admissions and Average Length of Stay by Week
Apr-19 to Present
Source: e-Health Adms/Dischs View • *Patients Registered with Inverness GP Clusters A, B and C
RNI Fire safety work
RNI Covid outbreak
RNI Re-opening
Count of Weekly Admissions
Length of Stay (days)
Week
Count of Emerg Dischs
Av-LOS

Charts below show numbers of people delayed in the RNI and number of days in the periods pre covid, and after re-opening alongside the corresponding data for the Inverness residents in Raigmore at the same time:









Collaborative Working:

At an event on 5th May with leaders in the Community Services and Primary Care in Inverness we shared and reviewed our vision and objectives for the future of Community Services in Inverness which is summarised as

- Preventative and proactive
  - We work proactively to maximise Health, Wellbeing and Social Welfare
  - We work collaboratively to identify those people who need our services, including those people in the last year of life
  - We know who is admitted into Raigmore and we decide and plan how they are discharged so that they are never delayed in hospital
- Responding in a Crisis
  - We use our resources flexibly to meet individual needs
  - No one from Inverness is admitted into an acute hospital bed without needing to be there.

Next Steps:

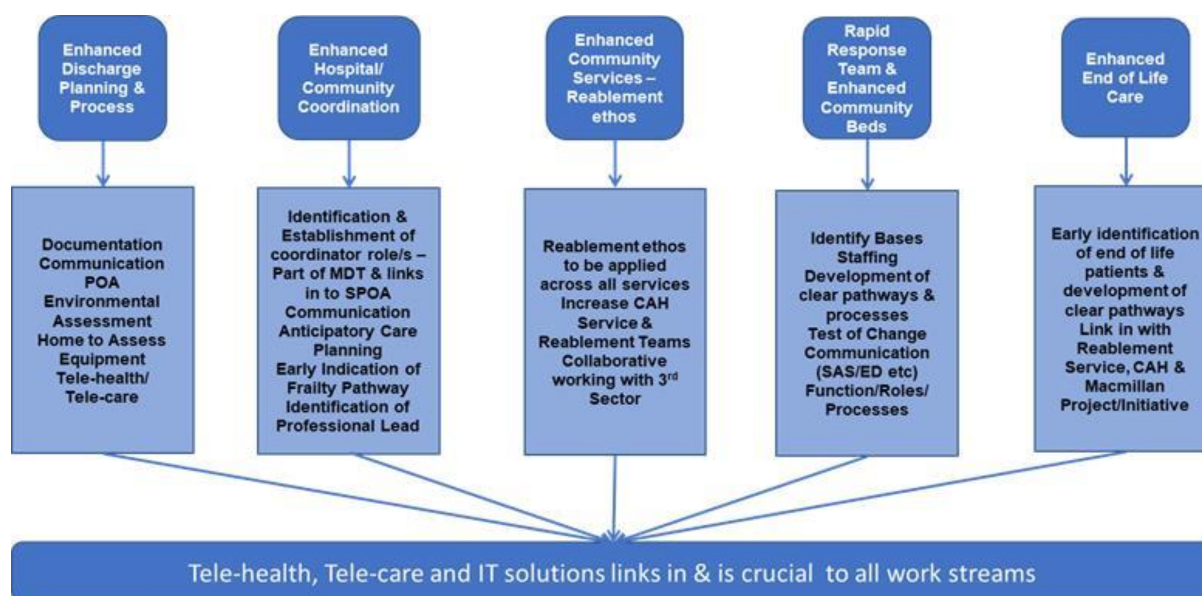
Currently the development in the community teams has been primarily focussing on working with one group of 3 practices and within the normal working hours. The next step for this work would be to extend the working hours and to increase the number of practices who are able to become involved.

3. **North and West Highland Community Services**

Using existing resources a Caithness pilot have developed a set of aims for their improvement work:

a. To facilitate an effective, smooth, safe and person centred transition from hospital to home.
b. To provide the right care for the right person, at the right time.
c. To facilitate and promote collaborative working between hospital and community staff, placing the person at the core of everything we do.
d. To place the Reablement ethos at the centre of all that we do.
e. To ensure there is an inclusive and proactive discharge planning process in place which listens to and respects the rights and choices of the individual.
f. Provision of a fully integrated MDT encompassing all hospital and community disciplines to ensure that the required services are in place prior to discharge.
g. Introduction of discharge planning & coordination role to improve communication and accountability and facilitate the smooth transition from hospital to home.
h. To ensure effective discharge and communication processes are in place to prevent unsuccessful discharges.

