

## 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 04 September 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, Vice Chair and Non-Executive  
Tim Allison, Director of Public Health  
Cllr Christopher Birt, Highland Council  
Ann Clark, Non-Executive Director and NHS Board Vice Chair  
Cllr Muriel Cockburn, Non-Executive  
Claire Copeland, Deputy Medical Director (from 1.30pm)  
Pam Cremin, Chief Officer  
Cllr David Fraser, Highland Council (until 3.48pm)  
Julie Gilmore, Assistant Nurse Director on behalf of Nurse Director  
Joanne McCoy, Non-Executive  
Kara McNaught, Area Clinical Forum Representative  
Kaye Oliver, Staffside Representative  
Simon Steer, Director of Adult Social Care  
Diane van Ruitenbeek, Public/Patient Representative  
Neil Wright, Lead Doctor (GP)  
Elaine Ward, Deputy Director of Finance 3pm  
Mhairi Wylie, Third Sector Representative

#### In Attendance:

Rhiannon Boydell, Head of Integration, Strategy and Transformation, HHSCP  
Louise Bussell, Nurse Director  
Lorraine Cowie, Head of Strategy & Transformation, NHS (item 3.4)  
Teresa Green, Service Manager DARS (item 3.2)  
Arlene Johnstone, Head of Service, Health and Social Care  
Michelle Johnstone, Head of Service, Community Services  
Stephen Chase, Committee Administrator

#### Apologies:

Julie Gilmore, Ruth Daly, Fiona Duncan, Fiona Malcolm, Jill Mitchell.

## 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 NHS website.

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

The Chair noted that item 3.5 would be discussed in relation to the other relevant items as a thematic thread.

## 1.2 Assurance Report from Meeting held on 10 July 2024 and Work Plan

The draft minute from the meeting of the Committee held on 10 July 2024 was approved by the Committee as an accurate record following the addition of C Birt's apologies.

### The Committee

- **APPROVED** the Assurance Report pending the amendment noted, and
- **NOTED** the Work Plan.

## 1.3 Matters Arising From Last Meeting

The Chair drew attention to the actions arising from the July meeting.

- An update on Learning Disability spend for 2023/24 and its expected movement into 2024/25 had been requested. The Assistant Director of Finance noted that her team were currently working on a larger piece of work around governance and approval routes and that more detail would be available for the November meeting. It was agreed that a response would be factored in to the Finance update during the meeting.
- An update on the number of health checks carried out for people living with a learning disability had been requested. The Head of Service noted that her team were working through the Learning Disability plan and the projection of the plan to the end of the current year. It was agreed that as soon as the information was available it would be circulated to the committee via the Committee Administrator.

## 2 FINANCE

### 2.1 Financial Position at Month 4 and the Financial Year Ahead

The Deputy Director of Finance presented the report and a PowerPoint which summarised the financial position for NHS Highland at Month 3 with further detail presented on the HHSCP position.

- At the end of month 3 an overspend of £22.659m had been reported with the overspend forecast to increase to £49.697m by the end of the financial year (assuming support to deliver a breakeven ASC position). The forecast is £21.296m worse than the brokerage limit set by Scottish Government but £0.904m better than the target agreed with the Board in May 2024.
- A year to date overspend of £6.973m was reported for the HHSCP and it was forecast to increase to £7.293m by financial year end (assuming ASC supported).
- Prescribing was emerging as a significant pressure with £3.200m overspend built into the forecast. Supplementary staffing costs were also continuing to drive an overspend position with £2.900m of pressure within the forecast.
- A forecast overspend of £16.802m is reported within ASC (adjusted within the overall Board report to assume breakeven with a funding source to be identified).
- A reliance on agency staff in NHS run care homes continued to present a financial risk.
- The 2024/2025 quantum was formally agreed at the start of month 4 and would be reflected in the next report iteration.
- Drugs and prescribing expenditure was overspent by £1.003m, but was included as a significant area within the Board's Value and Efficiency programme

