

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 8 May 2024 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

Present:

Gerry O'Brien, Committee Chair, Non-Executive
Philip Macrae, Non-Executive, Committee Vice Chair
Tim Allison, Director of Public Health (until 3pm)
Cllr, Christopher Birt, Highland Council
Ann Clark, Board Non-Executive Director and Vice Chair of NHSH (until 3pm)
Cllr, Muriel Cockburn, Non-Executive
Claire Copeland, Deputy Medical Director
Pam Cremin, Chief Officer
Cllr, David Fraser, Highland Council
Joanne McCoy, Non-Executive
Kaye Oliver, Staffside Representative
Julie Gilmore, Nurse Lead (shared role)
Michelle Stevenson, Public/Patient Representative
Diane Van Ruitenbeek, Public/Patient Representative
Neil Wright, Lead Doctor (GP)
Mhairi Wylie, Third Sector Representative

In Attendance:

Jo McBain, (on behalf of Nurse Director)
Fiona Duncan, Chief Executive Officer and Chief Social Work Officer, Highland Council
Arlene Johnstone, Head of Service, Health and Social Care
Fiona Malcolm, Executive Chief Officer for Health and Social Care, Highland Council
Stephen Chase, Committee Administrator
Amanda Johnstone, member of the public

Apologies:

None.

1 WELCOME AND DECLARATIONS OF INTEREST

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

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

1.2 Assurance Report from Meeting held on 6 March 2024 and Work Plan

The draft minute from the meeting of the Committee held on 6 March 2024 was approved by the Committee as an accurate record.

The Committee

- **APPROVED** the Assurance Report
- **NOTED** the Work Plan.

1.3 Matters Arising From Last Meeting

It was clarified that the Quantum referred to in item 2.1 of the minutes was the monies held by the Highland Council for NHS Highland.

The Committee:

- **NOTED** the updates.

The Committee agreed to receive item 4.1 at this juncture before continuing with the order of the agenda.

4 COMMITTEE FUNCTION AND ADMINISTRATION

4.1 Blueprint for Good Governance Improvement Plan - Update

The Board Secretary spoke to the paper which provided an update on the delivery of actions contained in the Board's agreed Blueprint for Good Governance Improvement Plan 2023 that were of relevance to the Clinical Governance and Health and Social Care Committees. The Board's Blueprint for Good Governance Improvement Plan contained 17 specific actions, three of which related directly to the remit of both the Clinical Governance and Highland Health and Social Care Committees, and oversight of progress on the three specific actions would therefore be reported to both groups.

The Board Secretary noted that the appendix was an earlier iteration and would be replaced in the Committee's Teams channel with the latest version for reference.

It was noted that good progress had been made against the three items, which included embedding patient and community representation and feedback into the Board's performance framework, establishing a plan to implement a quality framework, and to ensure that patient feedback is responded to and that it is fed back into improving services. A full report spanning all 17 actions would go to the Board at the end of July.

D van Reutenbeek as Patient/Public Representative commented that progress in these areas was very welcome.

The Committee

- **NOTED** the report, and
- **AGREED** to accept **moderate** assurance.

2 FINANCE

2.1 Year to Date Financial Position 2023/2024

The Chair apologised that there had not been a paper issued for the item and that this was due to the process of agreeing the close off of the 2023/24 financial year with Scottish Government.

E Ward gave a slide presentation outlining the current position for the HHSCP and noted the caveat that figures were still subject to final adjustments in audit scrutiny.

- Significant additional funding from Scottish Government was received and the end of year position was significantly better than that presented within the financial plan submission to Scottish Government in March 2023.
- The cost improvement programme had a target of £29.5m with slippage against that of £15.9m.
- Contributions to national initiatives had also come in slightly lower than expected.
- Financial flexibility allowed the release of £2m to support the financial position. Short term cost reductions and allocation slippage of £18m – including vacancies – also contributed to the improved position.
- The partnership reported an overspend of £10.6m with Acute Services reporting an overspend of £20.3m. The current position within Support Services is an underspend of £1.7m – this reflected the additional funding received.