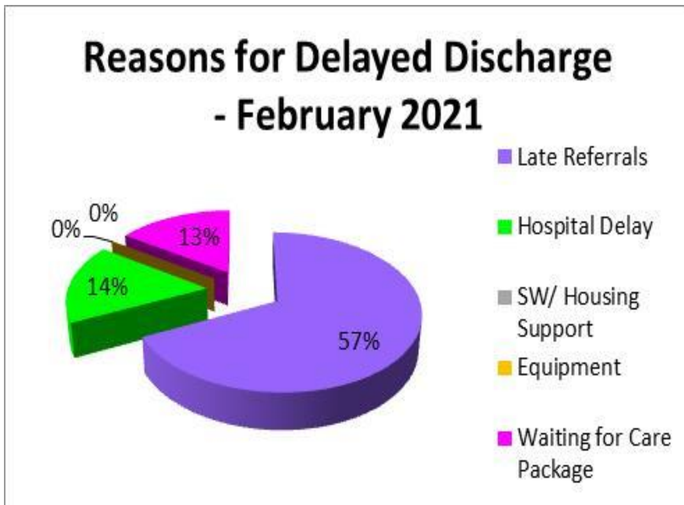
Five workstreams have been created as follows:

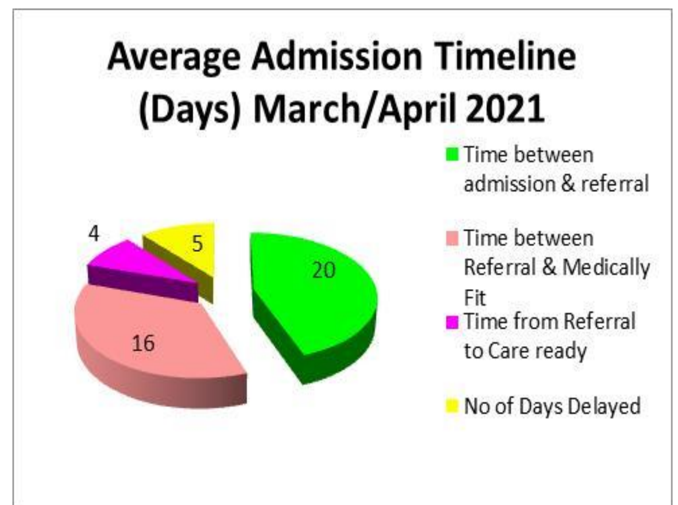


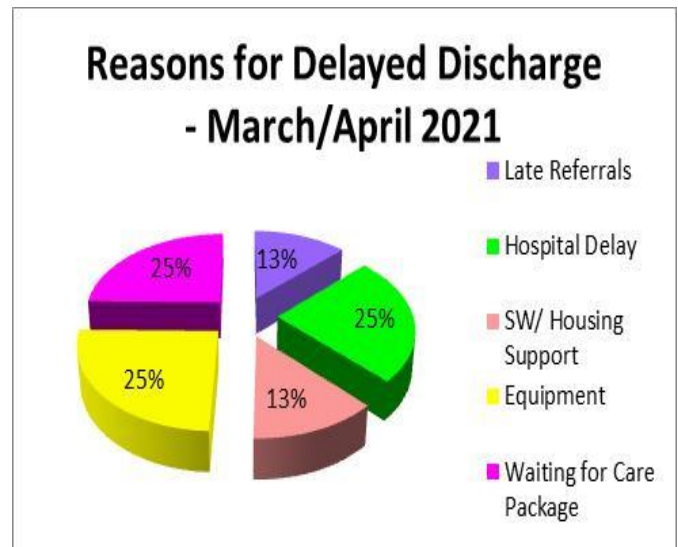
What we have done
Engaged with a wide group of stakeholders within Caithness, including Lead & Charge Nurses (CGH); Consultants (CGH); Occupational Therapists; Physiotherapists; District Managers; Integrated Team Managers; GP Practices; Care at Home; Social Workers; Community Nurses and the Mental Health Team.
Sought feedback from our colleagues in Sutherland and West Highland via a questionnaire, unfortunately the response rate was very low.
Gathered case studies of unsuccessful discharges in order to learn from them.
Identified the main forms of referral documentation used by the hospital and community teams – this is ongoing work which will be carried out in collaboration with the Caithness Redesign MDT Workstream.
Developed a referral document & check list for use between the hospital and community services. This is a working document and as such is constantly evolving as a result of feedback and experience.
Developed an information sharing document highlighting the information required by both hospital and community services, from admission to discharge.
Developed an agenda for a daily enhanced discharge planning meeting.
Developed a process for the daily enhanced discharge planning meetings.
Developed a tracking sheet for the daily enhanced discharge planning meetings.
Put together a presentation to share with the MDT

Commenced a test of change on Monday 8th February for the daily enhanced discharge planning meetings (following consultation with all relevant parties).

We are undertaking tests of change to develop our discharge planning. The following graphs identify what we have learnt so far and will inform future activity and improvements:







Next Steps:

We are looking to develop new ways of working including an outreach Care at Home service to enable an improving picture of Care at Home provision to develop Home First/Discharge to Assess and to be able to provide cover 7 days a week. However this will need funding for additional resource.

4. BADENOCH & STRATHSPEY, MID ROSS AND NAIRN COMMUNITY SERVICES

Nairn ran a pilot for admission avoidance through extended community nursing hours over the weekend and evening. By extending the team's working times there was a positive impact on the ability to support people to remain at home. Unfortunately, without further investment this is not sustainable long term, as we did this through bank staff and good will, however we are exploring this for the future so we can continue this with an amended skill mix. We also want to look at more of a discharge to assess focus and our enablement team are ready to go with this, but we would need additional AHP resource to support the risk assessment and management of this.