During discussion, the following areas were addressed,

- The Head of Service confirmed that information was being consolidated arising from the audit report detailed in the reports for item 3.5 and the need to achieve financial balance for the Learning Disability spend. Work was underway to determine the relevant work streams in partnership with the independent sector due to the fact that most of the spend was commissioned rather than 'in house' work in contrast to the care home and care at home sector workstreams which were more focussed on 'in house' provision. Contract monitoring and a review of processes for the different care packages was underway with a focus on community support in addition to paid care. The Chief Officer confirmed that work was also underway to ensure that robust financial governance and service plans were better aligned as part of the response to the audit reports.
- Regarding facility costs, it was noted that capital costs for estates were covered by Highland Council, however there was some significant work required to bring estates such as Home Farm up to acceptable standards and day-to-day costs to be factored in to the partnership spend.
- It was clarified that brokerage was the standard means for audit purposes used by the partnership to achieve financial balance and that this was repayable in due course to Scottish Government. However, the impact of spend in excess of the brokerage cap was a concern for the period 2025-26 and beyond.
- It was noted that the deterioration in the month 4 position for Adult Social Care was due to factors such as an increase in the cost of some packages within Learning Disability and an increase in payments for Care At Home due to some provision returning 'in house' and no corresponding reduction in costs for external providers. The spend was being tracked to identify increases but it was thought that the increases were due in part to a move to 'in house' provision and sustainability payments to suppliers.
- It was confirmed that the quantum with Highland Council for NHS was agreed at the start of month 4 and that therefore only the figures presented for month 4 reflected the quantum. It was felt that the agreement had improved the position slightly but not as much as had been expected.
- It was requested that, given the assumptions made around the Adult Social Care budget being able to achieve balance and the deterioration in the position, that more detail would be useful in terms of transparency of governance and managing the risk involved. The Chair noted that he would discuss with the Assistant Director of Finance and the Chief Officer a suitable way to address these issues for the next iteration of reporting. The Chief Officer noted the need for alignment with reporting requirements for the Finance, Resources and Performance Committee and Audit Committee. The Chair noted the current challenging financial position and the increasing challenges faced by the partnership and for future allocations from Scottish Government.
- Regarding supplementary staffing costs, the Chief Officer noted the challenges for recruitment for the sector and the region. A number of mitigating actions of governance had been implemented to ensure that agreed agencies were used by preference in order to manage the costs. Value and efficiency work had been carried out to ensure that bank staff were utilised ahead of agency staffing, which included adding nurses in training to the bank in order to make best use of the available people and also develop the workforce. The Head of Service for Learning Disability noted that a number of measures had been implemented to reduce the reliance on supplementary staffing such as changing observation practices within the hospital to require fewer staff and use them

more effectively. New Craigs staff had been holding daily meetings to consider and implement measures to work with existing hospital resources first before requesting additional agency staffing.

**The Committee:**

- **NOTED** from the report the financial position at month 3 and the associated mitigating actions, and
- **ACCEPTED** limited assurance.

### 3.1 PRIMARY CARE IMPROVEMENT PLAN

The Chief Officer provided an overview of the paper in place of the Head of Primary Care. The Deputy Medical Director added that an options appraisal for CTAC (Community Treatment and Care) had been taken to address the needs of General Practices, and that planning was at an early stage for the Primary Care strategy and the next phase of improvement work.

In discussion,

- A typographical error was noted in paragraph 22 of the report, and it was clarified that the reference to “non expert medical generalist workload” should refer to “expert medical generalist workload”. This would be amended in the report and future iterations.
- CTAC was explained in brief for the committee by the Lead Doctor as work currently carried out by practise nurses and healthcare assistants in General Practises such as taking bloods phlebotomy thereby freeing up time for the GP to discuss, analyse and diagnose, and focus on areas of planning. It was felt within Highland that, especially outside of urban areas, that this work be kept within General Practices to reduce patient travel and use General Practices more like hubs for this activity. The Deputy Medical Director noted that conversations with Scottish Government around CTAC and the requirements of Highland’s geographically dispersed population had been positive, and that a needs assessment would be carried out in collaboration with Public Health colleagues regarding population need. Further details would be brought to the committee as they develop.
- The Deputy Medical Director agreed to provide a fuller update in due course on the matter of sustainability of General Medical Services in line with a planned update for the Clinical Governance Committee.
- It was agreed that the Committee Administrator would circulate an email update to the committee on a glossary of useful acronyms.

**The Committee:**

- **NOTED** the report and recommendations.
- **ACCEPTED** moderate assurance from the report.