- Argyll and Bute HSCP had delivered a break even position.

In discussion, the following areas were raised,

- E Ward agreed to have the presentation slides circulated to the Committee for reference with the caveat that the figures were subject to conclusion of the year end audit.
- The Chair noted that the partnership finished the year in a position which was better than had been anticipated but that this could be characterised as an unexpected position and that therefore there was a piece of work to be done between the Chair, the Chief Officer and E Ward to understand the position and how it was achieved. However, it was noted that the benefits achieved in quarters 3 and 4 were non-recurrent and still left the partnership with significant issues ahead in areas of spend and the impact on services.
- It was clarified that a formal request for brokerage to cover the shortfall for 2023/24 was in the process of being sent to Scottish Government. This was expected to be received in an allocation later.
- Concern was noted in discussion about the unexpected revenue additionality which would not be available in the 2024/25 period. It was noted that once the budget had been approved by Scottish Government it would be possible to bring further detail back to the meeting of costs and mitigating actions.

2024/25

E Ward presented slides to introduce the estimated Adult Social Care position for 2024/25. The slides were circulated to the members after the meeting. The estimated expenditure was £188m against funding of £164m, leaving a gap of £23.4m.

- Scottish Government had confirmed that it was prepared to give brokerage up to a maximum of £20.4m. It was noted that almost all of the territorial boards were in a position of requesting brokerage from SG as opposed to only two or three boards in previous years. This left the Board with £84m to identify areas to balance the budget.
- Value and efficiency workstreams have been initiated to support delivery of 3% recurring savings. Further transformational projects are in development to deliver the balance of the cost reduction/improvement ask.
- Argyll and Bute had been challenged to deliver a balanced position and was looking at having to identify cost reductions and improvements of £6.2m.

During discussion,

- Cllr Fraser commented that funding for support services such as Handy Person had been reinstated to 2015 levels which did not take into account subsequent levels of inflation. The Chief Officer confirmed that she and the Chief Executive had met with the company and would shortly provide a response to assist with their financial planning. Work was underway with Highland Council to procure a new Handy Person service and find a more equitable financial balance. An update would be circulated to the Committee outwith the meeting.
- The longer term ability of the HHSCP to support, invest in and develop areas such as Community Services in a way that supported the partnership's strategic aims in the face of the financial challenges was noted.
- It was confirmed that the £23m in the emerging gap for the 2024/25 estimate included the £7m from the quantum held by Highland Council.

2.2 Adult Social Care Update

The Chief Officer provided additional context to the Finance Update and noted that,

- Engagement in value and efficiency work was underway in areas such as prescribing and reducing reliance on agency and locum staff with across medical and nursing and midwifery and pharmacotherapy. The cost of packages for out of area referrals

was also being examined in terms of if it was more efficient to bring these back to Highland.

- It was noted that there was a lot of work to be done around engagement with district planning groups and Community Planning Partnerships concerning service provision.
- An overarching commissioning strategy was also planned.
- Adult Social Care cost improvements had been drafted to identify areas of cost improvement and inefficiency and Chief Executives were working to agree priorities and sequencing of work to achieve cost improvement and transformation work.
- There had been much information gathering with in house services, working with partners in the independent and Third Sector and from this data analysis around service costs and the ways in which services are received with the aim of disinvesting from in house provision to a more partnership way of working.
- Actions to reduce length of hospital stay with the joint strategic plan, 'Home is Best' was underway to prevent and reduce the time that people are delayed in hospital.