Badenoch & Strathspey are already exploring their enhanced community services as part of the redesign (funding moving from closure of two hospitals). This will involve additional community nursing hours, which is already showing results in their ability to support people to die at home, and some additional AHP time which will support moving to a discharge to assess approach. We are enhancing care at home and exploring how the whole team can work with the two in-house care homes to maximize the use of the step-up beds. We are exploring changing to a waking night service for the Aviemore cluster and combining that with a test of change around planned short term support for other individuals overnight, to avoid hospital admission.

Mid Ross are three months into a pilot using Band 4 support workers to support discharge to assess/community pull. This is going well and has received positive feedback. In this trial we have been able to support earlier discharge home from hospital for a small number of people but will need permanent investment to continue beyond the pilot phase (as they used an opportunity created by a short-term vacancy). They have also changed the way they do community pull and have adopted an MDT approach to decisions re admissions to RMH.

5. THIRD SECTOR FUNDING PROJECT BOARD UPDATE ON THE UNDER 50K TENDERING PROCESS

The tendering process has been reviewed by the Third Sector Funding Project Board.

The previous tendering process resulted in contracts being issued for one year and as a result of the impact of the Covid 19 pandemic, contracts have been extended by one year up until the end of March 2022.

It was felt by both the Project board and Third Sector organisations that the previous process had been difficult and the experience and outcomes could be improved, hence contracts were awarded for one year with a commitment to this review of the process. This has now taken place with the Third Sector in a more collaborative and coproduced approach.

The Committee is due to receive a full report from the Third Sector Funding Board in November 2021, this provides an update on the under 50K tendering process.

6. OUTCOME OF ENGAGEMENT WORK FOR NHS HIGHLAND'S THIRD SECTOR COMMISSIONING STRATEGY

The following report outlines the process taken to date and the recommendations approved by the Third Sector Funding Project Board on 13th May 2021.

Situation:

NHS Highland currently commissions a range of services from third and community sector organisations. NHS Highland has started work to develop its third sector commissioning strategy for 2022-2025. The Project Board agreed that it was important to take a co-production approach and engage with the sector to inform development of the strategy and process for commissioning. Decisions on which services will be commissioned need to be made by Autumn 2021.

This report sets out:

- A set of proposed principles and behaviours to inform the commissioning process
- A set of priorities which will determine the types of services and activities to be commissioned
- A set of considerations to help assess applications for funding
- Next steps

Background:

In 2018 NHS Highland reviewed its approach to commissioning services from third and community sector organisations. There were various issues and delays with the initial process which resulted in a number of concerns being raised by the sector. As a result, an event was held in 2019 with NHS Highland and third sector representatives to explore these issues, learn from what had happened and inform the next iteration of the strategy. One of the key learning points was in relation to how NHS Highland could better engage with the sector early in the process to inform strategy development and commissioning process that is underpinned by a clear rationale and set of criteria.

In February 2021 arrangements were outlined to undertake an engagement process that would allow early input from stakeholders (third sector, CPP colleagues and community members) to develop a set of priorities that could inform the commissioning process for the 2022/23 funding round. Due to the pandemic, the process required to be virtual rather than face to face. Online engagement sessions were advertised in March 2021 and run throughout early and mid April. At the same time, a survey and a call for evidence in relation to local need were sent out to third sector organisations and local community partnerships to allow those that could not attend the online sessions an opportunity to engage. The engagement work focused on co-producing a set of priorities for commissioning third sector services and activities from April 2022 and helping to improve the commissioning process.

A series of focus group style engagement events with third and community sector organisations were held in early to mid April to explore current community needs and reflect on the impact of the Covid-19 pandemic on communities and third sector organisations.

One engagement session was delivered in each of the nine local Community Partnership areas and used as an opportunity to collaborate with Community Planning partners. Develop and deliver events jointly with HTSI, including planning, delivery and evaluation of events.

The information from engagement events was used to:

- Inform development of underpinning principles and rationale for the commissioning process
- Inform development of a set of criteria for commissioning services and activities
- Inform development of a set of priorities for commissioning
- Compare the outputs from events with NHS Highland's strategic priorities

Assessment:

Eighty-three participants took part in the online engagement sessions which were facilitated by NHS Highland and Highland Third Sector Interface. Five surveys were returned and one submission of evidence.

There were a number of common themes that emerged from the engagement work in relation to priorities to meet local needs and suggested improvements for the commissioning process. More detailed information can be found in the attached report.

The following principles and behaviours for the commissioning process were proposed:

1. Ensure that there is a mix of digital and in-person provision of services and activities across Highland, ideally services and activities should be blended and flexible to both approaches where possible.
2. Recognise that recovery from the Covid pandemic is likely to be a feature in the design and delivery of activities in this commissioning cycle.
3. Build on the use of outdoor activities during the pandemic and to continue to grow the benefits of outdoor delivery where appropriate and possible.
4. Recognise early intervention and prevention and realising the benefits of support and assistance for good health and wellbeing at a very early stage.
5. Activities and services should support inclusion and promote equality of access and participation.
6. Explicitly support collaborative approaches within and between communities and between third sector organisations more generally.
7. Commission for a period of more than one year, and ideally a minimum of three.
8. Provide a minimum of six months' notice of the outcome of the commissioning process should be a core commitment. Additionally, guidance and support should be available to groups seeking funding through this process.
9. Provide a clear process at each step, with details on the next steps, dates and anticipated longer-term stages communicated regularly. The language used should be clear and specific.
10. One of the assessment criteria should include local knowledge and a demonstration of connection to the people who are proposed as beneficiaries from the activity or service.
11. A single point of contact for each applicant should be provided throughout the commissioning process and thereafter a key contact to support ongoing engagement for those commissioned and to support the relationships around monitoring and evaluation.
12. Ongoing engagement with the third sector on the wider landscape for funding the third sector to allow NHS Highland to better understand and direct its commissioning priorities to support the third sector in leveraging additional funding to support sustainability.

