26/02/24

Brief in relation to Clinical and Care Governance for the North Highland Health and Social Care Partnership.

Purpose: To update stakeholders on risks, actions undertaken and future planning to ensure that there are robust governance processes in place for the Partnership that can be used purposefully for audit, action and development.

Ruth MacDonald – Interim Deputy Director – Adult Social Care.

It has been recognised that governance in its broadest terms jointly across health, social work and social care can be problematic to streamline. This has been recognised by IJB's across Scotland and has been an unresolved issue for the Highland Health and Social Care Partnership.

During 2023 there has been specific work undertaken to understand the extent of the issue and to work towards potential improved ways of working to have robust processes in place. This brief relates to the work required for the social work and social care elements of the Partnership to be aligned with other areas of service delivery.

The work has been defined as the following areas;

- 1. NHS Processes
- 2. Interface with other established processes
- 3. Internal and external recommendations
- 4. Professional Practice competence and continuous improvement
- 5. Workforce
- 6. Social Care resource availability internal and external
- 7. Risk Assessment

Ruth MacDonald – Interim Deputy Director ASC, Claire Copeland – Deputy Medical Director and Mirian Morrison – Clinical Governance Manager, along with other team members have worked to develop an action plan in relation to the key areas with some actions well underway.

NHS Processes

- A specific social work and social care dashboard has been created and the first report will be available at September 2023 month end.
- The Datix system is under review, with some changes already in place to
 ensure is relevant for social work and social care reporting. Worked examples
 are being added to the system to audit any changes and further adaptations
 are made as required.
- Monthly meetings between DD ASC & CG Team Lead to work through any live issues.

Interface with other established processes

 Adult Protection Principal Officer is working to create processes to ensure flow between AP Committee and Clinical Governance.

Internal and External Recommendations

 Consideration is ongoing in relation to linking action plans developed as a result of eg CI or SPSO recommendations are build into reporting dashboards

Professional Practice competence and continuous improvement

 Agenda for Change for all social work team staff is now complete and there is a single management and professional structure for all staff to an 8a Team Manager level

Workforce

 Links have been made with workforce planning and Districts in relation to documenting clearly the current establishment for social work and social care teams employed by NHS Highland.

Social Care Resource Availability

 ASW &SC Leadership team are working to understand data available and areas of knowledge gap before linking to build onto single dashboard

Risk Assessment

 This has been a gap in practice for Social Workers and other integrated team professionals since the introduction of the Personal Outcome Plan. A working tool is being adapted from another authority for testing in Highland.

While there have been areas of progress over the past 18 months it is important to note that the level of work required to have a whole system approach that is fit for purpose in place is significant and requires dedicated time from leadership teams to develop. There is a commitment to take this forward as a priority area of work and report directly to Joint Officer Group.

A significant area for consideration is the requirement to work with NHS Highland and Highland Council to achieve the required culture change. Governance is still referred to as clinical in NHS Highland, references on papers, social media posting, language by execs reaffirm that this is seen as a health process. Each person working in the area of governance has a responsibility to work to change the narrative to ensure that social work and social care are given due consideration in any agreed future processes.

A constructive and collaborative discussion was had on this topic early 2025 with actions agreed to progress. A further update is planned for later in the year.