During discussion,

- Technology Enabled Care (TEC) was discussed in terms of progress and roll out. It was noted by the Chief Officer that a new suite of TEC products was now available and would form part of value and efficiency work in terms of providing families with choices to enable those who require support at home to access these supports. Costings were in the process of being considered and would be articulated through the joint strategic plan through areas such as the strategy for housing. The Chief Officer suggested it would be beneficial for a more detailed report to come to the Committee outlining these areas of work.
- The issue of the forthcoming Analogue Switch Off was raised in terms of the introduction of new TEC and the associated risks around digital solutions. The Chief Officer noted some of the challenges experienced over the Winter period and that while services had been tested there was broadly good resilience, however it was an area for further learning.
- Regarding the challenges of recruitment, it was noted that there was a need to create more sustainability in the Third Sector and independent sector due to the attrition from staff moving from those sectors to the NHS. No definitive plans to address this were in place due to the need to sustain in house NHS services but there was the intention to jointly co-produce a plan for partners to sign up to achieve sustainable commissioning aims. The Engagement Framework would assist the progress of such work to ensure community and partner involvement and transparency throughout. The discussion also noted that this process was less about slowing down NHS recruitment and more about transferring provision of some in house services to other sectors to support wider sustainability.
- The process of decision making to respond to short term situations as against the longer term strategy of the partnership was discussed during which it was noted that the setting up of a Care Board with good governance procedures had enabled some faster and more responsive decision making based on systems developed for longer term planning.

The Committee:

- **NOTED** the report and the savings plan, and that work was underway to confirm the plan which would be brought to the July meeting.
- **ACCEPTED limited** assurance in light of the ongoing financial challenges and ongoing work with Scottish Government to approve the financial position.

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Self-Directed Support Annual Report

I Thomson spoke to the paper which presented an overview of the paper which detailed the process of implementation of the SDS strategy which had followed significant consultation with

service users in order to address a change of culture from the ground up and take some practical improvement steps.

During discussion, the following areas were addressed,

- I Thomson commented that a number of organisations such as Connecting Carers and In Control Scotland had provided useful advice about how to consult with service users on a more direct basis.
- It was explained that the reference to testing a different model of eligibility in the report was about bringing a better triage model into being in order to provide faster assessments and to make better use of social work intelligence in providing service users and their supporters with the assistance and information they need.
- The need to complement the work of care workers with other kinds of support was noted especially when addressing service users who need differing levels of support and thereby better match support roles to users such as personal care on the one hand and roles such as befriending and more community-based help on the other hand.
- The Chair noted that at this stage there was no level of assurance to recommend to the Committee but that this should be considered for when the item returns and that a future report could also consider what barriers there are to SDS and how they could be resolved. R MacDonald suggested that based on the current level and direction of work with its grassroots focus that moderate assurance could be offered to the Committee, however she also noted the challenge of offering assurance in isolation from the broader conversation considered by the Committee. The Chair noted that he would discuss with the Chief Officer how the topic could be brought back to the Committee.

The Committee:

- **NOTED** the report.

3.2 Care Home Collaborative Annual Report

G Grant spoke to the circulated report which noted the two related but separate aspects of independent sector care. The report provided a general market overview and an update on the collaborative funding received from Scottish Government and also the focus and direction of that funding.

In addition to the information contained in the report it was noted that the quality of provision had been good overall with a notable exception of Cradle Hall, which closed on 17th April. This had led to the relocation of 41 residents over three weeks and had provided a significant challenge to residents and their families, and staff.

It was noted that the requirements of the National Care Home Contract was a difficult match for Highland but that proactive actions were in progress and under consideration such as investing in recruitment to independent sector care homes and that this latter area was starting to see some benefit.

During discussion, the following areas were raised,

- Cllr Fraser requested an update outwith the meeting regarding the temporarily closed homes at Dail Mhor and the Mackintosh Centre.
- The Chair requested that the update when provided be circulated to the Committee.
- J McBain noted that Occupational Therapies be added to the report along with Podiatry.
- Thanks were expressed to the team involved in dealing with the closure of Cradle Hall under very pressurised circumstances.
- The discussion of what lessons had been learned from the Cradle Hall closure it was noted that an evolving Standard Operating Procedure had been built from the experience of dealing with previous closures, however the circumstances and timeline had been very different in the case of Cradle Hall. It was commented that a number of issues were

under scrutiny, which included the process of relocation and matching residents to locations, the response from the sector from the appeal to all providers in Highland for innovative assistance and to prioritise placements (which had been a very positive response). G Grant was due to co-chair a meeting with the Scottish Care independent sector lead on lessons learned for providers.