13. Impact and outcomes organisations would achieve should be outlined in the process, and monitoring and evaluation should be focused around the achievement of these outcomes.

There following priorities for commissioning were proposed:

1. Activity and services to improve social connectedness, including those which tackle loneliness and social isolation.
2. Community development which promotes cohesion and collaboration in, and building resilience for, local health and wellbeing needs. (Local being a defined community, geographic or thematic)
3. Activity and services that support vulnerable individuals to live well within their community, including those which promote independence and living longer within community settings.
4. Activity and services that support people with long term health conditions to live well.
5. Activity and services which promote and support volunteering and community led approaches to health and wellbeing.

It was proposed that four areas should be considered when developing the assessment process. They were:

1. Local Need
   - How has the applicant identified the need for the proposed activity or service?
   - What connection do they have to the proposed beneficiary group(s)?
2. Collaboration
   - If appropriate, is there evidence of genuine attempts to collaborate across the community or service area with other community and third sector groups?
   - Does the proposal compete with existing service provision and if so in what way and to what effect?
3. Priorities
   - Does the proposal meet the identified priority(ies)
   - Is the proposal realistic and sustainable?
   - Is there evidence that the method is considered and appropriate?
   - Are the outcomes clear and measurable?
4. Principles
   - Has there been consideration of the use of digital / in person approaches and how does this contribute to the wider context of provision to ensure overall balance within the programme of commissioned organisations?
   - What consideration or impacts have resulted from COVID and are these well-articulated?
   - Has there been consideration of the use of outdoor approaches, if appropriate?
   - Has there been consideration of inclusiveness and diversity in their approach?
   - Is the proposal early intervention, prevention or delivered at the point of crisis?

Recommendations agreed by the Third Sector Funding Project Board:

- the principles and behaviours outlined in the report are adopted for the commissioning process
- the proposed priorities are agreed and any additional priorities from NHS Highland strategic plans be added

- the proposed features of the assessment process are agreed and that further work be done over the coming weeks to develop a final assessment process
- Agree that services/activities will be commissioned for a period of three years

Next Steps:

- Distribute a final set of priorities to those who contributed to the engagement work, the Community Partnership Chairs and third sector organisations that are currently commissioned by NHS Highland and ask for final comments
- Develop the application process and guidance that includes the proposed features described above, including how we will include local knowledge
- Identify a single point of contact for applicants during the commissioning process
- Identify and stand up the group that will assess applications for funding
- Develop a detailed communication plan that identifies key points at which we will communicate with the sector and what we will communicate
- Open the application process on 7th June 2021 and close the process on 2nd July 2021
- Assess applications during July 2021
- Communicate the outcome of the process by 1st August 2021
- Develop support for decommissioning if current providers are not awarded funding for 2022 onward

7. 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 – 14th June 2021

8. Recommendation

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

NHS Highland

NHS Highland

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

Meeting date: **30th June 2021**

Title: **Chief Officer Assurance Report**

Responsible Executive/Non-Executive: **Louise Bussell, Chief Officer**

Report Author: **Louise Bussell, Chief Officer**

1. PURPOSE

To provide assurance and updates on key areas of Health and Social Care in Highland.

2. ADULT SOCIAL CARE

Response to Feeley Report:

We have done some early review work along with other boards to consider where we are against the recommendations. This work of looking at our services through the lens of Feeley will continue over the next few months along with Highland Council colleagues. It is important to note that Feeley has identified in the report that there are going to be substantial additional costs with full implementation.

Clinical and Care Governance:

We are currently progressing discussions with colleagues within the Highland Council, including the Chief Social Work Officer, regarding revised governance arrangements. We will be providing an update to Committee on these revised arrangements at a future meeting of Health and Social Care Committee.

Changes to Adult Care Packages during Covid:

As a service we did not adopt a policy of reducing care packages due to Covid but inevitably some care packages were impacted by Covid restrictions. People were unable to be supported to be out and about within their local communities to the same extent they were pre-Covid for example. We had to close day and residential respite services and put in place, where possible, alternative outreach support that included the use of IT, telephone support and in person support where that was deemed a priority. There were also occasions when we did admit people into care on an emergency short term basis due to unforeseen circumstances or other pressures, including significant pressures on carers as lockdown continued.

We wrote and reached out to carers who would have been in receipt of residential respite services to check out with them if there were other supports we could offer by way of either practical support or financial support through a Direct Payment to enable creative, flexible,

local support solutions. We were required to report on these via a number of detailed questionnaires, including a particularly detailed questionnaire from the Care Inspectorate.

