

## 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 2 March 2022 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

#### Present:

Ann Clark, Board Non-Executive Director - In the Chair  
Deidre MacKay, Board Non-Executive Director – Vice Chair  
Tim Allison, Director of Public Health  
Louise Bussell, Chief Officer  
Anne Campbell, Staff Side Representative  
Cllr Isabelle Campbell, Highland Council  
Kate Dumigan, Staff Side Representative  
Cllr David Fraser, Highland Council  
Philip Macrae, Board Non-Executive Director  
Joanne McCoy, Board Non-Executive Director  
Gerry O'Brien, Board Non-Executive Director  
Julie Petch, Nurse Lead  
Michael Simpson, Public/Patient Representative  
Wendy Smith, Carer Representative  
Michelle Stevenson, Public/Patient Representative  
Ian Thomson, Area Clinical Forum Representative  
Elaine Ward, Deputy Director of Finance  
Neil Wright, Lead Doctor (GP)  
Mhairi Wylie, Third Sector Representative

#### In Attendance:

Sally Amor, Child health Commissioner/Public Health Specialist  
Rhiannon Boydell, Head of Service, Community Directorate  
Stephen Chase, Committee Administrator  
Ruth Daly, Board Secretary  
Gillian Grant, Interim Head of Commissioning  
Tracy Ligema, Deputy Director of Operations  
Donellen Mackenzie, Area Manager, South and Mid Highland Operational Unit  
Fiona Malcolm, Head of Integration Adult Social Care, Highland Council  
Jo McBain, Deputy Director for Allied Health Professionals  
Nathan Ware, Governance and Assurance Coordinator

#### Apologies:

Catriona Sinclair, Cllr Linda Munro, Boyd Robertson, Tara French, Fiona Duncan and Arlene Johnstone.

Mhairi Wylie and Kate Dumigan had both noted they would join the meeting later.

[Page numbers in square brackets refer to the collated papers for the meeting.]

Commented [AC1]: Please double check Cllr Campbell didn't join the meeting late, I thought I saw her name flash up on the screen at one point

Commented [AC2]: Check her title?

## **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 **publicly** available to view for 12 months on the NHS website.

The meeting was quorate and there were no declarations of interest.

P Davidson has stepped down from his role as Medical Director and Denise McFarlane is now the Interim Medical Director and will sit on the committee.

The Chair noted the change to the format of papers and reference to levels of assurance to be taken by the committee. This follows changes to the Board's Assurance Framework which is being gradually rolled out across the governance committees. A development session will be held on these changes once the Board is out of 'governance lite' mode to provide a fuller understanding of the matrix of assurance and its function.

The Chair invited the Chief Officer to speak about the current system pressures. The Chief Officer noted that the last two to three months had seen several significant challenges to Health and Social Care both locally in Highland and nationally. The Omicron variant of COVID has had an enormous impact on services and resulting risks, primarily from staff shortages were being managed on a daily basis. This impact comes on top of two years of high intensity work for staff. The Chief Officer asked the committee to note these factors as they have affected the ability of staff to collect, analyse and present data. Item 3.4 had to be postponed due to these issues.

## **2 FINANCE**

### **2.1 Year to Date Financial Position 2021/2022**

[pp.1-6]

E Ward provided an update of the month 10 position for the HHSCP and information about savings delivery and planning for 2022-2023 and beyond.

Scottish Government have confirmed that funding will be provided to all boards to enable a balanced budget to be delivered for 2021-2022. Details of the funding package had been received the previous week and this covers all COVID costs and savings slippage. Additional funding for a number of services has also been received which will be difficult to fully utilise this late in the financial year. As the Lead Agency model does not enable reserves to be held, discussions are on-going with Scottish Government to enable these funds to be reprovided in 22/23 and beyond.

With reference to the ASC funding gap, a finalized arrangement for next year has not been fully agreed as yet. It is envisaged that a savings program of £3m will be established and that the balance of the £13.3m gap will come from additional Scottish Government funding, either received this financial year or anticipated for 2022-2023. For future years it is still anticipated that there will be a significant gap in funding. Ways of addressing this will be worked through in the next financial year.

In discussion, the following points were addressed:

The Chair commented that the level of savings achieved despite the pandemic has been remarkable and that there has been an excellent effort to maintain PMO activities. The Chair invited L Bussell to comment on any future gap in adult social care resource and the status of the transformation activities with the Joint Project Board.

L Bussell reported that the Joint Monitoring Committee were due to meet two weeks after the present meeting. The Committee will be asked to approve a proposal to re-establish the strategic planning structures provided for in the Integration Agreement which will include the monetary position as well as transformation change work. More detail will be reported to the next meeting.