### 3.2 HIGHLAND DRUG & ALCOHOL RECOVERY SERVICE (DARS)

The Service Manager for DARS provided an overview of the report which outlined the continuing focus on delivering Medication Assisted Treatment Standards (MAT). Alcohol had

continued to be the prominent reason for referral into the DARS specialist service. This had occasionally led to competing priorities such as balancing the requirements of MAT alongside individuals also at high risk of harm due to alcohol dependency. It had been a challenging year with progress and Referral to Treatment (RTT) compliance variable due to a number of internal and external factors impacting on performance. To manage demand, the service had continued to evolve and develop new ways of working to enable a timely response to those most at risk. Relevant connections between the report and the Annual Development Plan (ADP) were noted with a particular emphasis on the wider approach to harm from alcohol and drugs and a need to look at a societal level.

During discussion, the following areas were explored,

- M Wylie noted that feedback from Third Sector services was that these services were now creating their own waiting lists due to the delays elsewhere in the system which had slowed down referral times and that they lacked appropriate resources to deal appropriately with the situation.
- It was clarified that naloxone kits were distributed in a targeted way to known users of opiates and those who requested support. There was an expiration date for usage which entailed an element of wastage however the targeted harm reduction approach was felt to outweigh the wastage.
- A soft marketing exercise had been carried out with Third Sector colleagues around the commissioned service for non-dependent use to address parity across the region. Financial support from Scottish Government had only recently been confirmed which had delayed some of this work but the tendering process was now underway with relevant associated timescales. The Lead Doctor noted the need for diagnostic clarity. The tendering process will score interested parties on certain criteria and their ability to provide a Highland-specific service.
- Regarding the opening of a new prison in Inverness, it was confirmed that a prison and healthcare working group was examining some of the challenges of increased need and preparing with a target operating model for prison healthcare.

**The Committee:**

- **NOTED** the report and recommendations.
- **ACCEPTED** moderate assurance from the report.

*The Committee took a comfort break from 2.45pm to 2.55pm.*

### **3.3 VACCINATION IMPROVEMENT PLAN**

The Director of Public Health provided an overview of the report which noted that there had been three main approaches for improvement within Highland HSCP: 1.) Response to the escalation to level 2 of Scottish Government's performance framework; 2.) Peer review from Public Health Scotland for NHS Highland, acting as a 'critical friend'; and 3.) Development of a new delivery model within Highland HSCP with the potential for a more local service including the potential for general practice delivery. In addition to this, a serious adverse event review was carried out in connection with pertussis (whooping cough) and vaccination. Following recognition of the incident, an incident management team was established which

addressed immediate concerns and risks. This has now been stood down with continuing actions taken.

- A Public Health Scotland Peer Review took place during June and several Public Health Scotland staff including the head of vaccinations spent the week in Inverness. The review was undertaken as a 'critical friend', and comprised a review of documents and confidential discussion with staff and other stakeholders. The reviewers visited vaccination clinics in Inverness and Dornoch and PHS staff also supported pertussis incident management work.
- A Vaccination Improvement Group had been established reporting to the Executive Directors Group (EDG) tasked with developing and implementing an action plan to improve performance and quality and ensure a safe, effective and efficient vaccination service. Its remit includes implementation of the recommendations from the peer review, management of performance escalation from Scottish Government and oversight of the assessment of the best delivery models for Highland HSCP.
- Monthly performance meetings with Scottish Government were underway to consider an agreed set of performance metrics including childhood and adult vaccination uptake, access to tetanus vaccination, complaints and progress with consideration of new models of delivery. There are also separate monthly informal meetings with Scottish Government.
- Childhood vaccination rates had shown some improvement especially in terms of the reduction in delay between the time when the vaccine is due and when it is delivered.

The Chief Officer added that the Vaccination Improvement Group which she chairs had made significant progress with the 28 improvements that had been identified across the seven areas of governance and leadership around workforce, access and public experience of vaccine provision. There were significant digital and data issues identified in order to bring the work forward in addition to matters of finance and discussions around CTAC as mentioned above.

The Chair noted that the committee had hoped to have a discussion about the challenges faced by the improvement plan and the mitigating actions taken moving towards the winter period. The Chair expressed concern that the report did not provide a timeline for delivery.

