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 1 November 2023 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, Chris 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
Cllr, Ron Gunn, Highland Council
Joanne McCoy, Board Non-Executive Director
Kara McNaught, Area Clinical Forum Representative
Kaye Oliver, Staffside Representative
Wendy Smith, Carer Representative
Simon Steer, Director of Adult Social Care
Elaine Ward, Deputy Director of Finance
Neil Wright, Lead Doctor (GP)

In Attendance:
Ruth Daly, Board Secretary
Paul Chapman, AHP Associate Director, Highland Partnership
Arlene Johnstone, Head of Service, Health and Social Care
Ian Kyle, Head of Integrated Children's Services, Highland Council
Fiona Duncan, Chief Executive Officer and Chief Social Worker, Highland Council
Tracy Ligema, Communications Manager
Fiona Malcolm, Head of Integration, Highland Council
Nathan Ware, Governance and Assurance Co-ordinator
Stephen Chase, Committee Administrator

Apologies:
Kate Dumigan, Michelle Stevenson, Catriona Sinclair, Julie Gilmore, Tracey Gervaise.

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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.

1.2 DECLARATIONS OF INTEREST

J McCoy made a declaration in connection with item 3.6 that she had a role within MySelf Management who had carried out funded work in the past and were currently working in partnership with Technology Enhanced Care, but noted that having applied the guidance she felt that the circumstances were too remote from the item under discussion to be interpreted as a conflict of interest.

1.3 Assurance Report from Meeting held on 30 August 2023 and Action Plan

The draft minute from the meeting of the Committee held on 30 August 2023 was approved by the Committee as an accurate record.

Regarding the Rolling Actions, the committee agreed that the Staff Experience item be closed as further consideration is needed around staff involvement and engagement with the committee. The Chair will meet the Chief Officer to consider a suitable way forward.

The Committee
- **Approved** the Assurance Report
- **Noted** the Action Plan.

1.4 Matters Arising From Last Meeting

There were none.

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

2 FINANCE

2.1 Year to Date Financial Position 2023/2024

The report of the position to month 6 was circulated ahead of the meeting for which an overspend of £7.521m was reported within the HHSCP. The overspend was forecast to increase to £15.135m by the end of the financial year.

The Deputy Director of Finance spoke to the report and noted the different format designed to give a better visual representation of the content.

1. Two of the ongoing main risks for the partnership were supplementary staffing and prescribing and drug costs. It was noted that there was only two months of prescribing information in the system and that their described position within the forecast was entirely based on estimates. There was a risk around this because it was known that the number of scripts had been much higher than in previous years, however NHSH was in the same position as all the other boards and was currently trying to work through the situation.
2. The SLA uplift had not yet been fully agreed for the current financial year. This was expected to come through in the following week or so. The expectation was that that would be higher than the baseline uplift that boards had received and therefore some pressure could be created there.
3. Delivery of savings had continued to be a big risk. There were a few mitigations to improve the position and there had been reduced support and sustainability package requests.

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4. NHSH had received a non-recurrent VAT rebate, and additional Scottish Government funding for sustainability and new medicines.
5. The Health and Social Care position had deteriorated from month 5 and there was a year-to-date overspend of £7.5 million, which was forecast to increase to £15 million by the year end. The main reason for that deterioration from months 5 to 6 is the revisiting of savings.
6. Savings slippage had now been built into the forecast year end position.
7. An increase had been seen in the cost of independent sector packages.
8. The cost improvement programme was described (p.11 of the report) which showed 10.6 million target within the partnership.
9. At the end of month six, slippage of about £4.3 million had occurred against cost improvement programmes and it was forecast that slippage would increase to £6.5 million at the end of the year.
10. An assurance of progress table had been added to the report and it was explained that was presented fortnightly to the Efficiency and Transformation Governance group. This showed 39 schemes relevant to the partnership on the tracker.
11. The Efficiency and Transformation Governance group were now meeting fortnightly with operational and support areas reporting back on plans and providing updates and progress. Three working groups had been established to address workforce, prescribing and digital that work across the whole system to see how savings could be generated within those areas.
12. The partnership had been asked to submit a financial recovery plan to Scottish Government and the outcome of which was to show that a year-end financial position of no worse than an overspend of £55.5 million could be delivered.
13. The actions within the recovery plan had been regulated and at this stage there was an assumption of full delivery and this had been built into the year end position of £55.975 million overspend. More pieces of work around additional savings were planned to address further reduction in locum and agency spend on the back of some progress seen in the Acute sector.
14. Annual leave accrual had been under review following the flexibility shown by Scottish Government around COVID. However, in the current year the same level of flexibility was not expected which would allow NHSH to reduce some of the annual leave accrual from last year in the position.