In response to questions from the Committee the following assurances were given:

- The anticipated savings gap for future years is due to some additional monies being non-recurring as well as an anticipated escalation in costs, such as the National Insurance increase.
- Paragraph 2.8 of the report should read as 'underspend' instead of 'overspend'.
- With regard to paragraph 2.5 of the report, it was confirmed that if the forecast overspend of £2.797m in Adult Social Care comes down as additional funding is applied, that would have an impact on 2022/23.
- With regard to paragraph 2.6, table 2, the move from a small current underspend of £82,000 to an overspend of £800,000 at the end of the year was explained.

With regard to 2022-2023, it was requested that a 'sources and application' statement could be provided in relation to new funding to enable the Committee to be assured this was being used to best effect.

- The substantial savings required this year in relation to Adult Social Care were a response to the £11.3 million gap between resources available from the Highland Council and Scottish Government compared to the costs of delivering services. Savings proposals have been overseen by the Joint Project Board and all proposals are carefully assessed for impacts on quality and safety.
- Delays in approving the business case for forensic medical services meant that recruitment was only just getting underway.
- It was confirmed that discussions are underway regarding the renaming of the Police Custody Service. The Chair requested that an update come to the committee when more news is available. It was noted that there are some GPs locally who are seeking qualification and training in forensic work.
- It was agreed that information on the quality assessment tool mentioned at 3.1 of the SBAR could be provided

After discussion, the Committee:	
-	<b>Noted</b> and <b>considered</b> the NHS Highland financial position at the end of Period 8 and the projection to year end.
-	<b>Noted</b> the progress on the delivery of ASC savings.
-	<b>Noted</b> the intention to agree with the Council a different approach to addressing the gap in funding of ASC at the JMC in February.
-	<b>Agreed</b> that a list could be provided to the committee going forward of new funding that's been made available and how this is being allocated.
-	E Ward <b>agreed</b> to bring information on the tool mentioned in point 3.1 back for N Wright.

### 3 PERFORMANCE AND SERVICE DELIVERY

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

The draft Assurance Report from the meeting of the Committee held on 12 January 2022 was circulated prior to the meeting.

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

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

- A meeting is to be held between the Chair, the Chief Officer and Ian Thomson to address the action regarding future reports to the committee arising from the SDS Strategy work.

After discussion, the Committee:	
-	<b>Approved</b> the Assurance Report and <b>noted</b> the updates to the Rolling Action plan.

#### 3.2 Matters Arising From Last Meeting

There were no matters arising.

### 3.3 COVID and Vaccine Programme Update

T Allison provided an update on the current status for NHS Highland regarding COVID and the Vaccination Programme.

It was noted that cases are seeing a marked rise in Highland after the plateau which followed the peak in January. Highland is currently the third highest area for case numbers. The reasons are complex and may involve another variant of Omicron.

There are a large number of mostly mild cases but a rise in admissions to hospitals.

One of the largest impacts has been to staffing: the age range in the population which has seen the largest increase in numbers is 22 to 44.

Outbreaks have been recorded at New Craigs, the Acute sector and in Care Homes.

The effect of good vaccination coverage has meant that cases are mostly milder.

Anecdotal evidence shows that the population are not taking the pandemic as seriously as before with many outbreaks centred arising from socialising.

In terms of Vaccinations, the main programme has largely finished with 90% coverage in the 55 + age range who have received both initial doses and the booster. Catch up work is underway in the adult population, and the teenage vaccination programme is on its way to completion as is work on additional doses for vulnerable groups. The next stage is to address vulnerable 5 to 11 year olds moving to a comprehensive programme for 5 to 11 year olds.

In discussion, the following questions were addressed:

- It was asked if it was likely there would be a booster campaign in September for over 65 year olds. T Allison answered that details were not established yet but that plans were being explored.
- The problem of obtaining testing kits in remote areas was raised. Mostly, testing kits can be delivered by post but it was noted how other means were limited in certain areas which raised questions about equity of provision. It is not clear what the position on testing will be later in the year. Funds for testing come from UK government and the First Minister is due to make an announcement in March from which policy will be established.
- It was asked what the latest information is on Long COVID and its impact. T Allison answered that it was unlikely that the wide range of effects seen from the early waves of COVID would be seen because of vaccine coverage and new treatments but that as before cases are complex.
- The Chair suggested that information on Long COVID provision be provided outwith the meeting or brought to the next committee meeting. The Chair will discuss how the committee's responsibilities might address the issue and feed into the Work Plan with L Bussell and T Allison.

<b>The Committee:</b>
- <b>Noted</b> the update.
- <b>Agreed</b> that information on Long COVID provision be presented to a future committee.