During discussion, the following areas were considered,

- The Director of Public Health noted that there were two aspects to a lower-than-expected vaccination uptake which included national trends and local issues, the latter of which was the significant change from GP delivery to Board delivery in line with other health boards. It was noted that there had been a loss of confidence in the vaccinations system which would take a while to address satisfactorily. This was due in part to a sense of fatigue around the messaging for vaccinations, and the fact that there are side-effects to vaccinations that can sometimes be painful or impact a person for a day or more. Regarding local issues, it was felt that the planned options appraisal would be one way of correcting the trend but also by conducting a specific review of children who had not received the MMR vaccination in order to uncover the reasons why and offer alternative options for delivery. A qualitative workplan was in development to understand why some parents were not bringing their children for vaccination which was likely to reveal several factors including issues around ease of access requiring a more locally based delivery

system. It was felt that Scottish Government were perhaps more open now to considering mixed models of vaccination delivery and that this would help this process, although it was noted that these discussions were at an early stage.

- The Chief Officer added there was work to be done to align the relevant formal processes with local delivery based upon the district model and addressing the resources of local workforce and community needs. It was also noted that vaccination status is not always available for people who have recently moved to the area, especially regarding newborn children.
- It was commented by J McCoy that there was a loss of confidence around vaccines from people with long-term health conditions due to the associated wider impacts on day-to-day living such as the difficulty of visiting public places and receiving more than one vaccination at a time.
- The Director of Public Health noted that antibody therapies were available through the Flow Navigation Centre and that GPs, the NHS Inform site and the Board's contact pages would be able to assist with this.

The Chair in summarising, noted that it was unlikely that anything would be implemented from the options appraisal ahead of the next committee meeting in November due to the need for it to pass through the relevant governance routes before feedback is received from Scottish Government. The Chair noted that he would discuss with the Chief Officer bringing a substantial action-led report to the November meeting.

**The Committee:**

- **NOTED** the report,
- **AGREED** that a more substantive report be brought to the November meeting, and
- **ACCEPTED** limited assurance from the report.

### 3.4 IPQR for HHSCP

The Head of Strategy and Transformation spoke to the report and noted that some additional metrics and a narrative section had been added following discussion with the Chair and the Chief Officer to provide a more rounded picture of reporting for the committee. All relevant teams for the areas under consideration had provided reasoning for current performance with mitigating actions and expected impacts.

- The Head of Strategy and Transformation noted that an exercise was underway with the HHSCP to determine appropriate trajectories for performance for areas of community services similar for planned care.
- The Chief Officer noted with regard to the 90-day programme, that the System Capacity Group had been stood up to address governance oversight and to understand capacity across the system in terms of available beds with real-time information to assess trajectories for delayed discharge data and ensure that patients were in the right place at the right time in their hospital stay.
- A refocused structure for the delivery of urgent and unscheduled care in the 90-day programme had been seen by the Permanent Secretary and the Director of Adult Social Care from the Scottish Government. Meetings had also been held with the Minister for Social Care, Mental Health, Well-being and Sport, in addition to bespoke meetings with

cabinet representatives around self-directed support as part of a larger strategic piece of work.

- The Chief Officer noted that there would be no specific Winter Plan for the 2024-25 but instead the 90-day plan which presented a robust improvement programme to improve flow and increase capacity.

In discussion,

- It was noted that the 90-days would focus on use of services and how to better support redirection to appropriate services and to break down the elements of capacity and process in terms of KPIs or measurements of success.
- The Chair noted that it would be useful to have part of the IPQR focus on the 90-day plan due to the attention it will receive from Scottish Government.
- It was commented that the report was difficult to read for some due to the use of colours and the copying and pasting of some items of data which had blurred some content.
- The difficulty of achieving consistent data was noted in terms of some data being available only once a year in contrast to a more rolling data collection approach in other areas. Work was underway to better align the different areas of data recording and analysis.
- It was confirmed that the 90-day period would cover August through to the end of October.

**The Committee:**

- **NOTED** the report.
- **ACCEPTED** limited assurance from the report.

### 3.5 INTERNAL AUDIT REPORTS

The Adult Social Care Services i) Multi-Disciplinary Planning For Discharge Across Community and Acute Services and ii) Care at Home Review & Systems and Younger Adults Complex Care Governance Arrangements audit reports were considered by the NHHSH Audit Committee in May 2024. The recommendations and associated management actions arising from the audits were due for completion by October 2024.