During discussion,

1. It was agreed that a matter raised by W Smith would be considered in AOCB (see item below).
2. It was noted that there was a focused piece of work on Care Home capacity that would be taken to the next Joint Officers Group after which information could be brought to the committee. This work would look at spend and hours over a number of years to map that with pay awards.
3. It was noted that the lead officers of the partnership would be meeting to agree on the need for a financial workshop to bring forward medium to longer term proposals about commissioning and recognising some of the challenges within the quantum such as significant overspend on agency staff and sustainability payments. Significant risk around very high cost learning disability packages was also noted due to issues such as housing for patients that remained vacant due to staff recruitment issues.
4. Work to address and provide contingencies for the critical staffing levels within Care Homes was discussed. It was noted that there was a medium-term plan around the acquisition of Mains House, and around community redesign work with a keen eye on quality and safety.
5. The difficulties for staff working in isolation for clients with learning disabilities was noted especially in terms of the need for colleague support in the middle of a staffing crisis.
6. The usage of staff in day centres was discussed. Discussion was had around the perception by some that staff within day services were not fully utilised. The Chief Officer offered to meet with W Smith to discuss the issue further outwith the meeting.

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7. The Chair recommended that the committee receive a fuller update at a future date on Learning Disabilities with a focus on how services are provided. The update is to include how day services had been redesigned to provide support to users.
8. The Chair asked that more space be given in the agenda for discussion of the Finance update at the January meeting with a view to considering the financial position for the year ahead.

The Committee:
– **NOTED** the report and accepted **limited** assurance.

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Engagement Framework Assurance Report

The report provided an overview of the progress made over the last 12 months towards implementing the ambitions of the Engagement Framework and highlighted progress of the implementation plan, progress with initial indicators, the main themes from colleague and stakeholder feedback, and the next steps and future focus.
A moderate level of assurance was offered to the committee from the report.

In addition, it was noted that the next steps would involve training and support at senior levels through face-to-face engagement, to grow local engagement with community groups, and to develop the Highland 100 panel.

More work was still to be done to finalise the governance arrangements for the framework and an oversight group was to be established. The report was due to also be presented to the Clinical Governance Committee on 2 November.

1. In discussion the following areas were noted,
2. Membership of the Highland 100 was discussed and assurances were sought around equality and inclusiveness of access beyond digital means of engagement. It was noted that though the membership covered a broad base there was a desire to go further especially in the area of addressing protected characteristics and this would necessarily require the use of different means of engagement based on preferences among those groups and individuals.
3. It was confirmed that there was no fixed period of membership for the Highland 100 as it was felt that it would have a natural lifecycle of engagement from its members with a need to refresh membership on a semi-regular basis based around data protection requirements to ask participants if they still wanted to be involved.
4. All staff had been contacted for the staff survey and those who engaged were self-selecting.
5. It was noted that metrics from a global perspective were not yet possible as engagement work had been largely project based however the work was largely on plan and there was a risk of rushing to conclusions with findings at an early stage.
6. A wider roll out of Care Opinion was under consideration but it was noted that there were some grey areas as Highland had a different set up than the standard model and it was not yet clear if some areas were included within the overall subscription. There was active discussion with Care Opinion on these matters.
7. Triangulation of information was also an area for future consideration. Colleagues in the Feedback team had been looking at improving response rates and there was a need to consider how best to display the information from Care Opinion in a way that was most meaningful for services and to find out what learning and improvement had taken place as a result.
8. The Chief Officer noted that she had been working with her senior leadership team to introduce development sessions on the back of the Internal Audit on Community Planning Partnerships and engagement with communities.

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The Committee:

- **NOTED** the report and the current position in terms of compliance with legislation policy and the board objectives, and
- **Agreed** to accept **moderate** assurance.