Some supported people and carers decided themselves to either stop or reduce their support, usually either due to the fact that family members who would otherwise have been working were now available to assist with their care or due to the fact that they were anxious about support staff coming into their home. Many supported people would have been in the shielded category. In such circumstances we again reached out to ensure appropriate supports, some of which would have been informal such as prescription collection, assistance with shopping and importantly to ensure that people would readily get back in touch as necessary.

Our current IT system does not have the functionality to record such activity so that we can effectively provide data on the picture as a whole. We are due to replace our IT system and this is a feature we will be looking to factor into our requirements.

Lockdown progressed for much longer than any one of us might have anticipated and the stresses and strains became more evident.

Previous meetings of the Health and Social Care Committee have received updates on care home related issues as follows:

3 March 2021 – update within Chief Officer's report:

- Overview and Status Update
- Care Home Supports and Engagement
- QA Visits and Individual Reviews
- Covid Response Team (mutual aid)
- Supplier Relief
- Care Home Governance

28 April 2021 – separate report on Care Home Assurance:

- Status update
- Care Home Oversight Board
- Provider Sustainability
- Adult Support and Protection and Supported Improvement in Registered Care Homes

As a reminder, the H&SCC on 28 April 2021 noted the proposal for an update report to be provided in 6 months and requested an annual report from the Care Homes Oversight Board, which would be a comprehensive overview of activity during the year and an update on actions every 6 months, with a further request to Officers to discuss and agree an overall framework for reporting to the Committee.

An update on the care home related matters since end April 2021, is noted as follows:

Overview and Status Update:

The previous March 2021 report noted that there had been a significant reduction in the number of care homes (10) closed to new admissions by Public Health due to individual/small numbers of staff positives arising from weekly PCR or now PCR and LFD testing and that as advised in the April 2021 report, there was a further improved position,

with at that time, only one care home closed to admissions due to Covid-19 issues. As at the time of writing this report (4 June 2021), there are 0 care homes closed to admissions by Public Health, showing a significantly stabilised position from earlier in the year.

Care Home Supports and Engagement:

NHS Highland has been and continues to support care homes and care home providers within the north Highland area, in the various ways previously reported (eg Covid Response Team, daily safety huddle, Health Protection Team input, quality assurance visits, Infection Prevention and Control training, supplier relief payments, wellbeing supports in outbreak situations).

Following input, the engagement approach with care homes has recently been reviewed to ensure that our contact continues to meet provider and NHSH needs. The revised arrangements are noted as follows:

Strategic and Business Meeting:

- Highlight current areas of change
- Share and clarify information
- Listen to the views of providers
- Discuss how changes can be best implemented
- Enable any wider questions to be raised
- Identify any areas that NHSH can support, address or resolve
- To cover strategic issues (e.g. workforce planning), guidance and policy implementation and any other strategic and business related areas proposed.
- NHSH arrange and lead.
- All north Highland care home managers and providers invited.
- 4 weekly frequency.

Shared Learning and Collaboration:

- To focus on shared learning and improvement themes.
- Scottish Care arrange and lead.
- NHSH care home lead roles invited (Head of Registered Services and Lead Nurse).
- All north Highland care home managers and providers invited.
- 4 weekly frequency.

Covid-19 Shared Learning:

- Over the course of end December 2020 to February 2021, there were Covid-19 outbreaks in five care homes in the north Highland area.
- A shared lessons session was undertaken with the care homes who had experienced an outbreak, to be able to share learning with the wider care home sector and assist their preparedness.
- Provider and NHSH learning areas have been identified and have been shared and are being addressed accordingly.
- A further review by colleagues from Argyll & Bute and North Highland is due to report later this month

Quality Assurance Visits:

As reported previously, the Scottish Government requested a further round of multi-disciplinary care home assurance visits in order to provide assurance that measures to mitigate risk of Covid-19 transmission are in place and that physical, emotional and spiritual needs of residents are being met. This request followed a previous round of quality assurance visits to care homes in 2020. The second round of assurance visits were all “in person” visits and were completed by the end of April 2021.

In the preparations for the 2021 quality assurance visits, account has been taken from the lessons from 2020 and a multi disciplinary approach has been adopted to include a blend of professional clinical and social work skills. Further, joint nursing, social work and infection control care assurance processes have been included to identify any particular support needs the care home may have to enable a timely response by NHS Highland of any appropriate clinical support, advice or escalations.

All 69 care homes in north Highland have received a quality assurance visit, and any support areas identified as part of the visit have been followed up. A collated report of the themes arising from the visit has been presented for consideration by the Care Homes Oversight Board.

Individual Reviews:

As also previously reported, the Scottish Government has requested reviews of all individuals in receipt of a service. This requirement was initiated following some serious deficiencies in physical care in parts of Scotland, sufficient to warrant a requirement to ensure that a review of care is undertaken for everyone living in care homes, if an “in person” review had not already been undertaken within the previous 6 months to December 2020.

In North Highland there are around 1700 people living in registered care homes at any one time. The time frame for completion of all care reviews is six months from the beginning of February 2021. This is a significant endeavour and additional staffing has had to be identified and recruited to meet this requirement. As at the time of writing (4 June 2021) around 800 reviews have so far been completed.