### 3.4 Learning Disability Services Assurance Report

This item was postponed due to illness. The paper had been circulated ahead of the meeting and a new date will be arranged for a future committee meeting in 2022 to enable full discussion of the report.

### 3.5 Children's Services Report

[pp.69-82]

S Amor introduced the paper noting that this is its first iteration and the new reporting format still has to go through formal processes with colleagues at Highland Council and NHS Highland teams, and that the paper is presented for discussion.

Regarding item 3.3 above, S Amor drew the committee's attention to a report on the longer-term effects of COVID on children and young people:

<https://www.scotphn.net/resources/children-and-young-people-public-health-covid-19-impact-report-march-2022/>

In discussion, the following points were addressed:

- It was confirmed that recruitment of CAMHS clinicians was a challenge across all health boards. Additional money was provided by Scottish Government to the health boards to enhance CAMHS services, however all the boards have the same limited pool of suitable candidates. Mitigation is being considered in terms of taking a more flexible approach to work roles, remote work opportunities, and the use of group work where this is thought suitable, but all the while with an eye to ensuring that CAMHS standards are met.
- It was clarified that figure 17 of the report (p. 42 of the collated papers) showed the number of accepted patients at each reporting period.
- N Wright, noting the high number of referrals asked how many consultant clinicians there currently are within CAMHS and if referrals are for in person appointments or for discussion among colleagues. L Bussell will provide N Wright with the details outwith the meeting
- It was noted that where a child is referred to a tier 3 service there will have been a range of needs prior to this and therefore a whole system approach is required from early years onward with a need to be engaged with Highland Council colleagues so that fuller assurance can be given regarding work alongside CAMHS colleagues. The complex and late presentations of mental health issues (particularly eating disorders) as a result of COVID was raised as an example of how issues can present to different elements of health and social care services.
- The Chair noted the decision of the Highland Community Planning Partnership to develop a mental health and wellbeing strategy was in part a recognition of the need for whole system working, including community and Third Sector services.
- The need for an investment plan and commissioning process for Third Sector services which often receive increased referrals when CAMHS are under pressure, it was acknowledged that there is a need to ensure all funds coming into Third Sector, schools, health and social care are joined up to support a whole system approach.
- The importance of involving children and young people in any redesign of services was also noted.

Following a discussion about the format of future reports during which a number of improvements were suggested, it was agreed that:

- There be a programme of reports covering aspects at different times of the year with a suitably themed bundling of reports to enable the people accountable for performance to be invited to the meeting
- Reports should provide assurance on the delivery of the children's' services delegated to the Highland Council in addition to providing a strategic overview from a public health perspective
- Where improvements in performance are required clear actions and timescales should be included.
- Sally Amor and Louise Bussell will liaise over the continued development of reports on children's services and an update will be provided to the next committee in the Chief Officer's Report. Louise Bussell agreed to discuss with Mhairi Wylie current arrangements for inclusion of the Third Sector in service redesign and additional funding allocations.

<b>After consideration of the report and discussion, the Committee:</b>	
- <b>NOTED</b> the report.	
- <b>Agreed</b> that future reports: Have more of a performance focus with timescale and risk assurance, Be thematically grouped for each meeting at which they appear so that appropriate people can be invited to the discussion Provide assurance about commissioned services to satisfy the committee's Terms of Reference.	
- <b>Agreed</b> that an update will be provided to the next committee in the Chief Officer's Report.	
- <b>Agreed</b> that the CO will provide N Wright with CAMHS referral details outwith the meeting.	
- <b>Agreed</b> that the CO to catch up with M Wylie outwith the meeting to ensure the Third Sector are being appropriately involved in conversations.	

### 3.6 Chief Officer's Report

[pp.69-82]

L Bussell provided an overview of the paper.

The following assurances were given in response to questions raised:

- Recruitment and retention are extremely challenging across many roles, however additional allocations have been received across health and social care and work is underway to use this resource as effectively as possible, including redeploying staff within the workforce and making roles more generic to enable staff to move between roles more easily.
- With regard to bed availability this is a changing picture on a daily basis. While there may be beds available they are not always in the right location.
- I Thomson noted there are two trainee social worker posts (where learning is carried out on the job) which received 50 applicants and noted the workforce planning within Social Work to strengthen learning and ability to recruit within Highland.

Regarding concerns expressed by M Simpson about the lack of progress in redesigning services along the North Coast, as well as the likely continued provision of GP services from the Tongue practice by locums it was acknowledged that although development of the care hub was progressing wider redesign was still at an early stage. After further discussion it was agreed that a report be brought to Committee demonstrating how service redesign outwith major capital projects such as Caithness and Lochaber would be progressed.