3.2 Care Governance Framework Update

The report had been circulated ahead of the meeting and had been provided to update stakeholders on risks, actions undertaken and future planning to ensure that there were robust governance processes in place for the Partnership that could be used purposefully for audit, action and development. It had been recognised that governance in its broadest terms jointly across health, social work and social care could be problematic to streamline. This had been recognised by the Integrated Joint Board's (IJB) across Scotland and had been an unresolved issue for the Highland Health and Social Care Partnership. During 2023 there had 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. The SBAR related 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 Deputy Medical Director spoke to the report and thanked her co-author, Ruth MacDonald for taking forward the work with her and Mirian Morrison. The mock-up dashboard was noted for September and October, as was weekly engagement with day-to-day work on quality, patient safety and governance.

During discussion,

1. The Deputy Director of Nursing noted the unique position of NHS Highland where there are care homes managed within the NHS structure and suggested that there be note made of governing structures to include the nurses working in these care homes.
2. On a related note, a slight concern was expressed about the implications for integration of Health and Social Care practice. It was commented that the assumption of absorption of social work and social care governance into NHS governance systems had seen a break on a level of integration and that therefore discussions now ongoing about a governance system that fully recognised the different roles and responsibilities of health and social care would be a positive for ongoing integration.
3. On a related note, a slight concern was expressed about the implications for integration of Health and Social Care professional practice. It was commented that the assumption of absorption of social work and social care governance into existing NHS Clinical Governance systems had underpinned this concern. Therefore, discussions are now in place about a governance system that fully recognises the different roles and responsibilities of health and social care in a manner positive for ongoing integration.
4. With regard to medication errors, the Director of Adult Social Care noted that he would investigate if this was due to increased number of errors or better reporting of errors and return the information for circulation to the members.
5. It was decided that the role of the HHSCC as distinct from the Clinical Governance Committee in providing assurance to the Board on Care Governance was yet to be fully determined and would be explored further noting that this was an evolving area.
6. The Chair agreed to have further discussion with the Deputy Medical Director and the Chief Officer as to when the next update to the committee should come.

The Committee:

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

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3.3 Children and Young People Services Mid-year Review

The SBAR noted that working within the legal framework of the Public Health Bodies (Scotland) Act 2015, The Highland Council had been commissioned to deliver a number of child health services on behalf of NHS Highland. These services were delivered within the Lead Agency Model of integration, articulated within the partnership agreement with outcomes and performance measures outlined in the integrated children's service plan. The committee was asked to consider the delivery of the delegated functions as part of the Lead Agency Model.

The Chair of the Integrated Children's Services Planning Board noted that the report highlighted for committee members what some of the delegated functions were within Child Health Services as delivered on behalf of the NHS by the Highland Council as part of the lead agency model. The report set out the range of services delivered by the Highland Council and highlighted some significant changes since 2020 particularly in relation to the delegated functions within Child Health and a refocus in line with a number of local and national drivers all set out to better meet and improve outcomes for Highlands families. Some of the key system pressures were acknowledged in the report and the mechanisms in place to support the workforce with a brief description of the current escalated risks identified within the service.

During discussion, the following areas were addressed,

1. It was noted that there was a 'balance scorecard' as agreed with NHS Highland as a mechanism to measure Key Performance areas for the delegated services to ensure functions are met. The focus paper to be presented at the next JMC would be based on the balance scorecard.
2. Work to address the challenges around recruitment were noted with the aim of creating strong packages to attract the best candidates for some of the specialist roles, and there had been some successes with recruitment via the Advanced Nurse Training programme.
3. The need to avoid too much of a silo response to Childrens Services was noted with a need to counterbalance this with an examination of how services join up.
4. The issue of developing the structure of reporting on quality was raised and it was noted that this is a live debate with further work to be done.
5. Issues around IT, connectivity and better communications between Highland Council and NHS Highland systems was discussed. It was noted that some progress had been made but that this was still a live issue. The Head of eHealth at NHS Highland had recently noted some significant progress which was awaiting confirmation of timescales and an agreement on funding.
6. The Deputy Lead Nurse noted that there was ongoing work and discussion around the whole integrated approach and outcomes for children and young people especially in terms of oversight of professional practice. She noted that a professional assurance framework for all nurses, midwives and allied health professionals had recently been launched with very clear performance indicators around professional practice and safe quality care and that the team will work with the leads in Highland Council to help inform the future iterations of that report.

