

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 6 March 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 Director
Philip Macrae, Non-Executive Director, Committee Vice Chair
Tim Allison, Director of Public Health
Cllr, Christopher Birt, Highland Council
Ann Clark, Board Non-Executive Director and Vice Chair of NHSH
Cllr, Muriel Cockburn, Board Non-Executive Director
Claire Copeland, Deputy Medical Director
Pam Cremin, Chief Officer
Cllr, David Fraser, Highland Council
Kaye Oliver, Staffside Representative
Julie Gilmore, Nurse Lead (shared role)
Simon Steer, Director of Adult Social Care
Diane Van Ruitenbeek, Public/Patient Representative
Neil Wright, Lead Doctor (GP)

In Attendance:

Louise Bussell, Nurse Director
Sarah Bowyer, Public Health Team (item 3.1)
Sarah Compton Bishop, Chair, NHS Highland Board
Lorraine Cowie, Head of Strategy and Transformation
Fiona Duncan, Chief Executive Officer and Chief Social Work Officer, Highland Council
Frances Gordon, Interim Finance Manager (on behalf of Elaine Ward)
Arlene Johnstone, Head of Service, Health and Social Care
Stephen Chase, Committee Administrator

Apologies:

Joanne McCoy, Cllr Ron Gunn, Fiona Malcolm, Michelle Stevenson Mhairi Wylie.

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 17 January 2024 and Action Plan

The draft minute from the meeting of the Committee held on 17 January 2024 was approved by the Committee as an accurate record.

It was noted that the current rolling actions had been closed, and would be reviewed to ensure any other pending actions were recorded.

The Committee

– **APPROVED** the Assurance Report

- **NOTED** the closing off of actions from the Action Plan.

1.3 Matters Arising From Last Meeting

It was noted that work to align the clinical and care governance process within the HHSCP continued to progress. An event was due to be held between the partners to work towards a joint approach. The Director of Adult Social Care (NHS) gave assurance regarding day-to-day oversight and reporting via Datix and other routes. The Chief Social Work Officer for Highland Council agreed that there had been progress on practice and oversight, however it was commented that at a governance level the Clinical and Care Governance Board did not properly consider Care to the same degree as Clinical matters and there was a lack in the membership of people who could give appropriate assurance on Care matters. The Nurse Director noted that Argyll & Bute HSCP have a well-established arrangement for clinical and care governance and that learning could be had from it and other health boards in ensuring North Highland resolves this issue effectively. It was recognised that the matter is live and discussions continue to find a way forward to better address the governance arrangements either through an amendment to the current membership and terms of reference or through a more thorough redesign.

The Chair noted that he would contact the Chair of the Clinical Governance Committee and the Board Chair ahead of the meeting of the Committee Chairs to find a route forward in conjunction with the EDG.

The Committee:

- **NOTED** the updates, and
- **AGREED** that the Chair would contact the Chair of the Clinical Governance Committee and the Board Chair ahead of the meeting of the Committee Chairs to find a route forward in conjunction with the EDG.

2 FINANCE

2.1 Year to Date Financial Position 2023/2024

NHS Highland submitted a financial plan to Scottish Government for the 2023/2024 financial year in March 2023. An initial budget gap of £98.172m was presented with a Cost Improvement Programme of £29.500m proposed, leaving a residual gap of £68.672m; work was ongoing, within the Board and nationally to consider options and schemes to close the gap. Scottish Government provided additional funding and the Board was now looking to deliver a financial deficit of no more than £55.800m. Further additional funding was anticipated and reflected in the forecast position at financial year end. The report summarised the position at Month 10, provided a forecast through to the end of the financial year and highlighted current and ongoing service pressures.

For the period to end January 2024 (Month10) an overspend of £13.210m was reported within the Health & Social Care Partnership. The overspend was forecast to increase to £14.963m by the end of the financial year.

Limited assurance was offered to the committee due to current progress on savings delivery and the ongoing utilisation of locums and agency staff. It had been determined that the current period of financial challenge required the development of a robust recovery plan to increase the level of assurance. This is currently being developed at pace with oversight and support from Scottish Government in line with their “tailored support”.