There are a further 200 reviews required for people living in out of area care homes and discussions remain ongoing with other authorities and colleagues within Scottish Government regarding reciprocal arrangements that may be agreed between areas to undertake these reviews. It does however look increasingly likely that Highland will be required to undertake the vast majority of reviews of people who we have responsibility for but who live out of area and planning is progressing to ensure that all people living within care home settings are reviewed irrespective of geographical location. It is important to note that out of area reviews will not be completed by the end of July 2021.

Supplier Relief:

As highlighted to committee previously, Provider Sustainability/Support Relief is a programme initiated by the Scottish Government, in recognition of the significant pressures on the social care sector as a result of the pandemic, which provides for reasonable funding requirements to be supported.

NHS Highland has in place an application process to administer all applications as per SG

guidance. Payments have been made to providers who have submitted claims for financial assistance due to additional Covid-19 costs which covered staffing, PPE, IT, equipment and loss of income, empty beds/care home voids.

To date, £3.6m has been paid to 505 successful applications (across all care providers) who have had their claims approved through the agreed governance process.

In line with SG guidance, processes were put in place to extend existing sustainability support measures until the 30 June 2021 and this remains a priority for NHS Highland. Guidance from the Scottish Government on sustainability arrangements beyond June 2021 is awaited.

Day Care Older People Services:

Day care services provided within standalone buildings in North Highland have started a phased approach to remobilisation. Each service has submitted a service plan, risk assessment and control measures that will be in place during the first period of mobilisation. The plans have been discussed with service providers, NHS representatives and Care Inspection colleagues, advice and guidance has been provided by the Health Protection Team.

Remobilisation progress is unique to each service with the geographical area, transport, environment and attendee's feedback being key areas for consideration. For most resources a reduced service will be available in the first instance with the impact of this being closely monitored and reviewed.

On occasion it has been necessary to continue to provide a buildings based service for older adults throughout the pandemic, this has been undertaken on a risk assessed basis and with Health Protection advice.

The majority of day care services have provided outreach support, welfare checks and meal provision for people who previously attended if assessment identified this need.

Care Home resources with in-house day care have not as yet remobilised as per government guidelines. Government guidance to date addresses only the remobilisation of standalone day care provision. Of the 25 day centres 8 will be open by 1st July, the majority of which continue to be closed are within care homes and we continue to await national guidance regarding when these can reopen.

Day Care Learning Disability Services:

NHS Highland building based day services in Highland have begun the process of remobilisation with currently 12 out of 16 services reopened. All have participated in an Assurance process as suggested by the Scottish Government and the Care Inspectorate and have implemented the necessary changes to ensure supported people who attend are as safe as possible. To ensure safety it has been necessary, in some services, to redesign the model of delivery.

Learning Disability Day Centres recognised that the resource available within the building was highly specialist (e.g. sensory rooms, touch screen computers, safe spaces) and staff have a wealth of training and knowledge in group work and working with individuals with complex needs. They are therefore offering individuals sessions within the building to access the specialist environment or equipment and providing support to individuals with

complex needs in community environments. This model allows sessions to be targeted and planned thus enabling small numbers of people to attend in a safe, socially distanced manner and allows time for cleaning and preparation. This model reflects modern service delivery by enabling stronger connections for individuals in their local communities, a genuine person-centred approach whereby people attend to participate in an activity of their choice and the most effective use of the specialist resources.

Respite Services:

Planned respite provision has not yet restarted within care home settings although service preparedness and planning is ongoing. In North Highland an impact assessment is being conducted around the outcomes of increased footfall with the introduction of indoor visiting for families and health professionals. There has not been a government update on the plans for remobilisation of residential respite services within care home settings.

Short term unplanned admissions to care homes have continued to occur, on exception, where the risk to the person or others is considered to be greater than accessing residential support. When these admissions do take place guidance is available from the Health Protection Team and current guidelines in relation to care home admissions are adhered to.

The only standalone short break service for people with learning disabilities in north Highland and which is based in Nairn re-opened on the 3rd May following completion of the assurance process.

To ensure compliance with all of the guidance the service will operate differently for, at least, the initial 12 weeks:

- Only 1 supported person will be supported in the flat
- A maximum of 3 people will be allowed in the flat (eg. 1 supported person, 2 support workers / visitors)
- Stays will be for either 3 days or 2 days.
- There will be a 24hr gap between guests to allow for deep cleaning and full ventilation
- Guests can only book once in the initial 12 weeks (to allow maximum usage of the flat for as many people as possible).
- The original mixed model of renting the building space and bringing your own support team or Key providing support to individuals continues to be available

Self Directed Support Strategy:

We are working collaboratively in the development of the strategy and have a series of extensive engagement events planned over the next couple of months. It is important that the strategy is informed by people with lived experience and their carers, providers of services, social work staff and other representative organisations such as SDS Scotland, Partners in Policy Making, Community Contacts and Age Concern amongst others.

Work is progressing through a Strategy Development Group. We have a project plan and timeline and will have the draft strategy completed by November. Our approach very much fits with Feeley and we need have collective ownership to ensure the necessary cultural and transformational changes required.

