

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 November 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
Tim Allison, Director of Public Health
Louise Bussell, Chief Officer
Cllr, Christopher Birt, Highland Council
Cllr, Muriel Cockburn, Board Non-Executive Director
Cllr, David Fraser, Highland Council
Cllr, Ron Gunn, Highland Council
Philip Macrae, Board Non-Executive Director
Joanne McCoy, Board Non-Executive Director
Michael Simpson, Public/Patient Representative
Catriona Sinclair, Chair of Area Clinical Forum
Wendy Smith, Carer Representative
Michelle Stevenson, Public/Patient Representative
Simon Steer, Director of Adult Social Care
Neil Wright, Lead Doctor (GP)

In Attendance:

Natalie Booth, Board Services Assistant
Stephen Chase, Committee Administrator
Lorraine Cowie, Head of Strategy
Pam Cremin, Deputy Chief Officer
Fiona Duncan, Chief Social Work Officer, Highland Council
Ruth Fry, Head of Communications and Engagement
Frances Gordon, Finance Manager
Arlene Johnstone, Head of Service, Health and Social Care
Marie McIlwraith, Project Manager, Communications and Engagement
Boyd Robertson, Chair of NHS Highland Board
Nathan Ware, Governance and Assurance Coordinator

Apologies:

Gerry O'Brien, Elaine Ward, Mhairi Wylie, Fiona Malcolm.

Ian Thomson had stepped down from Area Clinical Forum and a new representative will be appointed in due course.

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 no declarations of interest were made.

- The Chair drew the committee's attention to the decision of Prof. Boyd Robertson to step down as Chair of NHS Highland in March 2023, and encouraged members to circulate the advertisement for the post which is available on the Public Appointments Scotland website (<https://www.gov.scot/collections/public-appointments/>) and the new NHS Highland website (<https://www.nhshighland.scot.nhs.uk/careers/board-and-committee-appointments/>).
- The Board has been reviewing the Non-Executive membership of the Board Governance Committees and a paper will go to the next meeting of the Board with proposed changes. These changes will only directly affect Non-Executive members.
- The Chair requested that item 5.2 be considered at this point in the meeting.

5.2 Appointment of Vice Chair to the Committee

The Chair noted that following a process open to NHS Non Executive Director members, P Macrae had expressed interest in the position of offered his nomination as Vice Chair of the committee and she sought approval for his appointment.

The committee were happy to approve P Macrae as Committee Vice Chair.

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| – The Committee APPROVED the appointment of P Macrae as Vice Chair of the committee. | |
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2 FINANCE

2.1 Year to Date Financial Position 2022/2023

[PP.1-9]

F Gordon gave an overview of the month 6 position from the paper on behalf of E Ward.

- A one-year plan had been submitted to Scottish Government in March, with a further revision submitted in July. This identified an initial budget gap, of £42m of which £26m referred to Cost Improvement Programme and £3m to Adult Social Care, leaving a balance of £16m unfunded.
- The Quarter 1 statement showed that the position had worsened and therefore a recovery plan was put in place with mitigating actions to be monitored by the EDG and FRB Committee.
- During Period 6, NHS Highland had overspent by £19m to date with a predicted overspend of £39m for the year end.
- A worsening position was shown from month 5 due to a more pessimistic forecast on savings and a lower than anticipated allocation from Scottish Government for Scheduled Care.
- The majority of actions for the recovery plan are from Central Services with some cross-cutting actions mainly in locum and agency.

During discussion,

- Assurance was given that there is a recovery plan to address rising costs which has been submitted to the Board and Scottish Government.
- The Chief Officer added that there are increasing pressures to expand services to address winter demands and at the same time to contain costs and this is a difficult balance to achieve. Planning methods are currently under review with the new Director of Finance, especially in terms of addressing hot spots such as locum agency spend. These challenges do not have quick fixes, and work is underway to assess essential services and those areas of provision which do not have an established budget.