The Chair thanked I Kyle and noted that the next iteration would be the annual report in approximately 6 months.

The Committee:

- **Noted** the report and accepted **moderate** assurance.

3.4 Chief Social Worker Annual Report

The Annual Report by the Chief Social Work Officer, Highland Council, for 2022/23 was presented to the Committee for information. The report had previously been provided to

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Members of Highland Council with information as to the range of activities that had been carried out over the past year – thus meeting its statutory duties and responsibilities – whilst highlighting the opportunities and challenges moving forward.

It was noted that the Committee had no role in the report and that it was presented for discussion.

The Chief Social Worker spoke to the paper and noted that it had followed the updated template as provided by the Chief Social Work Officer Advisor for Scottish Government thus fulfilling Highland Council's statutory requirements. The report ensured professional oversight of social work practice and service delivery which included professional governance, leadership and accountability for the delivery of social work and social care services, whether provided by the local authority, the Health Board or purchase through the Third Sector or independent sector. The Highland Council as lead agency of Children's Services, has delegated functions for Child Health Services, which include health visitors, school nurses, specialist nurses and allied health professionals. It also retained the functions of justice services and the Mental Health Officer service.

1. It was noted that demand had risen across the board for services and staffing and that vacancies in staffing were an indication of unmet need.
2. A joint inspection for Children at Risk of Harm had taken place in the past year and covered a period of six months. While there were significant actions stemming from the inspection, the partnership had produced an action plan and the inspection confirmed those areas for action already identified by the partnership.
3. There had been some recruitment successes through 'grow our own' training programmes in both the Highland Council and NHSH but there was a need to address the recruitment of experienced staff to increase the robustness of the service.
4. In order to address concerns and risks within the system there was now a strategic plan for Adult Social Care in place for final sign off and an Integrated Children's Plan.
5. The Chief Social Worker encouraged colleagues to get in contact.

The Chief Officer welcomed the report for its breadth and the clear outlining of integration agreements.

In discussion, the following areas were addressed,

1. The importance of a whole family well-being approach as supported by additional SG funding was noted in order to enable Adult and Children's Services to work more effectively together. It was commented that supporting adults who support a child as parent/carer was as important as supporting the child in question in order to identify particular issues for support. A paper was due to be presented to the JMC on some of the work underway to address these issues to align the whole family model with the other work in the community and existing pilots within NHS Highland to maximise opportunities for effective joint working.
2. The impact of unmet need was noted in terms both of those in need and the additional burden on existing staff and that there is a need to find a way to assess this.
3. The success of the Home to Highland programme was noted both for its benefit to a large number of children and the added benefit of financial improvements in the system.
4. The need to address the transition between Children's Services and Adult Services was also noted.

The Committee:

- **Noted** the report.

[The Committee took a rest break from 3.00 to 3.11]

3.5 Primary Care Improvement Plan

The Assurance Report was circulated to the committee ahead of the meeting and provided a summary of planning and progress achieved on the project to date and forecast for the coming period. The report covered the period to 31 October 2023. In line with commitments made in the MOUs (1 & 2), HSCPs and NHS Boards will place additional Primary Care staff in GP practices and the community who will work alongside GPs and practice staff to reduce GP practice workload. Non-expert medical generalist workload needs should be redistributed to the wider primary care multi-disciplinary team ensuring that patients have the benefit of the range of expert advice needed for high quality care.

The Specific priority services to be reconfigured at scale were: Pharmacotherapy, FCP MSK, Community Link Workers, Primary Care Mental Health, Vaccinations, CTAC, and Urgent Care.

The report was offered for noting in the absence of the Primary Care Manager and the Deputy Medical Director who had had to leave the meeting early. The Chief Officer offered to take any questions raised away for considered answers.