Partnership Agreement / Integration Scheme:

The Highland Council (on 26 March 2021) and NHS Highland (on 30 March 2021) gave their agreement in principle to the revised Integration Scheme and for a period of consultation on the scheme.

Both partners also agreed to the delegation to the Chief Executive (in consultation with the Chair and Vice Chair, and identified Councillors in terms of THC) for agreement to any further amendments in relation to the revised Integration Scheme that may be considered appropriate after the conclusion of the period of consultation in light of comments received, in the event that such amendments are not considered to be material.

The consultation period concluded on 30 April 2021, the outcome of which was that no material changes to the Integration Scheme are considered to be required, and as such, this document has now been signed off by both organisations in accordance with the previously agreed arrangements and has been submitted to the Scottish Government.

Mental Welfare Commission Report Authority to Discharge: Report into Decision Making for People in Hospital who Lack Capacity:

In May 2021 the Mental Welfare Commission (MWC) published their report into discharges from hospitals during the period 1 March 2020 – 31 May 2020.

The MWC has a statutory safeguarding role in respect of adults whose capacity to make decisions or to take decisions to promote or safeguard their welfare is impaired due to mental disorder. During the Coronavirus pandemic, a number of stakeholders raised concerns with the Commission regarding whether the appropriate legal authority was used to safeguard people being discharged from hospital to care homes who did not have the capacity to make an informed decision to agree to the move.

The MWC undertook to make further inquiries and sought information from Health and Social Care Partnerships (HSCPs) across Scotland in relation to people who had moved from hospital to care homes during the sample period. From these returns they selected a sample size (457 people) which reflected approx. 10% of all discharges from hospital to care homes reported by Public Health Scotland.

The report highlights that Highland did not submit information to the MCW for the formulation of the report.

The MWC considered that 20 people across 11 Health and Social Care Partnership areas had been moved during the sample period without the protection of legal authority which included Highland. The point is made that there was no recourse to the courts which would be the usual approach if there was no legal proxy (guardian/attorney) in place to consent to such a move. However it should be noted that at that time in Highland a Standard Operating Procedure was put in place and submitted to the MWC. That procedure was a multi-disciplinary process which included input from the families of those who were moved.

Highland are providing submissions to the Scottish Government, Chief Social Work Advisor and the MWC and will be meeting with the MWC representatives in response to the report.

The report makes 11 recommendations for all boards to take forward in relation to improving knowledge, practice and scrutiny across a number of areas. Health and Social Care

Partnerships are tasked with development an Action Plan in response to these recommendations for submission to the MWC by the 21 of August.

We welcome the recommendations from which we will learn and develop an improvement framework moving forward.

A more detailed update will be provided to the next meeting of this committee which will also address the recommendations from within the report and our Action Plan in response.

3. CHILDREN AND YOUNG PEOPLE

This update aims to provide an update on progress and steps being taken to improve performance and oversight of health care for children and young people in the north Highland Partnership. This includes acute and community paediatric care provided through Raigmore and the Highland Children's Unit, child and adolescent mental health at the Phoenix Centre, Raigmore and related consideration of GPs and primary care and rural general hospitals. In addition, there are a range of universal and community services in the commissioned health service, Highland Council through the lead agency model.

The Board is currently refreshing the children and young people's workstream. This has involved discussion with the Executive Development Group and the NHS Board where the north Highland the Integrated Children's Service Plan 2021-24 has been approved and the Annual Child Protection Report has been presented. Further papers are expected at the Board over the coming months on Corporate Parenting and an annual report from the Child Health Commissioner that will bring activity, progress and performance for Argyll and Bute and north Highland children and young people's health and health care into the one report.

Heidi May, Board Nurse Director is now holding the Child Protection portfolio for the Board. As part of this, governance arrangements around Child Protection have been enhanced with the introduction of:

- Infants Childrens and Young Peoples Clinical Governance Committee
- Child Protection (Health) Group

and the re-instatement of the

- Infant and Childrens Strategic Planning Group – where such things as Corporate Parenting, Integrated Childrens Plan and Child Protection National Guidelines and quality improvement work will be taken

These meetings cover both the north Highland and Argyll and Bute Partnerships.

With specific reference to north Highland, a performance paper is to be considered at the July Children and Young People Strategy Group. This will include data items from the Balanced Score Card for Children and Young People on performance in the HHSCP and the commissioned health service in Highland Council. This will inform subsequent assurance reporting to the Highland Council and subsequently, the Highland Health and Social Care Committee and related performance in a parallel report on service performance in the HHSCP.

There is a clear intention that over the following months, the benefits of this refreshed approach will be evident to the HHSCP.

4. SERVICE REDESIGN

Skye Redesign:

The Skye Redesign Final Business Case was approved by NHS Highland Board and Scottish Government in 2019. The business case included:

- Closure of existing Mackinnon Memorial in Broadford and in-patient beds in Portree Hospital and construction of a new community hospital in Broadford and purchase of community beds from an independent provider in Portree.
- Investment in community services across the locality – Community Mental Health, Physiotherapy, Occupational Therapy and Generic Support Workers to complement the existing in-house care at home teams.
- Development of the first floor of Broadford Health Centre as a base for the Integrated Team and subsequent release of current rented accommodation use by the team

The North Skye element of this plan has not been taken forward due to concerns raised about the original business case process and a subsequent review by Sir Lewis Ritchie. Sir Lewis's review made various recommendations all of which have been accepted by NHS Highland and one specific recommendation relating to maintaining existing beds within Portree Hospital until there are alternatives in place has delayed the release of resource from Portree Hospital. A business case is underway to support the additional workforce requirements required as a result.