- There are areas within Community Services which have only had short-term money and therefore there is a need to assess if some of these services should continue or be delivered in a different way.
- The Chief Officer provided an overview of the structures for monitoring the financial position and progress against the recovery plan, these include: a senior leadership team who meet every week when the core areas report on the current state of their improvement plans and financial position; the Finance Recovery Board sits once a week to review escalated reports (the processes for this latter group are under review in order to better link with the Strategy Team’s work on performance); the EDG (Executive Directors Group) have oversight of escalated matters and are tasked with making the difficult decisions about the direction of travel and how to manage governance processes.
- Cllr Cockburn expressed caution at stopping those areas of work in receipt of short-term funding, especially where these projects have been beneficial to the population, and emphasised the importance of looking for solutions from staff at ground level.
- L Bussell commented that no significant decisions have as yet been made regarding reducing non-funded services and that serious consideration was being given to these services where beneficial impact has been noted. Both L Bussell and A Johnstone commented how staff had been involved in a number of aspects of savings solutions.
- The Chair asked the Chief Officer to summarise the main reasons for the difficulty experienced over the past year in achieving savings and to suggest how ASC might manoeuvre itself into a better position for the forthcoming year.
- L Bussell noted the impact of COVID funding and other pockets of support from Scottish Government which had encouraged a mindset of building and developing service provision which is now faced with a retraction of support when the multiple pressures these services have sought to address have not gone away.
- J McCoy asked about the national piece of work to address the reliance on locums and agency staff.
- L Bussell responded that there had not been an update on the national work. In the meantime other avenues for containing locum spend continued to be explored. This is a challenge when vacancies are a national issue which means that if NHS Highland tightens controls locums are easily able to find work elsewhere.
- Cllr Gunn asked about the significant spend by NHS Highland for taxis delivering medication to patients and if there was a more economical way. M Stevenson noted that there had been ongoing problems of logistics with the company used to deliver medication via courier to people in the Highlands, and that Royal Mail next day delivery had been more reliable.
- L Bussell answered that transport is under active consideration in terms of medication and more generally. The geography of the area and population sparsity means that sometimes taxis are the most efficient and effective mode of delivery.
- It was asked what the unachieved savings referred to in point 3.6 were. This was clarified as the month to date position.
- N Wright asked what the process is for making difficult decisions, and commented on the responsibility to provide palliative care and the importance of the chronic pain service to the population of Highland, which requires better funding to address both the immediate need and in reducing admissions to Acute Services.
- L Bussell answered that Enhanced Community Services had been supported with money from Scottish Government, however this was non-recurrent and there is now a service gap. The Palliative Care Helpline, had been funded out of COVID monies, and work is underway to consider how this can be supported in its current form or how it might be redesigned to work as part of normal services.
- The decision-making approval process involves representatives from all the professional leads and interacts with a variety of key partners and organizations with a quality impact assessment approach.

After discussion, the Committee:	
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| – AGREED to receive limited assurance from the report. | |
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3 PERFORMANCE AND SERVICE DELIVERY

3.1 Assurance Report from Meeting held on 31 August 2022

[PP.10-22]

The draft Assurance Report from the meeting of the Committee held on 31 August 2022 was approved by the committee pending a correction to show that P Macrae had been in attendance.

The Committee

- **Approved** the Assurance Report pending the amendment referred to, and
- **Noted** the Action Plan.

3.2 Matters Arising From Last Meeting

M Simpson commented that he had expected information on the energy costs for NHS Highland arising from discussion at the August meeting as part of the Finance Update for the present meeting. It was agreed that E Ward will provide information at the next meeting.

The Committee:

- **AGREED** that E Ward update the committee on the matter of energy costs for NHS.
- **NOTED** the update.

3.3 Winter Planning

[PP.23-30]

L Bussell introduced the presentation and noted that this work had been carried out in conjunction with work on Unscheduled Care, that planning had been shared with Scottish Government, and that a Task and Finish Group has been running weekly.

