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 06 November 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 (from 1.50pm)
Philip Macrae, Vice Chair and Non-Executive (until 2.30pm)
Tim Allison, Director of Public Health
Ann Clark, Non-Executive Director and NHSH Board Vice Chair (from 1.30pm)
Cllr Muriel Cockburn, Non-Executive (until 3.30pm)
Julie Gilmore, Assistant Nurse Director on behalf of Nurse Director
Joanne McCoy, Non-Executive (from 1.45pm)
Kaye Oliver, Staffside Representative
Simon Steer, Director of Adult Social Care
Diane van Ruitenbeek, Public/Patient Representative
Pamela Stott, Chief Officer
Neil Wright, Lead Doctor (GP)
Elaine Ward, Deputy Director of Finance
Mhairi Wylie, Third Sector Representative (until 2.40pm)

In Attendance:
Rhiannon Boydell, Head of Integration, Strategy and Transformation, HHSCP
Ruth Daly, Board Secretary (item 3.7)
Fiona Duncan, Chief Social Work Officer (until 2.40pm)
Arlene Johnstone, Head of Service, Mental Health, Learning Disability and DARS
Ian Kyle, Head of Integrated Children's Services (until 3.50pm)
Fiona Malcolm, Highland Council Executive Chief Officer for Health & Social Care
Bryan McKellar, Whole System Transformation Manager
Stephen Chase, Committee Administrator

Apologies:
Cllr Ron Gunn, Cllr Christopher Birt, Cllr David Fraser.

Items were taken in the following order: 1, 3.7, 3.5, 3.1, 2.1, 3.2, 3.3, 3.4, 3.6, 4 and 5.

1 WELCOME AND DECLARATIONS OF INTEREST

The meeting opened at 1pm, and the Vice Chair welcomed the attendees and noted that he would chair the meeting on behalf of G O'Brien who he advised would join the committee later from a meeting with the Cabinet Secretary. He advised the committee 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 4 September 2024 and Work Plan

The draft minute from the meeting of the Committee held on 4 September 2024 was approved by the Committee as an accurate record.

The following items from the Rolling Action Plan were approved for closure:

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- Action 1: the Chair would liaise with the Chief Officer to ensure the satisfactory closure of the Care Governance item. The Chief Officer agreed to produce a closing report detailing progress to the January 2025 meeting;
- Action 3: The committee had appraised the Board of the risks around TEC.

The Committee
– **APPROVED** the Assurance Report, and
– **APPROVED** the closure of the items noted from the Action Plan, and
– **NOTED** the Work Plan.

1.3 Matters Arising From Last Meeting

There were none.

3.7 BLUEPRINT FOR GOOD GOVERNANCE IMPROVEMENT PLAN UPDATE

The Board Secretary provided an overview of the report and noted that the Board had received its first full year progress report on the Blueprint improvement plan in July. There were now only a few remaining items on the plan to be attended to. Informal oversight was still being given to outstanding actions and the report provided an overview of progress on the work being undertaken on developing the Board's approach to quality of care. Feedback from a joint session between the Area Clinical Forum and the Board in April this year had helped shape the workstream. Work was underway to review how the organisation was working prior to introducing a quality framework through a measured and planned approach. Patient feedback and experience would be included in the framework dataset and the work would be benchmarked against the approaches other Boards have taken. It was noted that further work would be needed on both elements and it would take time to mature.

Moderate assurance was offered to provide confidence that the actions were all being actively pursued and to reflect that on-going activity would be required to fully meet the objectives. A further self-assessment against the Blueprint would take place at some future juncture.

In discussion,
It was suggested that patient experience feedback form a part of the reporting on good governance. The Chief Officer welcomed the suggestion and noted that it would help to inform development sessions and engagement work to implement the Joint Strategic Plan.

The Committee:
– **NOTED** the report, and
– **ACCEPTED** moderate assurance.

