

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 7 May 2025 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
 Tim Allison, Director of Public Health and Public Relations
 Thomas Brown, Lead Doctor (GP)
 Louise Bussell, Nursing Director
 Cllr Muriel Cockburn, Non-Executive
 Claire Copeland, Deputy Medical Director (until 3.31 pm)
 Fiona Duncan, Chief Social Work Officer, Highland Council
 Julie Gilmore, Nurse Lead and Assistant Nurse Director
 Cllr Ron Gunn, Highland Council
 David Park, Deputy Chief Executive
 Fiona Malcolm, Highland Council Executive Chief Officer for Health & Social Care
 Joanne McCoy, Non-Executive
 Kaye Oliver, Staffside Representative
 Simon Steer, Director of Adult Social Care
 Elaine Ward, Deputy Director of Finance (until 3.00 pm)
 Neil Wright, Non-Executive

In Attendance:

Rhiannon Boydell, Head of Integration, Strategy and Transformation, HHSCP
 Paul Chapman, Associate Director AHP (until 3.31 pm)
 Jennifer Davies, Deputy Director of Public Health (from 2.30 pm)
 Kristin Gillies, Interim Head of Strategy and Transformation
 Gillian Grant, Interim Head of Commissioning (until 3.38 pm)
 Arlene Johnstone, Head of Service, Mental Health, Learning Disability and DARS
 John Lyon, Client Dental Director
 Karen-Anne Wilson, Area Manager for Skye, Lochalsh and Wester Ross (until 3.35 pm)
 Natalie Booth, Board Governance Assistant
 Dominic Watson, Head of Corporate Governance (until 3.35 pm)
 Nathan Ware, Governance & Corporate Records Manager

Apologies: Cllr Christopher Birt, Philip MacRae, Catriona Sinclair, and Pamela Stott.

1.1 Welcome

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

The meeting was quorate.

1.2 Declarations of Interest

There were no declarations of interest.

1.3 Assurance Report from 05 March 2025, Action Plan and Workplan

The draft minute from the meeting of the Committee held on 5 March 2025 was **approved** by the Committee as an accurate record.

The Committee

- **APPROVED** the Assurance Report, and
- **NOTED** the Action Plan and Work Plan.

1.4 Matters Arising From Last Meeting

There were no matters arising from the last meeting raised.

2 FINANCE

2.1 Year to date Financial Position at Month 11 & the 2025/26 financial year ahead

Report by Deputy Director of Finance

The Head of Finance for HHSCP presented the report and a PowerPoint which summarised the financial position for NHS Highland at Month 11 with further detail presented on the HHSCP position. The forecast year end deficit £44.792 million with the assumption that additional action was taken to deliver breakeven Adult Social Care (ASC) position. The forecast is £4.9 m better than the revised brokerage limit set by Scottish Government and £5.8 m better than the target agreed with the Board in May 2024. £4.225 m of funding was confirmed in Month 11, with the most significant elements being the junior doctors pay award funding and additional allocation for AfC non-pay costs.

Key risks included, ongoing to deliver a breakeven position for ASC, the potential that spend on supplementary staffing continued to fluctuate, that prescribing and drugs costs could see increases in volume and cost, that ASC suppliers could continue to face sustainability challenges, the Health and Care Staffing Act. Corresponding mitigations were outlined which included, that Adult Social Care had received a higher than anticipated allocation from SG, that robust governance structures around agency nursing utilisation continued to progress, that additional New Medicines funding had been received, and that MDT funding had been reinstated by SG following productive discussions.

A year-to-date (Month 11) overspend of £19.982 m was reported within the HHSCP, and it had been forecast that this would decrease to £2.481 m by the end of the financial year based on the assumption that further action would enable delivery of a breakeven ASC position. A £2.736 m overspend had been built into the forecast to acknowledge the continuing pressures around prescribing and drugs. A high risk was noted around the assumed delivery of £2.319 m of ASC value and efficiency cost reductions and improvements in the forecast. Further detail was provided in a slide presentation circulated to the members around North Highland Communities; Mental Health Services; Primary Care; ASC; Cost Reduction/Improvement Target; Value and Efficiencies; HHSCP Supplementary Staffing.