The purpose of the Adult Social Care Audit Report was to ensure NHHSH delegated services (on behalf of the HHSCP) can deliver a service with a consistent and integrated approach involving both the Community and Acute services, and further, that NHHSH has a sufficient understanding of what services are being delivered to individuals and that these remain the services required at a point in time.

The Younger Adults Complex Care Packages Governance Arrangements Audit Report was carried out in order to ensure appropriate arrangements are in place to develop, review, and approve packages for younger adults which are over a value of £100k. The review considered how these packages are reviewed and approved in the context of wider service delivery and the sustainability of the packages for the future.



The Chair noted that it was felt important to present the Internal Audit reports to the committee to understand the requested actions ahead of a September update to the Audit Committee.

The themes of the reports were considered in relation to the other committee items during the meeting.

**The Committee:**

- **NOTED** the report, and
- **ACCEPTED** moderate assurance.

### 3.6 HHSCP ANNUAL REPORT 2023/24

The Chief Officer introduced the report which was in draft format and provided an overview of performance at both HHSCP and Scotland level to address assessment of performance in relation to the 9 National Health and Wellbeing Outcomes, assessment of performance in relation to the integration delivery principles, comparison between the reporting year and previous reporting years, up to a maximum of 5 years, Financial performance and Best Value, and included examples of key achievements during the year.

The Chief Officer noted that the report would be presented to the Executive Directors Group (EDG) and the report would return to the committee in a more robust revised format and invited feedback for the next iteration of the report.

**The Committee:**

- **NOTED** the report, and
- **ACCEPTED** substantial assurance.

### 3.7 Chief Officer's Report

The Chief Officer provided an overview of the report and drew the Committee's attention to the ongoing focus given to NHSH's service redesigns. A further meeting of the Sir Lewis Ritchie Steering Group had been held at the end of August on Skye, from which there had been some positive outcomes which would be addressed with the move of some of the service redesign into the District Planning Group. The district planning groups had been stood up in all districts using the Planning for People guidance to provide further engagement about service delivery and models of care as outlined in the partnership's Joint Strategic plan, and there had been more national communication around the Engaging with People Strategy. Members of the local community had attended the Sir Lewis Ritchie meeting with representatives from NHS24, the Scottish Ambulance Service and local councillors.

- Regarding the national focus on Discharge Without Delay. It was noted that the community urgent care response was very important to ensure that people were managed in the right place in order to make a smooth transition from urgent care into scheduled care and that the relevant points of contact were clear to patients and public.

- A wider piece of work concerning the Frailty Strategy led by the Deputy Medical Director was underway as part of the Primary Care strategy.
- The Winter Plan had been addressed by the Joint Monitoring Committee (JMC) during a recent development session and there would be a further consideration given to the plan at the JMC's meeting on 25 September.
- There had been progress with a significant piece of work around Enhanced Services with 9 new contracts in development and in an offer position. The next stage would be for the LMC (Local Medical Committee) to agree the contracts.
- An in person listening and learning collaboration event with the care home sector had been held with the title 'Homes making a difference' chaired by the Board's Nurse director and it was felt that there had been good attendance and engagement across the sector. The purpose of the event had been to enable more collaborative work concerning the challenges of capacity. Further details arising from the event would be brought to the committee in future.
- The NHS Board held a development session for its members on the National Care Service. A fact sheet on the National Care Service was included with the Chief Officer report.

The Chair commented that the committee would discuss the National Care Service once plans from Scottish Government were clearer and at a more fixed stage during its progress through the Parliament.

**The Committee:**

- **NOTED** the report.

### 3.8 COMMITTEE MEETING DATES 2025-26 and 2026-27

The Committee was asked to agree the proposed meeting dates which will be submitted to the September Board Meeting for final approval.

<u>2025-26</u>	<u>2026-27</u>
15 January 2025	6 May 2026
5 March 2025	1 July 2026
7 May 2025	2 September 2026
2 July 2025	4 November 2026
3 September 2025	13 January 2027
5 November 2025	3 March 2027
14 January 2026	
4 March 2026	

(All Wednesdays at 1pm.)

**The Committee:**

- **AGREED** the dates.

**4 AOCB**

There was none.

**5 DATE OF NEXT MEETING**

The next meeting of the Committee will take place on **Wednesday 6th November 2024** at **1pm** on a virtual basis.

**The Meeting closed at 3.58 pm**