3.5 CHIEF SOCIAL WORK OFFICER REPORT

The Chief Social Work Officer (CSWO) introduced the report and covering paper and noted that it fulfilled a statutory requirement for the CSWO to produce an annual report on the activities and performance of the social work and social care services within the HHSCP. The report provided Members with information as to the range of activities that had been carried out during the past year to meet statutory duties and responsibilities and highlighted the opportunities and financial and service challenges ahead. It was commented that staffing had been one of the biggest challenges faced by the service but that there had been progress with the 'grow your own' approach to training staff and Scottish Government had

shown positive interest in this model. Members were invited to contact the CSWO to discuss any further information pertaining to the report.

In discussion,

- The issue of staff vacancies was noted as was the potential solution of examining the staffing model to see what elements of the unfilled roles could be safely addressed by other staff to support the qualified professional staff in order to build a sustainable workforce.
- The health needs of unaccompanied young people were discussed. It was noted that the interviews commissioned from The Promise had led to the development of a 10-year strategy which emphasised a need for flexibility with the aim of keeping children with families where it was viable and bringing children back into the Highland area for support.
- The learnings from bringing unaccompanied young people back within area were considered in terms of the transformation agenda for the partnership. It was commented that the process was similar for ASC with the aim of having an early intervention and prevention agenda which relies on a methodical and whole system approach to recognise the impact of different areas of the system upon one another and the importance of working with partners in the Third Sector. The important role of Third Sector organisations was commented on in relation to coordinating community support for families alongside support from statutory services especially for asylum seeking children.
- A Clark noted, as chair of Clinical Governance Committee, that she would be keen to explore with the Chief Officer's team this work with young people to help ensure that services were as accessible for these young people as they would be for any other young person in Highland.

The Committee: – **NOTED** the report.

3.1 MENTAL HEALTH ASSURANCE REPORT

The Head of Service provided an overview of the paper which noted that work had continued to develop the Mental Health & Learning Disability Services Strategy, and a workplan (or Plan on a Page) had been created to detail future plans. The service continued to experience risks, particularly in relation to increasing demand and recruitment.
During 2024 focus had been given to the foundations of the services and work was near to completion on a significant workstream to align the many workforce and data systems in NHSH to the current service design and organisation. The aim of this alignment was to enable more accurate reporting on projections and to inform work on Integrated Service Planning.

The committee was asked to: note the ongoing work in relation to the delivery of the North Highland Mental Health & Learning Disability Services Strategy and Integrated Service Planning, continue to support the ongoing developments in the delivery of mental health care as described in the "Plan on a Page", and note the risks and associated impacts in relation to New Craigs bed occupancy, Consultant Psychiatry recruitment and supplementary staffing usage

In discussion,

- The Chair noted that as Chair of the Endowment Fund Committee he was keen to take up the offer to its members to visit the renovated Dementia Ward at New Craigs and would like the offer to be extended in a managed way to the present committee. J McCoy as another member of the Endowment Fund Committee had been impressed by a recent visit.
- It was noted that of the 23 beds at the Birchwood Centre, six beds were block purchased for step-up and set-down (up to 12 weeks occupancy) but that the remaining beds were reserved for patients on a longer recovery trajectory.
- Regarding known vacancies at consultant level, it was noted that the number of qualified consultant psychiatrists was expected to improve in around five years based on numbers undergoing training. In the meantime, work was in underway to assess what aspects of the role could be safely assigned to other staff, such as having review work conducted by community nursing teams in remote areas where specialist recruitment was especially difficult. Work was also underway with Third Sector partners to consider what aspects of 'wellbeing' based work could be conducted by the sector as opposed to clinical services. Work was also underway with the Mental Health Delivery Group and Public Health to clarify and assign appropriate pathways for individuals in distress and unscheduled times and suitable roles to staff who could assist.
- The opportunities afforded by current technological solutions were under consideration, such as self-managed therapy conducted online thereby freeing up the work of specialists for more complex support cases. It was commented that those members of the populace who were not digitally enabled or had more need for guided management would be accounted for via a matrix approach.
- An opportunity was noted for stronger governance and consistency of practice by bringing Learning Disability and Mental Health into a single division and reducing extended pathways of referral.
- Regarding Delayed Discharges, it was noted that 25% of beds were classified as in delay. A number of workstreams were in place to address unscheduled care to improve flow such as the use of step-up/step down approach to beds, and a tenancy-based model for individuals requiring more support. An OPEL system had been implemented for Mental Health to better understand capacity.