During discussion, the following points were raised,

1. A practice view was given by N Wright who noted how well the approach had worked at his practice for areas such as pharmacotherapy, self-referral to physiotherapy, and the increased equity of service that a hub formation had provided. Community link workers had also been a positive influence where they had been available.
2. Despite a preference by some GP colleagues that vaccinations would be better kept in practice the national model did not allow for this but the benefit was that more time had been freed up to spend with more complex patients.
3. The Director of Public Health spoke about the outcomes of the new model of Board-led provision for vaccinations. It was acknowledged that cost of vaccination delivery at GP surgeries was lower at a local level but in terms of volume of delivery it was expected that the new model would be more effective overall. Figures were approximately on trend for the first quarter with what they had been before the transition to VTP but more work was need to ensure the figures rise. However, there was still some dissatisfaction with the new model with issues around scheduling for COVID and Flu vaccinations with some people having to travel longer distances.
4. The issue of communications between GPs and Public Health was raised: it was noted that there were regular newsletters with a health improvement emphasis and that this was often focussed on areas of deprivation in conjunction with community link workers for signposting and directing people to appropriate services and support. However, this had been a mixed picture of success due to the lack of a comprehensive community link worker base and further work was needed to improve.
5. The Chief Officer noted in response to a question that a detailed response to potential slippage and key risks in terms of the PCIP would be provided following the meeting.
6. The Chief Officer also noted that detail of the evaluation process for the PCIP could be provided after the meeting with the minute, if appropriate for the committee.

The Chair noted that he would discuss with the Chief Officer as to when it would be appropriate to have the next update on PCIP come to the committee.

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

3.6 Technology Enhanced Care Overview

The report and accompanying presentation provided an overview and update for the provision of Technology Enabled Care (TEC) in Highland. Historically, TEC in Highland had

operated as a hosted service not directly linked to the separate EHealth or RD&I functions. The report suggested that TEC would need to be considered as part of a suite of integrated, innovative digital solutions to meet the needs of people in NHS Highland hospitals and communities.

The paper noted that Digital solutions, applied thoughtfully and appropriately, could help to: maintain independence of individuals for longer, expedite discharge from hospital, reduce the need for long term residential care, reduce the size and complexity of care at home packages, prevent the development or exacerbation of long-term conditions, support patient activation and self-management and promote lifestyle and behaviour change which in turn could help to reduce hospital admissions, reduce the need for GP appointments, and the length of stay in hospital. Digital solutions could be applied in an integrated way to support training, assessments, reviews, reablement etc in ways that Highland had not yet explored or implemented.

T Ligema gave an overview of the full presentation material that was circulated with the report, noting the three key workstreams of Telecare, Near Me and Connect Me and their usage and opportunities for better use of available technologies in care.

During discussion, the following issues were raised,

1. The Chair asked where the opportunities and challenges raised in the report and presentation fit into current thinking in terms of Horizons 1-3.
2. The Chief Officer commented that in working directly with the digital infrastructure team, T Ligema had brought many insights to the senior leadership team and attends the weekly Senior Leadership Team meeting.
3. The Chief Officer commented that the Senior Leadership Team had become aware recently of the low take up in Highland of Near Me and that this had led to incorporating the workstream into urgent and unscheduled care, work delivering Care At Home and managing Delayed Discharges.
4. It was noted that work culture is one reason for the variable uptake among clinicians of some kinds of technology. The Chief Officer offered to bring a report or development session to the committee on leadership work to address these issues for assurance, especially in connection with the joint strategy.
5. The issue of users of TEC such as Telecare who do not make proper use of the support available was discussed in terms of education and acknowledging what kinds of technology are most appropriate and user friendly for different groups.
6. It was noted that Highland had been a pioneer in terms of the adoption of Near Me and that it was disappointing to see a fall in use in terms of the national average.
7. The issue of cost variance across different areas was raised.
8. The pending issue of analogue switch off was raised in terms of the lack of digital access across all parts of Highland and that this included people from vulnerable groups. It was noted that there was a requirement from energy companies to provide a battery as back up to counter power outages but that such batteries only lasted for an hour whereas outages in parts of Highland can last days. The Chair agreed to discuss the issue with the Chief Officer outwith the meeting to ensure the Board is properly cited on the matter and that in collaboration with Highland Council colleagues the issues could be properly addressed.
9. The related issue of emergency planning was raised in terms of capacity for Near Me usage if there is a sudden demand during an emergency. It was noted that there were facilities such as waiting rooms and group facilities on Near Me which were not currently used and could assist with issues of capacity. Surveys of patients who had used the service had been very positive, however it was acknowledged that should be a matter of offering choice (e.g. face-to-face or remote video consultation) to ensure that patients were not disenfranchised by one particular model and that clinicians can assess when it is clinically safe and appropriate to use a particular system.
10. It was asked if projected savings would cover the costings to push plans for TEC forward, given the lack of costings in the report. It was answered that there were some things

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which could be implemented at minimal cost but that a larger piece of work was needed to analyse cost benefits.