F Gordon noted that the Month 10 position was not that different from the position reported to the January meeting and that the closing position had improved from the start of the year due mainly to additional allocations and the recovery programme. Most of the key risks and mitigations identified earlier in the year had stabilised, some have materialised, and some

were continuing. Mental Health Services had seen a slight deterioration due to increased agency costs and some out-of-area costs. Primary Care had seen a deterioration due to prescribing figures, however, there were some underspends which had helped to mitigate the position, in areas such as Dental Services where a high number of vacancies had been experienced. Adult Social Care had moved to just under a £ 3½ million overspend and unachieved savings of £2.7 million had been built into the forecast. Plans had been brought forward to the Highland Council which had not come into force and this had contributed to the slippage.

During discussion,

- The level of confidence in achieving the forecast position was discussed and it was thought that there ought not to be any new surprises and that there may be benefits seen from the financial controls that had been put in place with the likelihood that the position would further stabilise or reduce slightly.
- The Chief Officer noted that the Highland Council was in the process of establishing a reserve of £20 million to support transformation activity and that further detail as to how this would operate was still to be confirmed. A reduction in the quantum of £12.6 million was to be set against a gap of £16.252 million for 2024-25; this amount had increased to £23.252 million following the decision by Highland Council to reduce the quantum by £7 million in 2024-25. It was recognised that the partnership was late to agree the budget and that this would also need to be presented to the Board for consideration in terms of risk to the quantum.
- An opportunity for collaborative work with Highland Council had been seen and the Council had been asked to assist the organisation with expertise support around commissioning and cost and capacity planning. This would also assist with benchmarking in other services. The Joint Monitoring Committee would take a view of the discussions to ensure that the impact of financial savings will be fully considered.
- It was noted by the Chair that the timing of the Scottish Government budget and the Highland Council budget had meant that the partnership's planning was a little behind schedule for 2024-25, and that therefore there was still some uncertainty in terms of available resources to the partnership for the next year.
- The importance of not losing sight of service benefits in addressing financial pressures was raised particularly in relation to services such as Chronic Pain and Enhanced Community Services which were in and of themselves difficult to quantify in terms of direct benefits but had positive patient responses and reduced the need for many referrals.
- It was noted that the timeline for spending and service redesign proposals was currently under consideration and that updates and a draft plan would be presented to the next meeting of the committee.
- Workforce challenges and the impact on the sustainability of certain services were acknowledged. Work by the Head of Strategy and Transformation and the Director of People to address Integrated Service Planning was undergoing final checks with a view to understanding capacity especially in areas such as Third Sector commissioning, and make best use of resources across the districts and engage the community with this work.
- Regarding care closer to home, it was commented that decisions will have to be made about what is reasonable and what is practical across the remote and rural patch and to communicate this effectively to patients and public. Opportunities for staff development were raised as an area to better attract and retain staff in the care sector.
- Other areas discussed included, the use of data around supporting and enabling people to stay in their homes for longer and avoid going into care homes too early, the need to address the reliance on agency staffing in some care homes, and the importance of clear communications with the public in view of some recent high profile news stories around health.
- The Chair in summarising, noted that the next meeting of the committee would consider reports on Care At Home and from the Care Home Collaborative Group and this would give opportunity to consider some of these issues further in terms of strategy.

The Committee:

- **NOTED** the report and
- **ACCEPTED** limited assurance in light of the ongoing financial challenges and the development of a robust recovery plan.

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Annual Director of Public Health Report

The Director presented an overview of the approach taken to review quality within NHS Highland. The Directors of Public Health for the health boards are required to produce an annual report concerning the state of health of their local population. There is no set format for the report and in recent years the reports have tended to focus on individual themes rather than acting as a repository for population health intelligence.

The report for 2023 was brought to the Committee along with a presentation. The theme for the report was 'Medication and Public Health: Do the Right Thing'. The report recognised that there were areas of public health where medication plays a large role in improving health but conversely it was important to be aware and take action where medication caused harm such as the environmental impact. The report presented information about the health of the population of NHS Highland with examples of how medication affected public health. The report offered substantial assurance that the requirement for the publication of the report had been met. Other elements of public health reporting would continue to need further work as would implementation of the recommendations from the report.