In discussion, the following topics were discussed:

- The Deputy Director of Finance highlighted the gap between the month 11 forecast and the brokerage position close to the forecast, with transformation funds assisting to close the adult social care position.

- The Deputy Director of Finance attributed the primary cause of the underspend in the Dental department to challenges in filling certain vacancies.
- The Deputy Director of Finance Elaine noted additional Scottish Government funding had been provided for an ASC service in Skye and ongoing recruitment efforts for house care homes. K Wilson reported progress in recruiting for Home Farm, reducing agency reliance, and integrating workers, with the Skye working group aiding these efforts, though full local staffing remains incomplete.
- Members highlighted ongoing challenges in controlling prescribing costs, despite various efficiency schemes and control processes, noting the need for further examination of specific drug categories. The Deputy Director of Finance confirmed that the efficiency schemes, including a new addressing medicines wastage scheme, would continue into 2025/2026.

The Committee:

- **NOTED** from the report the financial position at month 11 and the associated mitigating actions, and
- **ACCEPTED limited** assurance.

3. PERFORMANCE AND SERVICE DELIVERY

3.1 Care Home Oversight Board Annual Report 24/25

Report by Pamela Stott, Chief Officer Highland Health and Social Care Partnership

The Interim Head of Commissioning highlighted the circulated report included the Independent Sector Care Home Overview that provided an overview of commissioned independent sector care home issues as of April 2025. It was noted that there were 1,856 care home beds commissioned or delivered in Highland, with an 84 per cent commissioned from independent providers. Key issues in the independent sector care home delivery were highlighted in relation to the National Care Home contract, financial viability, recruitment and Moss Park. Further updates were provided on the quality-of-Care Home Services; Market and Service Changes; and Strategic Direction.

The Interim Head of Commissioning noted that the second section of the circulated report provided an update on Collaborative Support and arrangements to support independent sector care home delivery. It also covered the achievement of good outcomes for residents across Highland during the 2024/25 period. It was highlighted that the Collaborative Care Home Support Team had received baseline funding for 2025/26 and plans were being developed to ensure continuity. This had included the implementation of a comprehensive work plan to enhance training delivery to care homes.

In discussion,

- It was highlighted that training was an ongoing programme with no end date set due to the nature of ASC and could provide assurance to staff and service users that training focused on key areas of risk based on feedback from the collaborative team and care homes.
- It was confirmed that both virtual and in-person training methods were being used to efficiently engage staff, acknowledging the challenges of coordinating in-person training.
- Committee Members queried whether there was a significant short fall of potential beds. It was noted the forward strategy supported by the transformational programme was addressing the medium to long-term bed requirements and planned actions around the issue.
- Committee Members noted that overspending makes increased care home capacity unaffordable and destabilises existing homes. The financial implications of the National Care Home Contract were queried, and it was highlighted that the strategy focuses on balancing demand and supply by promoting independent living.
- The Chair highlighted a development session would be held to discuss the Care Home strategy further.

- Following Committee members wishing to clarify timescales for the delayed Care Home Strategy Commissioning Plan, it was noted that there were no defined timescales, but work progressed and would consider key data and models.
- Committee Members raised concern of care homes not meeting patients' needs and highlighted staffing issues. The Director of Adult Social Care highlighted the main challenge in the care home sector was ensuring that care homes meet the complex needs of residents, while balancing security, dignity, and rights. This included addressing concerns about staff groups and ensuring a good skillset to provide care for patients.
- Committee Members noted concerns about recruitment and retention, particularly regarding shift changes leading to staff turnover. Gathering data on staff turnover was suggested to understand issues in more detail.