- L Cowie gave an overview of the key points of the slide show which had been circulated ahead of the meeting and noted that the planning had been aligned with the overall strategic objectives for NHS Highland through Together We Care Key Performance Indicators.

During discussion the following points were addressed,

- F Duncan noted that Scottish Government had asked for all unsafe discharges from hospital to be monitored during the winter planning through a variety of different reporting places including the Clinical and Care Governance Group which monitors any 'unsafe discharges' from hospital into the community.
- It was clarified that 'unsafe discharges' refer to situations which arise on occasion e.g. where a patient has been discharged from hospital into the community without the proper medication, without enough resource or feedback in terms of care required to enable them to remain safely at home. Communication breakdowns and staff shortages in care at home services are examples of contributory factors.
- S Steer added work is underway to determine how often this happens and noted that these situations ought to be recorded via Datix, and that this work is a part of the larger Winter Planning programme.
- L Bussell confirmed that a report would be provided soon to the committee on the revised arrangements for clinical and care governance as far as the Community Directorate is concerned.
- W Smith asked if there was any provision for people who are particularly vulnerable or with complex health problems to take priority.
- L Bussell confirmed that a key area of planning was to ensure that there are good Community contingency plans in place for any vulnerable people who are known to the service in order to address breaks in service due to things such as inclement weather. This information is communicated via an individual's link worker.
- T Allison emphasized the need to communicate the importance of preventative elements such as the vaccination programmes.

- L Bussell commented that the communications plan will have a focus on making the public aware of preventative measures. NHS Highland is working with its partners in the Third Sector to ensure provision is joined up and resilience maximised.
- M Simpson asked if there was provision to check that discharged patients were being returned to a warm home. He also noted the difficulty of accessing ‘warm hubs’ in remote and rural areas and asked what role the community planning partnerships play in this regard.
- L Cowie commented that Kate Cochrane, as part of her resilience remit, is leading on coordination work with partnerships.
- The Chair commented that locality reports from each of the nine districts are due to be trialled and these will include a focus on any activity going on under the auspices of the Community or in conjunction with the Community Planning Partnership.
- P Macrae noted that there is a lot of work going on across the nine community partnerships within the Highland area which is feeding in to the Winter Planning.
- In the Mid Ross area there is a concentration on topics such as poverty and mental health, and noted with T Allison that the role of the partnerships is to assist coordination of deliver more so than delivery of service itself.
- M Cockburn commented that there had been feedback to the Council that the idea of ‘warm hubs’ is welcomed but that there is a fear of leaving the house in the community post-COVID and into the harsher weather which may put people off using the hubs.
- S Steer commented that Kate Cochrane’s work is looking for solutions to the issue of whether or not warm hubs are appropriate in remote and rural areas, and that the feedback to the Council will inform decision making.
- L Bussell noted that assurance around the progress of the Winter Planning would be seen via the IPQR dashboard reporting, and that it would be useful for a report to come to the committee in late winter/early spring to help show what the planning has achieved and what have been the challenges.

The Committee:

- **NOTED** the Winter Ready Planning work and that an assurance report would come to the Committee in 2023 evaluating challenges and achievements.

The committee held a short break at this juncture.

3.4 Engagement Framework

[PP.31-62]

R Fry introduced the report and noted that this is the second year of a three-year communications and engagement strategy and there was still a requirement for a strategic level blueprint to help shape and guide engagement activity across all services with guidance for procedures and a template for training. The framework was presented with a view to receiving feedback as to what the committee would like to see included and what assurance reporting would be welcomed.