- Regarding the strategic direction and market facilitation plan it was noted that this was crucial and would need a 5 to 10 year forward plan to support more reactive planning responses.

The Committee:

- **NOTED** the report,
- **ACCEPTED moderate** assurance from the report.
- **AGREED** that an update on Dail Mhor and the Mackintosh Centre be circulated to the Committee.

3.3 Children and Young People Services Annual Performance Report

J Park noted that the report provided an overview of ongoing actions taken to the Community Planning Partnership Board for ratification in March, and also to the Joint Monitoring Committee. She recognised that there may need to be further discussion about the what the correct sequencing should be in terms of which committees should see the report when and noted that she would discuss the options with the Chair of the Integrated Children's Service Board. The report took a life course approach which acknowledged that to support and protect children and young people a shift of thinking to whole family support and whole Community support was required. This also meant that the report was aligned to the Highland Council's Education Plan and the NHS Highland plan. It was noted that delivery of the plan required good working partnerships across service areas such as mental health and well-being, the Poverty Group, the Job Protect Committee and the Drug and Alcohol Partnership.

In discussion, the Chair noted that he would raise the issue at the meeting of the Chairs of NHS Highland Governance Committees to agree a suitable governance route for the delegated services.

The Committee:

- **NOTED** the report.

[The Committee took a break from 2.50pm to 3pm]

3.4 Adult Social Care Fees and Charges

C Stewart provided a brief overview of the report which had been circulated in advance of the meeting.

The Chair noted that the uplift to £12 an hour was progress but that it was still very low.

The Committee:

- **NOTED** the report.

3.5 IPQR for HHSCP

J Bain spoke to the report and highlighted the key metrics in a slide presentation and noted the challenges and the connections between different areas of performance such as a slight reduction in people assessed for Care At Home but who were waiting for packages and that this was connected to Delayed Hospital Discharges.

It was noted that the Commissioning and Transaction team had worked hard to make sure that the increased rates of pay had been passed on to providers to enable them to pay the minimum £12 per hour as funded by the Scottish Government. It was noted that there were 8 commissioning proposals which would be part of a separate paper that would come to the Committee.

In terms of overall care placements, it was noted that 16,187 people had been placed within 2023/24 as opposed to 750 in the previous year which illustrated the levels of pressure across the sector.

It was noted that more recent activity such as the Cradle Hall closure due to regulatory actions was not reflected in the data presented.

It was noted that the scheme for unpaid carer breaks reopened in quarter four and that there had been 141 applicants with 125 were approved.

A significant growth in Option 1 direct payments was noted and J Bain suggested that the next iteration of the report could include quarterly data points for ease of reading.

In discussion,

- It was noted that the Chair and Chief Officer intended to consider with the Head of Strategy and Transformation how the IPQR reporting could better support the work of the Committee in understanding the levels of impact of interventions and actions given that the data had reached a stable or static level of activity. It was suggested in the discussion, for example that further break down of data between North Highland and Argyll and Bute HSCPs could be useful for comparison and help to highlight the differing issues faced by remote and rural areas.
- It was acknowledged that further work was underway to address the balance of service level delivery data and indicators that would better show the pressures and impact of mitigating actions, taking the example of the work done around Option 1s.

The Chair noted that the Committee and the Board was committed to addressing these issues and tie them to the strategic direction of the organisation and that this would be noted in the Committee's Action log.

The Chair also noted the good work undertaken by the Drug and Alcohol team in its application of MAT Standards and addressing response times.

The Committee:

- **NOTED** the report, and
- **AGREED** to accept **limited** assurance.
- **AGREED** that the Action Log note the Committee's commitment to addressing the issues raised by the IPQR and to find an approach tied to the strategic direction of the organisation.