11. It was commented that anecdotal evidence demonstrated that Near Me was not offered as routine by clinicians, and that while it was not appropriate to offer video consultations some areas such as more routine outpatient follow up appointments may be suitable in some cases and save patients from travelling.
12. It was noted that there was work underway with the Telecare team to consider an individual risk assessment basis to ensure that patients are properly supported by a suitable number of responders.
13. The need to review the policies around support packages such as Telecare was noted to ensure the effectiveness of support infrastructure and responsiveness.

The Chair thanked the committee for the discussion and noted that the item was very likely to return to the committee in more than one format.

The Committee:
- **NOTED** the report and
- accepted **moderate** assurance.

3.7 IPQR Dashboard Report

The Chair invited questions from members on the IPQR to be sent to the Committee Administrator in advance of the minutes for consideration and answers. Due to time overrun The Head of Strategy was not able to be present for this item, hence the submission of questions.

The Chief Officer gave a brief summary of the report which noted the ongoing pressures in Adult Social Care, but also drew attention to more positive news around Care at Home, capacity in Care Homes and a reduction in waits for psychological therapies and a growth in SDS.

1. Question received outwith the meeting:
   "What changes are going to be introduced as a result of the most recent development session on the IPQR, in particular what is the thinking about how the committee uses the non-reportable wait information?"

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

3.8 Chief Officer's Report

The Chief Officer noted the major redesign programmes which had included a recent workshop for the Caithness Redesign and further engagement work with general practice. Regarding the Skye project, the final delivery group meeting following the Sir Lewis Ritchie report and recommendations had been held and work would now be taken forward by the district team with weekly meetings.

The Joint Monitoring Committee had recently met and it was noted that there would be work undertaken to establish a joint risk register to make the shared risks more explicit for the JMC and the partnership.

The Chief Officer noted that three of the nursing teams within the partnership had received recognition from the Scottish Mental Health Nursing Forum Awards, and that two nurses were due to receive the Queen's Nursing Institute for Scotland Award which carries much prestige within the profession, at a ceremony in Edinburgh.

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

4 COMMITTEE FUNCTION AND ADMINISTRATION

4.1 Governance Blueprint Improvement Plans Update

The Board Secretary noted that the Board had undertaken an assessment earlier in the year with regard to Scottish Government's Blueprint for Good Governance. It was noted that oversight sits with the Board but HHSCC and Clinical Governance have informal oversight of three of the 17 actions and report on progress in these areas to the Board.
A full formal six month update will go to the Board at the end of January.

The Chair noted that the committee would keep revisiting the Governance Blueprint and that it had spoken about some of the items of relevance earlier in the meeting.

The Committee
- **noted** the update, and
- accepted **moderate** assurance from the report.

4.2 Review of Committee Terms of Reference

The Board Secretary outlined the Board requirement of governance committees to review their Terms of Reference, and noted the suggestions to reconsider the membership of the committee.

In discussion,
1. Cllr Fraser suggested that the matter be deferred until the role of the JMC is reflected in the Terms of Reference following consideration by the officers of the JMC, NHSH and THC.
2. The committee agreed to revisit the Terms of Reference at its next meeting following the area of suggested discussion as noted above.

The Committee
- **agreed** to revisit the Terms of Reference at the January 2024 meeting.

4.3 Committee Work Plan

The Chair invited members to send him suggestions for the 2024 workplan which will be formulated soon.

The Committee
- **noted** and **agreed** the Work Plan for 2023-24 in its current form.