The Committee:

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

3.2 Vaccinations Update

Report by Tim Allison, Director of Public Health

The Director of Public Health spoke to the circulated report which focused on progress with vaccination uptake and the rollout of a new delivery model. The Vaccination rates at 12 months had improved significantly in the Highland HSCP, while uptake remained below the World Health Organisation target of 95 per cent, the trend remained positive. Rotavirus uptake remained lower due to strict timing requirements, but overall, quality improvement efforts over the past year had been effective.

It was highlighted that the adult vaccination rates were reasonable and broadly aligned with national figures. A new delivery model, involving general practice or a mixed approach, had been approved and was in early stages. Progress was being monitored, but caution was advised to ensure services remained safe, effective, and efficient.

In discussion,

- Following Committee members querying whether GPs and frontline staff had been actively involved in vaccination planning. The Director of Public Health confirmed strong GP engagement during the options appraisal, though acknowledged some communication gaps remained, with efforts ongoing to improve information flow and collaboration.
- Committee Members questioned whether the timeline for implementing the new vaccination model was realistic. The Director acknowledged the growing complexity of vaccine delivery and stressed the importance of collaboration and quality assurance to ensure a safe, effective service with high uptake.
- Committee Members raised concerns about unresolved IT issues in vaccine data sharing between GP systems and public health databases, especially compared to the smoother COVID-19 process. The Director of Public Health noted ongoing challenges with childhood vaccination data and noted that national efforts were underway to source initial fixes.
- Committee Members queried the reliance on manual data entry, citing negative GP feedback and potential friction with health boards. The Director of Public Health clarified this was not a long-term solution but a temporary measure until better IT systems were in place.
- The Deputy Medical Director reassured the committee of strong GP involvement through leadership roles and acknowledged the need to improve communication and digital solutions, while also recognising concerns about manual data handling.

The Committee Chair summarised that the committee had reviewed the vaccination update, , and agreed to a follow-up in September.

The Committee:

- **CONSIDERED** and **DISCUSSED** the report.
- **ACCEPTED limited** assurance.

3.3 Fees and Charges 25/26

Report by Pamela Stott, Chief Officer Highland Health and Social Care Partnership

The Interim Head of Commissioning spoke to the circulated paper that outlined the implementation of a government directive requiring all adult social care providers to pay staff a minimum of £12.60 per hour. The process involved engagement with relevant stakeholders and financial planning to assess the impact and identify a funding shortfall. The report confirmed that the required steps were followed, including collaboration with finance colleagues to manage the funding gap.

The Committee:

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

3.4 Dental Services Update

Report by John Lyon, Clinical Dental Director

The Clinical Dental Director noted access to NHS dental services had partially stabilised following the national payment reform. Workforce challenges continued, included recruiting dentists willing to provide NHS services and job postings attracting fewer applicants. The Scottish Dental Access Initiative (SDAI) grants were one of the few tools available to improve access; three had been awarded, with one new practice expected to open in the summer. Sustainability concerns were noted, with at least one practice requesting direct financial support to avoid closure, highlighting the need for a national strategy for rural dental services.

In discussion,

- Committee Members queried whether there had been any changes to NHS dental registration issues since the last update received by the Committee. The Clinical Dental Director advised exact figures were unavailable due to fragmented data sources. He noted a new mapping tool was being developed to link registrations to specific areas.
- Committee Members queried the number of people involved in the Highland Dental Plan (HDP) and how oral health data can be better captured. The Clinical Dental Director noted the HDP were not required to share data with NHS Highland. He noted that data previously shared may be outdated or incomplete and capturing accurate oral health data remained challenging.
- Committee Members requested clarification on how dental care how local dental care for young children in the region compares to the rest of Scotland, particularly regarding programmes like oral health programmes. The Clinical Dental Director noted NHS Highland actively participates in five national oral health programmes. He highlighted strong engagement and positive feedback with the Board performing above national average in providing oral health support to young children.