In discussion the following questions were raised,

- W Smith commented that it would be beneficial to have carer or patient representation on the oversight group to give input to the governance process.
- The Chair noted the density of the activity implied by the proposed governance arrangements and asked if the short life working group had considered any alternative approaches to oversight, such as embedding responsibility within the existing performance framework.
- R Fry clarified that the short life working group had noted a significant concern that there be representation from patients, from carers, and from others who use NHS Highland’s services, and it didn’t feel like there was an exact fit for that in any existing mechanism within the board.
- M McIlwraith added that the advisory group would be closer to the ground and enable more of a two-way conversation, and that the oversight group would be looking at the

larger engagement picture and provide structured recommendations where that was needed.

- The quorum status of the oversight groups was under consideration due to the desire to have wide representation while also addressing the difficulty for attendance at every meeting. The oversight group currently has carer representation.
- J McCoy asked if the meetings would be digitally accessible, if support was available during the meetings to those who would require it, and if funds were available to assist with travel if this was not the case.
- M McIlwraith answered that work is underway with partners to ensure meetings are accessible and that information will be available in different formats. Costings for this are also under consideration.
- M Simpson commented that due to the detail and all-encompassing nature of the report that it should be assessed after 12 months in order to get a good picture of progress.
- R Fry noted that there was a list in the appendix of all the groups who had been consulted, who while they may not have attended the meetings had had sight of the draft framework.
- W Smith commented on the difficulty of engaging with carers especially in terms of demand on their time.
- M McIlwraith noted that there had been a number of pilot projects with Mental Health and Learning Disability work which had been crucial to the tools in the framework. Work is under way with Ian Thomson's group around how the organisation engages with carers as part of the Mental Health and Learning Disability framework.
- The Chair suggested that in addition to an annual assurance report to the Committee, that all substantive reports on service redesign and locality services should include information on implementation of the engagement framework to better embed the work as part of business as usual.
- The Chair noted that it is the Board who will approve the Engagement Framework, that the committee's role in this instance is advisory and suggested that R Fry and M McIlwraith's team consider the feedback and return with an update especially with regard to quorum membership and equity and inclusion of views.

The Committee:

- **AGREED** to accept moderate assurance from the report.
- **Agreed** that an update return to the committee

3.5 Dashboard Reporting

[PP.63-78]

L Bussell introduced the report, noting the good discussion that had been had on the topic at the committee's development session in September, and invited questions from the committee.

During discussion, the following points were addressed,

- The Chair asked if Board level data on vaccinations and Drug and Alcohol were possible for the partnership area. L Cowie confirmed this was possible.
- L Bussell noted that the Board is paying more for activity in order to sustain Care Homes, especially smaller homes which cost more to run. Some care homes are dependent on agency staff from outside the partnership area.
- J McCrory commented on p.72 of the papers with reference to the graphs describing delayed discharge blockages on assessments,.
- L Bussell answered that this data was being examined in detail as there had been some changes to coding of different situations, for example when someone is assessed but waiting funding, which could be distorting the picture regarding assessments.
- The Chair asked in relation to psychological therapies if there are agreed trajectories for improvements and whether we are sufficiently joining up investment in the Third Sector with investment in Primary Care and Community Mental Health Teams. L Bussell agreed

that early intervention in the community and Primary Care is critical, confirmed the Director of Psychology is heavily involved in improving pathways.

- The Chair noted a previous offer from M Wylie to report on the funding from SG being administered by her organisation and suggested this be requested alongside the next report to Committee on mental health services.

The Committee:

- **AGREED** to accept moderate assurance from the report.
- **AGREED** that M Wylie be invited to contribute a report on outcomes from the funding for community mental health projects at a future meeting.

3.6 Annual Report (Public Bodies)

[PP.79-97]

L Bussell noted the positive information and progress seen in the report with especial reference to benchmarking. Concerns had been expressed from some groups such as Carers who feel that they have had a long past two years and need better support.

The Chair noted that the evidence from carers confirmed the importance of the work being undertaken on the SDS and Carers Strategies. There was much to celebrate regarding work to sustain services despite the impact of COVID.

The Committee:

- **NOTED** the report.