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

2 FINANCE

2.1 Financial Position at Month 6 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 6 with further detail presented on the HHSCP position.

- A forecast year-end deficit of £52.0m was presented if additional action to deliver a breakeven ASC position was taken. This would leave the partnership £23.6m adrift from its brokerage limit and £1.4m adrift from the target agreed with Board in May 2024.
- At the end of month 6 the position was summarised to show an overspend of £42.418m, with the overspend forecast to increase to £51.980m by the end of the financial year – assuming further action delivered a breakeven ASC position. The forecast had deteriorated by £2.283m from Month 5 due to notification of a reduced allocation with

respect to multidisciplinary teams – discussions were ongoing with SG in relation to this. It was noted that at this point it was forecast that only those cost reductions/improvements identified through value and efficiency workstreams would be achieved. The forecast was £23.580m worse than the brokerage limit set by Scottish Government and £1.376m worse than the target agreed with the Board in May 2024.

- Overall funding had increased by £4.509m in Month 6, and funding had recently been received for the pay award and the allocation would be shown in month 7 reporting. The key risks to the partnership were outlined as were the mitigating actions.
- Year to date overspend of £14.792m reported within the HHSCP. It was forecast that this would decrease to £5.474m by the financial year end based on the assumption that further action would enable delivery of a breakeven ASC position. Prescribing & Drugs continued to be a pressure with £3.096m overspend built into the forecast. Supplementary staffing costs continued to drive an overspend position with £2.749m of pressure within the forecast. £1.500m had been built into the forecast with respect to out of area placements
- Mental Health Services reported a year to date overspend of £0.291m which was forecast to increase to £1.339m by financial year end. Health was the main driver of the overspend position through the use of agency nursing and medical locums. A significant piece of work was underway to reduce these costs and improvements to the position were beginning to be seen. Drug costs had accounted for a further pressure of £0.249m. A forecast of £1.500m had been built-in for out of area costs and negotiations were ongoing with the provider to bring these costs down.
- A forecast overspend of £15.238m was reported in Adult Social Care (ASC). It was assumed that additional activity would enable delivery of a breakeven position at financial year end. £15.325m of additional cost reductions/improvements would be required when ASC-related property costs were included. Additional funding of £6.472m had been identified to reduce the gap to £16.780m. A deterioration in operational spending of £0.864m had been identified and further action was required to deliver an ASC breakeven position for the financial year end. A £5.7m V&E target was identified and forecast delivery of £2.319m. Delivery had been impacted by ongoing system pressures with a push to increase Care Home capacity and additional support requested by providers.
- Pressures had continued within all expenditure categories with the most significant overspends seen within clinical non pay. Pay was overspent by £0.428m as a result of supplementary staffing spend (partly mitigated by vacancies) and provision of social care from the independent sector. Drugs and prescribing expenditure was currently overspent by £1.743m (split £0.280m within hospital drugs and £1.463m in primary care prescribing).

During discussion,

- The level of confidence in the partnership to deliver on projections was examined and it was noted that following discussions with SG to address the non-routine allocation of pay award funding for ASC an allocation had just been made and the detail was in the process of being worked through. It was commented that this allocation had the potential to make the position worse or to improve it and details would be clearer from month 7 reporting. It was also noted that plans in place to address Delayed Discharges did not have costings built in and therefore presented as a risk, but discussions were also underway with SG to see if additional funding would be made available for the project.
- It was noted that there was confidence that the forecast savings of £2.3m would be delivered.

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- It was clarified that in terms of the overall Board position that costs pertaining to ASC would be covered elsewhere in the organisation but that it was not possible to transfer budgets between service areas to show this.
- The rising number of people with complex residential support needs in Mental Health Services was considered in terms of the strategy to counter the associated rising costs. It was commented that models of care involving technology and more efficient use of current resources was under review. The rise in the number of people with complex support needs was noted as a case of changing demographics and having more individuals and families expressing a preference for independent living arrangements.

The Committee:
- **NOTED** from the report the financial position at month 6 and the associated mitigating actions, and
- **ACCEPTED** limited assurance.

The Committee took a comfort break from 2.40pm to 2.50pm.