- The Clinical Dental Director advised while cross-border patient movement was common, registration data did not include patients receiving treatment in other Board areas. Capturing data on the new mapping tool for cross-border patient movement would require further coordination with planning colleagues to ensure a more complete picture.
- Committee members queried whether young people from the Highlands pursue dental training and noted limited course availability. The Clinical Dental Director noted no specific data on local students entering dental school and highlighted the BSc Oral Health Sciences programme (via UHI) was highly oversubscribed. He advised planning for a dental school was in the early stages, but development of the plan was dependent on funding and national alignment.
- Committee members sought clarity on the impact reduced dental services has on oral health. The Clinical Dental Director noted it was too early to assess long-term impacts as national data reflects trends over five years. He highlighted there had been no increase in A&E visits or hospital admissions for dental issues, suggesting urgent care was being managed.

The Committee:

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

The Committee took a Break between 15.02 pm and 15.12 pm

3.5 Joint Strategic Plan Implementation

Report by Rhiannon Boydell, Head of Integration, Strategy and Transformation, HHSCP

The Head of Integration, Strategy and Transformation presented a paper outlining three main implementation routes: the Strategic Planning Group (SPG) and District Planning Groups (DPG), oversight by the Strategic and Transformation Accountability Group (STAG) within NHS Highland, and the Partnership Transformation Programme, which formed part of Highland Council's Delivery Plan.

The SPG and DPG met quarterly throughout the year. Despite some delays due to attendance, progress was steady with updates from workstreams to align with the bimonthly meetings. There had been discussions across all areas highlighted local issues, with recurring themes of workforce, sustainability, access, and service-specific concerns. The SPG and DPG focused on local engagement, involving NHSH partners, strategic stakeholders, the independent sector, third sector providers, and unpaid carers. STAG supported understanding and implementation of the plan's aims.

The various workstreams supported the Joint Strategic Plan (JSP), aiming to deliver care close to home, reduce hospital admissions, and avoid long stays. Emphasis was placed on the role of Community Integrated Teams and clarity was provided on how the Delivery Plan and SPG/DPG activities aligned with NHS Highland's planning processes. The Adult Social Care Transformation Programme, a three-year initiative backed by a £20 million Transformation Fund, focused on two main areas: shifting the balance of care and improving transitions. A target operating model had been developed, with initial work underway in Lochaber, including Moss Park Care Home. This work was integrated with STAG and the HHSCP senior leadership team.

In discussion, the Interim Head of Strategy and Transformation advised further information could be shared with Committee Members to help provide further detail on the governance structures and escalation processes. Committee Members sought clarity and transparency on the coordination of the multi-agency partnership, along with the measurement and assurance on possible risks. The Deputy Chief Executive highlighted the main challenge to coordination was determining the correct sequence for implementing the change.

The Committee:

- **NOTED** the update and
- **ACCEPTED moderate** assurance.

3.6 Chief Officer's Report

Report by Pamela Sott, Chief Officer for the Highland Health and Social Care Partnership

The Deputy Chief Executive highlighted the success of the AHPs in the Emergency Department of Raigmore as the results of this had been positive and measurable, positively impacting admissions.

The Director of Adult Social Care gave an update on the required improvement enforcement requirements at Sutherland Care Home which need to be made by 25 May 2025. The included a new scheduler, including a complete revision and review of visits; a changed management arrangement to be used longer term whilst the service was stabilised; Increased training, including the use of the improved CM2000 system for assurance of scheduled visits, and further training in pharmacy and engagement with the community nursing team.

He also advised there was concern regarding provision of weekend cover being put in place across the Highlands, with a permanent resolution across the Highlands for Care at Home provision being put to an oversight group meeting once a week.

In discussion,

- Committee members asked what steps had been taken to ensure issues in Sutherland were not present elsewhere in care-at-home services. The Adult Social Care Director confirmed that more robust, planned assurance visits were underway across all in-house services as part of an existing improvement plan.
- The Committee Chair requested a formal close-off report be shared with the committee, outlining the actions taken and evidence of progress.
- The Adult Social Care Director provided assurance to the Committee that the service standards surrounding the Adult Protection Element Process were being followed appropriately.