- With regard to the query from W Smith whether NHS Highland employing care staff directly might address the recruitment challenges noted in the report, it was clarified that this was the model in much of the remote and rural areas of the partnership but the same challenges were experienced by NHS Highland as faced independent providers. The large geographical coverage of Highland had been noted as an issue for employees and ways of addressing this were being explored, for example what scope there was for incentive payments and looking at an increase in house and block contract work. Current challenges in providing care packages were also due to short term COVID related absences as well as longer term recruitment difficulties.

G Grant noted strategic discussions with 20 independent providers in Highland to address the issues and barriers with actions to relieve capacity such as adjusting start times and addressing childcare.

I Thomson noted that one of the issues from the SDS consultation was the matter of Option 1 (patients who manage a direct payment to a personal assistant) regarding how to make the role of Personal Assistant attractive in terms of rates of pay.

D Mackenzie noted the recent interest from Highland Council staff in taking up new roles in health and social care and that interest in roles in the Response Team remained strong.

After consideration of the report and discussion, the Committee:	
- <b>NOTED</b> the report.	
- <b>Agreed</b> that a report be added to the committee Work Plan to note progress on Enhanced Community Services projects and service redesign across the partnership area.	

### 3.5 Adult Social Care Fees Group Role and Remit

[pp.69-82]

A paper with appendices was circulated ahead of the meeting outlining how service and contractual continuity is required for Adult Social Care fees and contracts, and to ensure agreed arrangements are confirmed in advance of the new financial year to mitigate organisational and contractual risk.

Following discussions, the following was agreed:

- there will be a single item committee meeting to approve fee and contractual arrangements for the coming financial year only.
- this meeting will be held when the fee and contractual recommendations can be finalised following receipt of information from Scottish Government.

- in the event that a single item meeting cannot be held in time, a mandated group, as noted above with the Chief Officer and Director of Finance in consultation with the HHSCC Chair will make a decision.
- arrangements for future years to be considered at the single item committee meeting, failing which at a future meeting of HHSCC.
- in the case of a single item committee or a delegated group, the decision will be reported back to the next meeting of the Committee.
- a report on progress with Third Sector commissioning processes and fees increase will be provided to the April Committee

<b>After consideration of the report and discussion, the Committee:</b>	
- <b>NOTED</b> the report.	
- <b>Agreed</b> a decision on adult social care fees for 22/23 to be made at a single item Committee meeting failing which by a mandated group of the Chief Officer and Director of Finance in consultation with the Committee Chair and that further consideration of the process for future years be discussed at the single item Committee meeting failing which at a future meeting of HHSCC.	
- <b>Agreed</b> a more detailed report be provided for the April meeting in terms of a Third Sector process status update.	

#### 4 HEALTH IMPROVEMENT

There were no matters discussed in relation to this Item.

#### 5 COMMITTEE FUNCTION AND ADMINISTRATION

##### 5.1 Review and Update of Annual Work Plan

[p.83]

The revised work plan was circulated ahead of the meeting.

I Thomson asked about the committee's expectations of the Adult Protection item for the April meeting. The Chair answered that the report should enable the committee to be better sighted on the work of the Adult Protection Committee and to give an overview of NHS Highland's performance in relation to its legal duties and best practice in relation to adult protection matters. It was agreed that the Chair, Chief Officer and I Thomson will discuss this further outwith the meeting.

<b>The Committee</b>	
- <b>APPROVED</b> the Work Plan.	
- <b>AGREED</b> that discussion of the Learning Disability paper will be moved to April or later.	

##### 5.2 Annual Assurance Report

[p.83]

An amendment was noted that N Wright should be marked as in attendance for the November 2021 meeting.

<b>The Committee</b>	
- <b>APPROVED</b> the Annual Assurance Report pending the minor amendment noted.	

##### 5.3 Committee Self-Assessment Action plan

[p.83]

The plan was noted.

<b>The Committee</b>	
- <b>APPROVED</b> the Action Plan.	

#### 5.4 Update to the Terms of Reference

[p.83]

The revised work plan was circulated ahead of the meeting.

It was agreed that the Terms of Reference of the Committee should be updated with public representatives of the committee in future will be known as 'Independent Lay Members' in line with other governance committees.

<b>The Committee</b>
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- <b>APPROVED</b> the amendment to the Terms of Reference.
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#### 6 AOCB

M Simpson noted that with the upcoming local elections the committee should consider expressing formal thanks to the councillors on the committee for their contribution and well wishes to those who will stand for election again in May. The committee agreed to so do at the April meeting.

#### 7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 27<sup>th</sup> April 2022 at 1pm** on a virtual basis.

**The Meeting closed at 3.27 pm**