5 AOCB

1. W Smith raised the matter of the Carers Short Break Fund but had had to leave the meeting early. The Chief Officer noted that she had emailed the information to W Smith and shared information in the committee Team channel later in the meeting. The Carers Short Break Fund would reopen on Monday 6 November 2023 with a rebranded scheme following feedback from carers during the recent Carers Roadshow. The fund will now be called the Carers Wellbeing Fund and there would be two information sessions held via MS Teams, the first had been held on 31 October with another to be held on Thursday 2 November at 10am. The Chief Officer thanked K McNaught for assistance with the information.

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2. A committee Development Session was scheduled for Wednesday 29 November at 1pm via Microsoft Teams. The proposed themes were Sustainability, and Committee Self-evaluation. It was noted regarding the Committee Self-evaluation, that the survey is due to be circulated around 13 November for a fortnight with the findings to be discussed at the development session.

6 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 17 January 2023** at **1pm** on a virtual basis.

The Meeting closed at 4.29pm

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HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE ROLLING ACTION PLAN

Those items shaded grey are due to be removed from the Action Plan.

	Item	Action / Progress	Lead	Outcome/Update
03/03/2021	**Staff Experience Item**	Suggestion: Team involved in savings on PMO workstreams. Other suggestions to be discussed with L Bussell's team.	**R Boydell/L Bussell**	To be included in future Development Sessions (~4 in 2023).
01/11/2023	**Primary Care Improvement Plan**	Date of next update to be determined after discussion outwith committee.	**Chair/CO/Deputy Chief Officer**	tbc
01/11/2023	**Care Governance Framework**	Date of next update to be determined after discussion outwith committee.	**Chair/CO/Deputy Medical Director**	tbc
01/11/2023	**Finance Update**	Day Centres use of/challenges	**Chair/CO/A Johnstone**	Future Learning Disability item tbc.
01/11/2023	**Terms of Reference Review**	Finalise revisions to committee ToR (with due consideration of JMC role).	**Board Secretary**	January meeting
01/11/2023	**Committee Workplan**	2024 workplan: members invited to submit proposals for items.	**Chair/Committee Admin**	January meeting: responses ahead of March meeting draft/final 2024 workplan.
01/11/2023	**Technology Enhanced Care**	Update on issues around analogue switch off.	**Chair/S Steer**	tbc

NHS Highland

Meeting: Highland Health & Social Care Committee

Meeting date: 17 January 2024

Title: Finance Report – Month 8 2023/2024

Responsible Executive/Non-Executive: Pam Cremin, Chief Officer

Report Author: Elaine Ward, Deputy Director of Finance

1 Purpose

This is presented to the Committee for:

- Discussion

This report relates to a:

- Annual Operation Plan

This report will align to the following NHSScotland quality ambition(s):

Effective

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well	X	Progress well					

2 Report summary

2.1 Situation

This report is presented to enable discussion on the NHS Highland financial position at Month 8 2023/2024 (November 2023).

2.2 Background

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 is ongoing, within the Board and nationally to look at options and schemes to close this gap. Scottish Government provided additional funding and the Board is now looking to deliver a financial deficit of no more than £55.800m. This report summarises the position at Month 8, provides a forecast through to the end of the financial year and highlights the current and ongoing service pressures.

2.3 Assessment

For the period to end November 2023 (Month 8) an overspend of £11.149m is reported within the Health & Social Care Partnership. This overspend is forecast to increase to £14.984m by the end of the financial year..

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	
Limited	X	None	

It is only possible to give limited assurance at this time due to current progress on savings delivery and the ongoing utilisation of locums and agency staff. During this ongoing period of financial challenge the development of a robust recovery plan is required 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”.

3 Impact Analysis

3.1 Quality/ Patient Care

The impact of quality of care and delivery of services is assessed at an individual scheme level using a Quality Impact Assessment tool. All savings are assessed using a Quality Impact Assessment (QIA).

3.2 Workforce

There is both a direct and indirect link between the financial position and staff resourcing and health and wellbeing. Through utilisation of the QIA tool, where appropriate, the impact of savings on these areas is assessed.

3.3 Financial

Scottish Government has recognised the financial challenge on all Boards for 2023/2024 and beyond and are providing additional support to develop initiatives to reduce the cost base both nationally and within individual Boards. NHS Highland is receiving dedicated tailored support to assist in response to the size of the financial challenge.