3.7 Chief Officer's Report

[PP.98-105]

L Bussell gave an overview of the report and noted that a couple of areas in the report had less detail due to their inclusion in the IPQR reporting and invited the committee to provide feedback on the level of detail.

In discussion,

- M Simpson asked for clarification that the North Coast Redesign will not be subsumed into the Caithness Redesign, and commented that there is a need for better communication with the community on matters such as ensuring GP provision for the area and determining how the redesign will work if it is not building dependent as stated in the report (p.78)
- L Bussell confirmed that there is no plan to subsume the redesign projects and that the pieces of work are reported on by separate teams. There is work to be done in terms of wording and communication of the work with the communities as the proposals for reshaping services progress. Part of the aim in bringing certain areas of work such as Out of Hours under one section is to assess the different models used in the districts and provide a more consistent level of service.
- M Simpson asked when engagement in line with the framework discussed earlier in the meeting would begin with regards to the North Coast Hub and whether there would be scope to use the reprovisioned buildings for other needs such as accommodation for health and professional care workers.
- L Bussell noted that dates for consultation and discussion are being set out, and that any public building will go through the standard process for asset transfer when they become available.
- W Smith commented that it was good to see a breakdown in the finance paper of the different needs for people living with different kinds of disabilities but that there appeared to be information missing regarding what is left on carer spend or plans for future spend for carers.
- It was agreed that this information would be clarified for the next meeting.
- J McCoy asked if the uptake for vaccinations had been as expected.

- T Allison commented on the complicated picture which showed varying levels of uptake by area and age group. The vaccinations programme had been accelerated under instruction from Scottish Government with the aim of completing the programme for the 50- to 65-year-old age group by early December and this is slightly behind and expected to complete later in December.
- L Bussell clarified reference in the report (p.104) to the loss of 17,000 clinical slots due to the acceleration of the programme. In addition to the reprofiling of clinics required by the acceleration of the target end date a high Did Not Attend (DNA) rate early in the programme with associated rebookings by DNAs to later clinics has also been problematic.
- Comments were made by a number of members on the need to provide positive messaging to ensure better vaccination take up. There were also anecdotal accounts of the pressures at oversubscribed local clinics which had delayed availability of vaccinations in some areas, and the inappropriate building settings for some clinics which necessitated negotiating steep stairs.
- T Allison noted that wastage of vaccinations from did not attend (DNA) appointments is generally minimal.
- L Bussell accepted there had been challenges in finding suitable venues but efforts continued to find alternatives where necessary.

The Committee:

- **NOTED** the report.

4 HEALTH IMPROVEMENT

- Cllr Birt commented that there had been no items for discussion under this heading since he had started attending the Committee.
- T Allison noted that this omission reflected committee dynamics, in that pressing matters of health improvement oversight were often considered via other committees such as the Clinical Governance Committee, but that there was certainly scope for items to be considered at the HHSCC.
- The Chair noted that there was to be a meeting with the Director of Public Health to which Cllr Birt would be invited to review future areas for discussion by the committee on a Public Health theme.

5 COMMITTEE FUNCTION AND ADMINISTRATION

5.1 Committee Annual Work Plan

The Chair noted that the workplan would be reviewed at the next agenda planning meeting in light of the fragility of the current situation, and would be presented for consideration at the next meeting.

- **The Committee noted** that the Work Plan would be reviewed and presented at the January meeting.

5.2 Appointment of Vice Chair to the Committee

(See above, after item 1.)

- **The Committee APPROVED** the appointment of P Macrae as Vice Chair to the Committee.

6 AOCB

- M Simpson commented that this was the last meeting of the committee before the Christmas break and wished the Chair and the Committee well for the holidays, which the committee returned in kind.

The Committee:

- **APPROVED** the proposed 2023 dates.

7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 11th January 2023** at **1pm** on a virtual basis.

The Meeting closed at 3.55 pm