During discussion,

- Cllr Birt raised the issue of cardiovascular disease and the relationship between health and diet which contributed to more than half of the risk factors for coronary heart disease, with especial reference to the impact of eating less meat on this and other diseases such as cancers. The need to encourage healthier behaviours was raised especially among the younger part of the population. The Director of Public Health acknowledged that the Highland Council was the lead agency for several of the issues but that NHS Highland had a key role to play in disseminating information about ways to improve overall food consumption, reduce inequalities and to look at how local sourcing of food could be boosted and food waste be reduced.
- The importance of social prescribing was noted in addressing health inequalities and avoiding early deaths. A plea from D Van Ruitenbeek was made that such work not be a victim of spending cuts.
- It was commented that there was potential for learning via the Primary Care Improvement Fund through data collection to better target social prescribing. The Deputy Medical Director offered to bring a report to a future meeting on the Primary Care Improvement Fund and its work in this area. The Director of Public Health commented that there was more that could be done with Primary Care data on this topic, he noted that data collection was a complex topic but that the main focus of Public Health had been to focus social prescribing and interventions on practices operating in areas of material deprivation. S Bowyer noted that there was a national software resource to encourage better data collection on this topic.
- N Wright commented on the positive use of pharmacy colleagues in social prescribing and the impact of link workers able to assist people in navigating the opportunities available regarding financial support and access to services. However, he also noted that link workers can only operate when there are appropriate services available.
- In summarising, the Chair explained the assurance offered and this was with regard to the quality of the report, the underlying data and that there were programmes to support the recommendations.

The Committee:

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

[The Committee took a rest break from 2.30pm to 2.40pm]

The Chair informed the Committee that item 3.3 would be taken ahead of item 3.2 after which the meeting ran as set out in the agenda.

3.3 HHSCP IPQR

The Head of Strategy and Transformation spoke to the circulated report which noted the set of performance indicators used to monitor progress and evidence the effectiveness of the services that HHSCP provided aligned to the NHS Annual Delivery Plan. It was noted that in terms of overall numbers there had been little significant change in data from month to month, however numbers for unmet need for the quarter had seen a rise. A rise in delayed discharges and people in the wrong place had also been recorded in the community hospital setting. Performance for longer waits had seen some improvement to just below the Scottish average. Waits for Community Mental Health were ongoing but stable. Performance for the Alcohol and Drug Partnership had seen a significant positive increase over the previous year reaching a 96.1% standard. Non-reportable Specialties (Community) had seen long waits in some areas, and a substantial data quality exercise was planned. The draft Annual Delivery Plan was in preparation for publication and submission to SG.

During discussion,

- It was clarified that a long wait within non-reportable areas of Health and Social Care was over 18 weeks. However, waiting time guidance was currently under review and ought to be available during April.
- It was commented that there had been good developments around Technology Enabled Care working jointly with families and carers for care at home packages. It was noted that Highland was a low user of Telecare, however this still offered opportunities and ways to maximise this facility were under consideration especially with a view to assisting discharge and assessment from home.
- The Director of Adult Social Care commented that there was good engagement from Care At Home providers and work had been progressing to see how better care at home in a straightened market could be delivered, with recruitment as a key issue.
- Discussion had been had with partners in Scottish Government about digitising some of the financial assessment information in order to maximise income for patients and unclaimed benefits.
- Cllr Fraser raised the issue of plans to address issues around the forthcoming analogue switch off. The Director of Adult Social Care noted that the risks and impacts were under consideration, and commented that there is currently not blanket digital coverage across the region and that there are areas of 'digital poverty'.
- The Head of Strategy and Transformation noted that the assurance ask of the committee had been changed from moderate to limited due to the current financial position and its impact on resources, but that this was under consideration for the Board as well as the committee.

The Committee:

- **NOTED** the report,
- **ACCEPTED limited** assurance from the report, noting that there would be a fuller discussion at a forthcoming development session.

3.2 Vaccination Transformation Plan Update

The report circulated ahead of the meeting provided an overview of ongoing actions taken to provide and improve the Vaccination Service across the HHSCP partnership area of the Board and to meet the expectations of the National programme. The summary followed the submission of NHS Vaccination Service Delivery Plan.

The Director of Public Health in speaking to the report, commented on how Vaccinations was a vital area of the service as had been highlighted during the development and implementation of the COVID vaccination. The transition within HHSCP from GP delivery to Board delivery had not been without difficulties which included the remote and rural geography of much of Highland and the requirement to change the delivery arrangement during COVID when most health boards had already moved to this new model. Performance overall had been reasonable considering the context. Performance had been mostly in line with the with the rest of Scotland.

There had been issues with the quality of service and accessibility which had led to Scottish Government escalating HHSCP for vaccination to level 2 in their aspiration framework in terms of overall quality and confidence in the delivery of the service. The Director of Public Health and the Chief Officer were meeting regularly with Scottish Government to address the issues. Public Health Scotland had been providing support as a 'critical friend'.