3.2 VACCINATION IMPROVEMENT UPDATE

The Director of Public Health provided an overview of the report which outlined the continuing focus on current vaccination delivery and proposals to move to a GP-led model. It was noted that the charts within the paper showed performance to be at less than desirable levels however the report gave assurance of increased monitoring and understanding of the issues.

- It was thought that poorer performance for respiratory pathways was due to the use of prompting people to arrange appointments due to capacity rather than fixing appointments.
- Childhood immunisation had not performed well but it had been found that where children were taking up the vaccinations the process had been quicker.
- A short life working group led by C Copeland and J Mitchell had worked on the options appraisal to request flexibility from SG for the Board to work with GPs on vaccination delivery. Permission from the SG was awaited to put the options appraisal into effect.
- The Chief Officer added that in terms of the Board’s escalation to level 2 performance, SG had provided feedback on the vaccine improvement plan and a data framework with which to provide SG assurance. Meetings with SG would continue in order to move out of escalation.

During discussion, the following areas were explored,

- Regarding staff vaccination, the peer-to-peer programme was in place and data would be included in the next Chief Officer's report.
- It was hoped that the implementation of vaccinations for Tetanus would be resolved in the next few months.
- It was noted that the options appraisal would have a number of issues to work through in terms of job descriptions, an appointment system and Board and GP alignment.
- Confidence was expressed regarding NHSH’s ability to move out from the level 2 escalation.
- Primary Care had recommended that childhood vaccinations be delivered by GPs, were as the process for adults would be a mix of GP and Board-led delivery.

- N Wright noted that the vast majority of GPs were keen to take the responsibility for vaccinations back and that the options appraisal flexibility should ideally apply to all cases urban and rural.
- It was clarified that the route map out of level 2 escalation and the options appraisal were two distinct items of work.

The Committee:
- **NOTED** the report and recommendations.
- **ACCEPTED** limited assurance from the report.

3.3 DELAYED DISCHARGES POSITION PAPER

The Chief Officer provided an overview of the report which noted current activity and progress for Urgent and Unscheduled Care with a particular focus on reducing the level of delayed hospital discharges across the HHSCP area. NHS Highland continued to develop its response to Urgent and Unscheduled Care to ensure health and social care needs of its communities were met by the right people, in the right place, at the right time, as close to home as possible. Delayed discharges were a matter of national concern and the Collaborative Response and Assurance Group (CRAG) led by SG, HSCP Chief Officers and NHS Chief Executives, had set a maximum level for delayed discharges of 34.6 per 100,000 adults. The report noted the challenge the target presented for NHSH. An interim aim was submitted as part of NHSH's Urgent and Unscheduled Care funding return to Scottish Government of an initial reduction of 30% of people affected by standard delays in hospital. Further targets had been set in relation to length of stay and emergency department performance. The Permanent Secretary had asked NHSH to develop and deliver a 90-day recovery plan for Urgent and Unscheduled Care with the focus on reducing the number of people in delay.
- Much focus had been on "front door" services. It was now recognised that whilst improvements had been made, work had been constrained by onward discharge processes and capacity. NHSH had continued to improve its discharge processes and was now setting planned discharge dates for all inpatients but this required timely review. A multi-disciplinary process and the development of a discharge app had improved communications.
- Significant turbulence within the independent sector care home market had resulted in issues of capacity within the social care sector in North Highland.
- A refreshed governance structure for North Highland with direct accountability to the
- Chief Executive had been established. In previous years NHS Highland had developed a separate plan for winter, but as pressure across the system had increased, it had been necessary to develop plans to support year-round capacity management and response to pressure. NHS Highland had responded to a request from SG to complete a Winter Readiness check list. Most of the checklist was either fully or partially in place. Areas not yet implemented requiring additional support will be considered for inclusion in the next 90 Day Plan.

During discussion, the following areas were considered,
- The Chair noted that at a meeting earlier in the afternoon, the Cabinet Secretary had stated an aim to lower delayed discharges to pre-pandemic levels but with the recognition that this would be a journey of whole system improvement.
- In terms of staff recruitment and retention, it was noted that there had been a recent collaborative event with representatives from the independent care sector to discuss areas of commonality. A recruitment lead had been appointed for the independent sector

so that solutions could be co-produced to create a sustainable workforce responsive to issues such as transport and peripatetic working.