The Committee:

- **CONSIDERED** the Chief Officers Report and
- **IDENTIFIED matters** requiring further assurance / escalation.

3.7 Sir Lewis Ritchie Report Update

Report by Pamela Stott, Chief Officer Highland Health and Social Care Partnership

The Area Manager for Skye, Lochalsh and Wester Ross advised the final report remained in draft but was expected to be finalised shortly. The final report would outline the work NHS Highland had undertaken to act upon the 15 recommendations from the original Sir Lewis Ritchie report in 2018. She provided a brief update on work undertaken in conjunction with the recommendations noting Portree Out of Hours Service had received additional funding from Scottish Government and was in place.

She provided a brief update to the Committee on the position of the Community bed and care provision related to Care Homes and Portree Hospital; Closer Inter-Agency and Public Participation; Collaboration with Scottish Ambulance Service; Collaboration with NHS 24; First Responders; Workforce Capacity and Capability; Housing Solutions; Road Issues; Transport and Accessibility; Digital Innovation; Specific Localities; Centre for Excellence; Best Use of Resources; and Making it Happen.

The Committee Chair report noted that Sir Lewis had now completed his final report, with the work being integrated into the work of the Skye, Lochalsh and Wester Ross District Planning Group. Governance would continue under a new independent chair, as Sir Lewis Ritchie would be stepping back from the process.

The Deputy Chief Executive acknowledged the emotional and practical challenges of implementing change, and praised the those involved for their efforts in progressing the work.

The Committee:

- **NOTED** the update and
- **ACCEPTED moderate** assurance.

4 COMMITTEE FUNCTION AND ADMINISTRATION

4.1 Blueprint for Good Governance Improvement Plan Progress Update

Report by Nathan Ware, Governance and Corporate Records Manager

The Governance and Corporate Records Manager advised the Board approved its Blueprint Improvement Plan on 25 July 2023 and agreed that Governance Committees should provide informal oversight of progress and delivery of elements relevant to their functions. He highlighted that from the original 17 actions, nine had been completed and open actions had longer-term completion dates and had an organisation-wide focus.

He explained the quality framework was progressing following an April 2025 EDG discussion, with plans to recruit a quality lead and involve senior clinical staff once funding is secured. Efforts to embed Care Opinion were ongoing, supported by the clinical governance manager, with over 250 instances recorded in the past year, providing assurance that actions are actively being addressed.

On behalf of F Duncan, the Director of Adult Social Care requested clarification on where Social Work and Social Care would sit within that structure. The quality of services across the full integrated world in relation to the role of Chief Social Work Officer when associated with the Medical Director and Nurse Director, also needed consideration.

Committee Members sought clarity on the figure of 250 was requested, in relation to it being an increase or decrease. The Governance and Corporate Records Manager advised it would be tracked from hereon, enabling 6-monthly comparisons to be made at future Committee Meetings.

The Committee:

- **NOTED** the progress update, and
- **ACCEPTED moderate** assurance.

4.2 Committee Self-evaluation results

Excel Spreadsheet

The Chair picked the following key themes from the results and proposed the points below were put forward to a future development session, for discussion and improvement options:

- The role of the Committee and its Members.
- The ability for lay members to have more effective inputs.
- Moving from a Lead Agency to an IJB and how the new governance framework would affect the Committee.
- Agenda items and time allocated versus papers and time allocated for discussion.

The Chair highlighted the potential transitioning to an alternative governance model and would consider further committee discussions in a development session.

The Committee:

- **DISCUSSED** and **NOTED** the Committee Self-evaluation results.

5 AOCB

A proposal was made by the Chair to make a temporary change for the quorate rules and terms of reference, to quoracy being granted for one out of three of the occupied pool, rather than one out of three of the membership. The Committee agreed this was to be put through the appropriate governance routes as quickly as possible.

DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 2nd July 2025** at **1.00 pm** on a virtual basis.

The Meeting closed at 4pm