Childhood vaccinations was noted as an area of special importance following high profile outbreaks of measles in areas of England, and there was concern about the relatively low take up of the MMR vaccine across Highland compared to other health boards. It was noted that there had been limited confidence in the vaccination service from the general public and the Chief Officer noted the key importance of good communications with the public on this issue. Transparency was important in gaining public trust and Scottish Government had been assisting the health boards in recording people's experience of the service and identifying areas for improvement.

The Chief Officer commented that there had been some patient safety issues picked up via quality and patient safety processes within the partnership and learning had been reviewed with recommendations for improvements and this had provided reasonable confidence that most people would be able to receive their vaccination within a less than 20 mile radius, with the majority of people accessing their vaccination within one to five miles distance through the use of drop in centres.

A number of complaints had been received from the public largely related to the autumn and winter programme and difficulties experienced with the national booking system, However, work at a local level on communications had been effective around encouraging the use of drop-in centres.

In discussion,

- The mooted move to a district-led delivery of vaccinations (under a Board-led model) was explained as having the aim of using local resources better and avoiding excessive staff travel through the use of multidisciplinary teams based within localities and making use of delivery centres which are co-located with other relevant services such as health promotion.
- The Deputy Medical Director noted that the Quality Patient Safety Committee had identified some issues through Datix reporting. A paper had been commissioned for the Clinical Governance Committee to provide assurance from an operational delivery perspective and assurance around an options appraisal to try and understand what the best delivery model to meet the needs of patients would be, whether from a remote and rural or urban perspective.
- The Chief Officer noted that achieving confidence in the proposed incremental move to the district alignment in some areas would be based in part on areas where this model

has been seen to work well and building on this. However, there was still the issue of having to work with the National Booking service and this would require further work to minimise potential disruptions to patient experience and service delivery.

- Cllr Cockburn noted the importance of community communications and commented that the email service had had a positive response from her constituents. It was also suggested that vaccination booking could be made flexible enough to align with patient needs such as when they need to travel to areas away from home such as into Inverness for other appointments.
- The Chief Officer confirmed to N Wright that GP representation would be part of the stakeholder engagement for the options appraisal.
- In summarising, the Chair requested that an update come to the May meeting of the proposed timeline and process.

The Committee:

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

3.4 Chief Officer's Report

The Chief Officer provided an overview of her report which addressed the Major Redesign Programmes and the effect of the pause on all NHS Capital Projects announced last month by Scottish Government. Some clarity from Scottish Government had been sought concerning areas of the strategy impacted by the announcement.

The Joint Inspection of Adult Support and Protection for the Highland HSCP Area was underway and all key stakeholders were being engaged with through the process.

The proposal for Enhanced Services that was communicated to General Practice had been paused and a revisit of communication and engagement governance with GP Sub Committee and Local Area Medical Committee (LMC) representation had taken place. An agreed governance and communication framework between NHS Highland and the LMC was in process and meetings focussed on Enhanced Services position were planned in order to negotiate and agree a position that would be both clear for practices from 1st April, and enable the development of future contracts.

During discussion it was noted that wider engagement work was in train to address community concerns and to ensure the public is properly informed of developments.

The Committee:

- **NOTED** the report.

4 COMMITTEE FUNCTION AND ADMINISTRATION

4.1 Committee Workplan for 2024-25

The Chair drew the committee's attention to the draft Workplan for 2024-25 and noted that it was a live document that would be amended as appropriate during the course of the year.

The Committee

- **Agreed** the Committee Workplan for 2024-25.

4.2 Committee Annual Report 2023-24

The Chair drew the committee's attention to the Annual Report and recommended that it be sent for endorsement by the Audit Committee and for approval by the Board.

The Committee

- **Noted** the Annual Report of 2024-25, and
- **Agreed** to recommend the Annual Report for endorsement by the Audit Committee and for approval by the Board.

4.3 Committee Self-Assessment Exercise

The Chair noted that the committee's discussion at its recent development session around the self-assessment exercise had been productive. And an SBAR had been circulated which included recommendations that would be submitted to the Board Chair for consideration and for building into the committee workplan.

The Committee

- **Noted** the report, and
- **Accepted** moderate assurance.

5 AOCB

There was none.

6 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 8 May 2024 at 1pm** on a virtual basis.

The Meeting closed at 3.45 pm