- The market facilitation plan and commissioning framework for care homes was discussed and it was noted that a care home strategy was in development through the Care Programme Board. The market facilitation plan was expected for January 2025 and sequence planning was underway.
- S Steer noted that the Community Response Team (CRT) was a peripatetic team employed on a permanent basis created in response to COVID, however this was now somewhat in conflict with other areas of staffing strategy especially in terms of bank working. Plans were currently being worked through to address the issues which had arisen from the arrangement. S Steer offered to provide further detail outwith the meeting to anyone interested.
- The Chair noted that the paper was missing an assurance level and noted that all future updates should include one.

The Committee:
- **NOTED** the report, and that future iterations would include a recommended assurance level.

3.4 IPQR for HHSCP

B McKellar provided an overview of the report and noted how the HHSCP IPQR was on an evolving journey in terms of content and structure based upon feedback from the committee meetings. The report provided a link to deliverables of the Annual Delivery Plan, context to current performance, and plans and mitigations in place to progress transformation, change and improvement work. A number of the papers at the present meeting related to the report findings. It was noted that the format now provided a performance rating section (in the right hand corner). Data in the report around Adult Social Care showed increasing demand for care home and care at home packages. Improvements in the waiting lists and access to services for Psychological Therapies were noted.

The discussion noted that the rise in more than waits week waits for DARs support noted at the September meeting was due in part to an issue around data collection, and vacancies and staff sickness within the team. The latter issue had not yet been fully resolved and it was expected that figures would only come down after the next three months once recruitment had been completed.

- It was suggested that non-reportable waits (e.g. for Learning Disability services) be addressed either via other reports at the same meeting of the committee or by taking specific data and aligning it to strategic objectives.

The Committee:
- **NOTED** the report.
- **ACCEPTED** limited assurance from the report.

3.6 CHIEF OFFICER’S REPORT

The Chief Officer spoke to the report and noted that,

- The Sir Lewis Ritchie Steering Group had met on 30th October and continued to focus on Urgent Care. Work to conclude the 15 Recommendations will be delivered in line with organisation structures and community engagement with Skye Lochalsh and West Ross citizens via the District Planning Group Process.

- Service Improvement work had now been completed in the Specialist Dementia Unit (Ruthven) in New Craigs.
- Nine new contracts for Enhanced Services were agreed by NHS Highland and Highland LMC and subsequently issued to Practices in North Highland with the majority choosing to sign up to the new contracts. Practices will begin to embed services as per the new contract between 1st October to 1st December 2024.
- Work was near completion to refresh Enhanced Service for Diabetes Care in North Highland in collaboration with Specialist colleagues in Secondary Care, GP Sub Committee, Public Health and the Primary Care Team via a Short Life Working Group.
- There had been significant political change since the previous Chief Officer's update on the National Care Service (NCS). After a call for views in relation to Stage 2 of the NCS Bill, a number of key agencies, trade unions and Political parties have withdrawn their support of the proposed National Care Service. SG were keen to progress elements of the Bill. The key issue in relation to the NCS model for the HSCP remained regarding the uniformity of the integration model in relation to its unique Lead Agency Model. Further advice will be made available in due course, once the position becomes clearer.
- The retirements were noted of Gavin Sell, Area Manager for Skye Lochalsh and West Ross and Anne MacLeod, Integrated Team Lead for Skye Lochalsh and West Ross also celebrates her retirement.
- It was noted that Chelsey Main, Support Worker in the Forensic Team within Mental Health services had been shortlisted in in the Support Worker category at the forthcoming Scotland's Health Awards.
  In discussion, it was noted that the business case for the North Coast Redesign was at stage 3 and that the EDG were due to view current progress and consider internal approval after which it would move to the Programme Board for progress to stage 4.

The Committee:
- **NOTED** the report.

4 AOCB

There was none.

5 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 15th January 2024** at **1pm** on a virtual basis.

The Chair noted that a development session for the committee on the theme of Quality (across the service) was scheduled to be held on **Wednesday 27 November** at **1pm** on a virtual basis.

The Meeting closed at 4.04 pm

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