3.6 Chief Officer's Report

The Chief Officer provided an overview of her report and noted that,

- The joint inspection of Adult Support and Protection for the HHSCP area had concluded and had received a feedback report on the findings. R MacDonald noted that the report was now live on the Care Inspectorate website for public access and addressed health, social work, social care, but also police services. It was commented that sessions had been arranged for the HHSCP to hear the feedback and the areas for improvement. It was felt that it had been a positive inspection and an update would be brought to the Committee.
- In terms of the Vaccinations Programme, it was noted that the Board was working through its performance with Scottish Government and Public Health Scotland to create strategies to improve citizen experience and access to vaccinations. There were areas of work around childhood vaccination and robust pathways for post-exposure prophylaxis vaccinations, and Public Health Scotland was providing good support as a critical friend in assessing processes.

- The DadPad app had been launched by NHS Highland by the Perinatal and Infant Mental Health team and was available across Highland and Argyll and Bute providing fathers with guidance on how to support their child and seek help when they when they become a parent.
- It was noted that numbers of referrals to the Community link worker service to the end of February 2024 was 1,782. It was thought that the main reasons for referral were related to mental health, social isolation, financial issues, heating costs, bereavement, housing and essential needs. A validated well-being score tool had been developed to measure people's outcomes.
- Regarding Enhanced Services, it was noted that negotiations with the LMC were progressing at a fast pace and had reached a detailed stage of agreeing 5 specifications, and it was hoped that this work could be taken forward soon to stabilise and implement new Enhanced Service contracts.
- It was noted that Cllr Fraser had reached the end of his tenure as Chair of the JMC and that the NHS Highland Board Chair, Sarah Compton Bishop would take up the Chair for 12 months from 1st April.

During discussion the following points were addressed,

- It was noted that the escalation of NHS Highland's Vaccination Programme to special measures was intended to be a supportive experience working with Scottish Government and Public Health Scotland to learn from other models across Scotland and better develop and demonstrate trajectories of delivery. The aim is to align vaccination types to local delivery and more local oversight with better use of staffing working across a multidisciplinary team, and to use the options appraisal to identify through public and stakeholder engagement where the model is being delivered well and where there is good uptake. It was hoped that the options appraisal would be ready for engagement rollout by mid-May. It was not known if any other Scottish health board vaccination programmes were also operating under special measures.
- It was commented that there had been a lot of analytical work undertaken to address issues around patient experience, distances travelled to clinics and accessible clinics, and there had been quality improvement work undertaken with the National Booking service to reduce some of the issues experienced in previous iterations of the vaccination programme.
- The Chair recommended to the Committee that the Vaccination Programme remain on the agenda for the July and September meetings in order to be provided with progress updates on the consultation engagement process and a timeline for deliverables.
- The Chief Officer offered to produce a paper in collaboration with the Director of Public Health about public health messaging to encourage better uptake of vaccinations.
- D van Ruitenbeek requested an update outwith the meeting regarding current concerns on North Skye about service delivery of urgent care and staffing. It was agreed that the Chief Officer would produce an update that could be circulated to the Committee for assurance.

The Chair commented that he welcomed the extension of Community Link workers to all GP practises and looked forward over the coming years to learning of the benefits brought to the system.

The Committee:

- **NOTED** the report, and
- **AGREED** an update be circulated to the members outwith the meeting regarding current concerns on North Skye about service delivery.
- **AGREED** that the Vaccination Programme remain on the agenda for the July and September meetings to provide progress updates.

5 AOCB

The Chair expressed thanks on behalf of the Committee to Michelle Stevenson and Wendy Smith for their service and contributions as Independent Lay members and noted that their tenure would end in June. M Stevenson commented that she had enjoyed her time on the Committee and may join meetings on occasion as a member of the public.

The Chair noted that the positions had been advertised and it was hoped that the recruitment process would be completed soon.

6 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 10th July 2024 at 1pm** on a virtual basis.

The Meeting closed at 3.48 pm

DRAFT