Progress on the new hospital continues with key milestones being met including:

- Construction of the new building - external envelope, energy centre, internal works and groundwork
- Kitchen equipping
- Infusion suite layout
- Updated design reviews
- Active travel scheme development
- completion of initial migration schedule and ongoing transition planning including delivery of a programme of works for the transition and progressing towards training in the new building
- Process for the naming of the new hospital has commenced
- Progress with Broadford Health Centre planning/building warrants

Following some slippage due to Covid the building is on target for handover in October 2021.

In North Skye work is continuing to progress to the next stage of the Option Appraisal process with a further two meetings being planned for later this summer following the creation of vision document (as requested by community representatives) to support the remaining discussions regarding potential options.

Caithness Redesign:

Focused work is now being undertaken to bring the Caithness Redesign Initial Agreement to a conclusion with the aim of submitting this to the NHS governance /approval process this summer. The Initial Agreement (IA) is the first phase in a three-phase business case process to progress to Full Business Case approval. It encompasses all elements of the redesign including the shift in the balance of care from hospital to community, the workforce

and building changes that are required to enable that. Building changes include the two new hubs in east and west Caithness respectively and a reconfigured Caithness General Hospital

The Health Inequalities and Equality Impact assessment is being progressed by Public Health to support the IA.

Meetings have been held earlier this year with local service leads to map out the service model detail for community and acute services. This will now be brought together with strategic input from NHSH Professional Leads. This is an important step to inform specific workforce and building requirements.

The first meeting of the joint Caithness Redesign and North Coast Care Facility Programme Board was held on 1st June. This is a key governance group comprised of Executives and Non-executives of the NHSH Board and Senior Managers. The Programme Board will meet quarterly with a remit to ensure that the projects are being delivered within agreed time, cost and quality parameters.

Building work has commenced to deliver the reconfiguration in Caithness General Hospital including works to the midwifery unit, outpatients and service corridor and continued work on the ED expansion (first phase was completed in January).

The Highland Council have appointed a project manager and architect to take forward alterations to Pulteney House to create two additional bedrooms for “step-up” care as an early test of change of the proposed new local care model. This will be carried out this financial year.

An external consultant (ATOS) is concluding their work to firm up the eHealth deliverables for the project and inform the resources which will be required. The output of this will be presented to the Project Team for ratification

Lochaber Redesign:

A refreshed Project Governance structure has been put in place with Project Board, Project Team and a stakeholders group. Development of a new clinical model being developed by Acute led by Dr Emma Watson. Clinical teams and community groups are continuing to work closely on this to identify a future proof service with a list of clinical requirements having been developed and shared with community. Equipment and theatre capacity requirements are being identified as part of this work to enable more complex surgery to be undertaken at the new facility. Additional activity will be built into a future-proof model of care and with more complex cases taking place locally and maximising the use of technology such as Near Me, this will reduce the requirement for patient travel for certain procedures and some types of consultation. Discussions are ongoing regarding rehabilitation facilities with the aim to ensure that patients requiring rehabilitation can have this provided locally wherever possible. A workshop session will take place Wednesday 16th June for clinical services to present updates to the community

There have been further discussions with West Highland College and architects commissioned to look at a master plan for the site.

A new draft communication and engagement plan has been presented to stakeholders. Internally there has been a change of project management personnel with the previous project manager moving on and Estates are in the process of identifying a replacement

project manager.

5. 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 – 14th June 2021

6. Recommendation

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

HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE WORKPLAN

Highland Health and Social Care Committee Planner 1 April 2021 to 31 March 2022

Standing Items for every Audit Committee meeting

- Apologies
- Declarations of interest
- Minutes of last meeting
- Finance
- Performance And Service Delivery
- Health Improvement
- Committee Function and Administration
- Date of next meeting

HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE WORKPLAN	
APRIL 2021	
• COVID Report	
• Care Home Oversight	
• Social Work within NHS Highland	
• Adult Social Care Contract Monitoring Report	
• Adult Social Care Fees and Charges	
JUNE 2021	
• COVID Report	
• Community Planning	
• NHS Highland Operational Plan	
• Self-Directed Support Strategy	
• Community Planning	
SEPTEMBER 2021	
• Highland Health and Social Care Committee Annual Terms of Reference Review	
• Highland Alcohol and Drugs Partnership Annual Report	
• Public Bodies Act Annual Performance Report	
• Risk Register	
• Social Mitigation Plan	
NOVEMBER 2021	
• Primary Care Improvement Plan	
• NHS Highland Winter Plan	
• Third Sector Funding Review	

JANUARY 2022	
• Mental Health Services Strategy Update	
• MH Strategy	
• Learning Disability Redesign/Strategy	
• NHS Highland Strategic Plan	
MARCH 2022	
• Annual Assurance Report and Committee Self-Assessment	
• Carers Strategy	
• Risk Register	