3.4 Risk Assessment/Management

There is a risk that NHS Highland will overspend on its 2023/2024 revenue budget by more than the current forecast of £55.975m with this risk replicated within the HHSCP. The forecast assumes slippage against the CIP of £13.768m – there is a risk associated with CIP delivery at this level. The forecast is also dependent on assumptions around funding and expenditure. The Board continues to look for opportunities both locally and nationally to bring the recurrent cost base down.

3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because it is not applicable

3.6 Other impacts

None

3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage both internal and external stakeholders where appropriate through the following meetings:

- Executive Directors Group – via monthly updates and exception reporting
- Efficiency Transformation Group
- Monthly financial reporting to Scottish Government

3.8 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- EDG
- FRPC

4 Recommendation

Discussion – Examine and consider the implications of the matter.

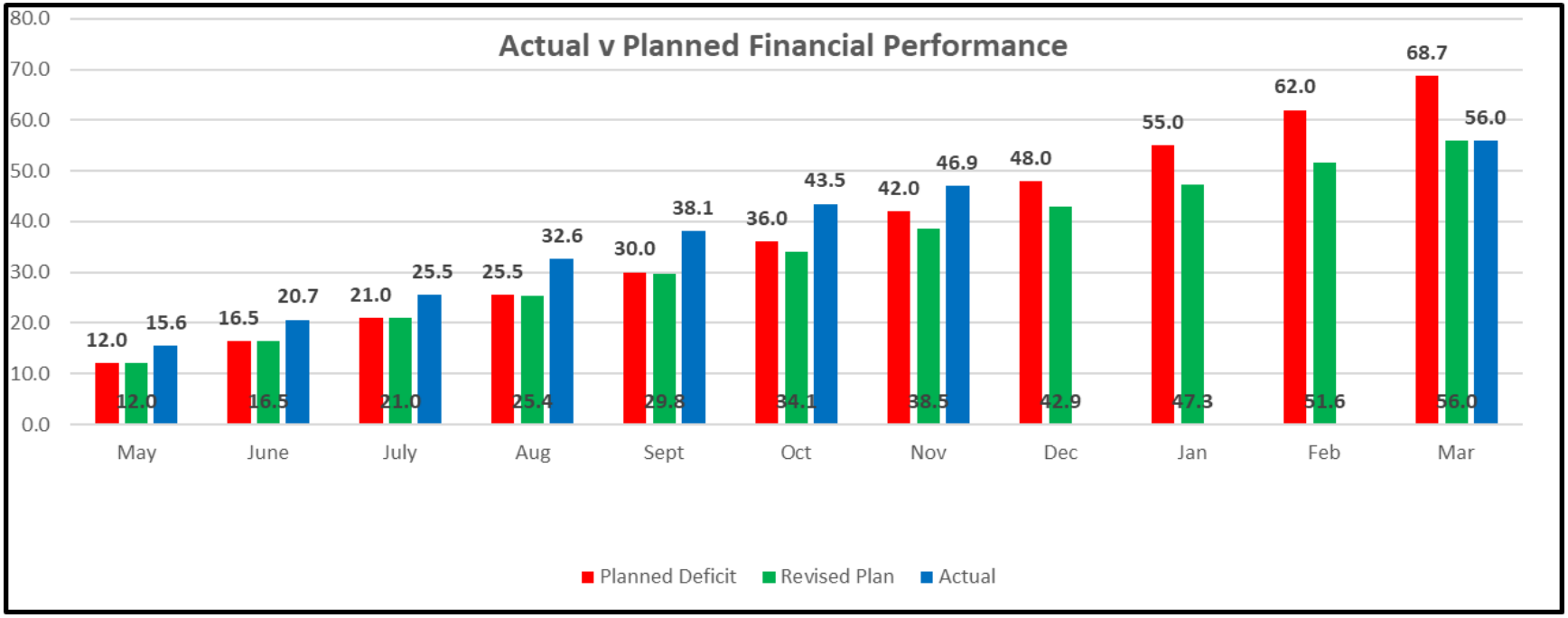
4.1 List of appendices

The following appendices are included with this report:

No appendices accompany this report

HHSCC Finance Report – Month 8 (November 2023)

MONTH 8 2023/2024 – NOVEMBER 2023



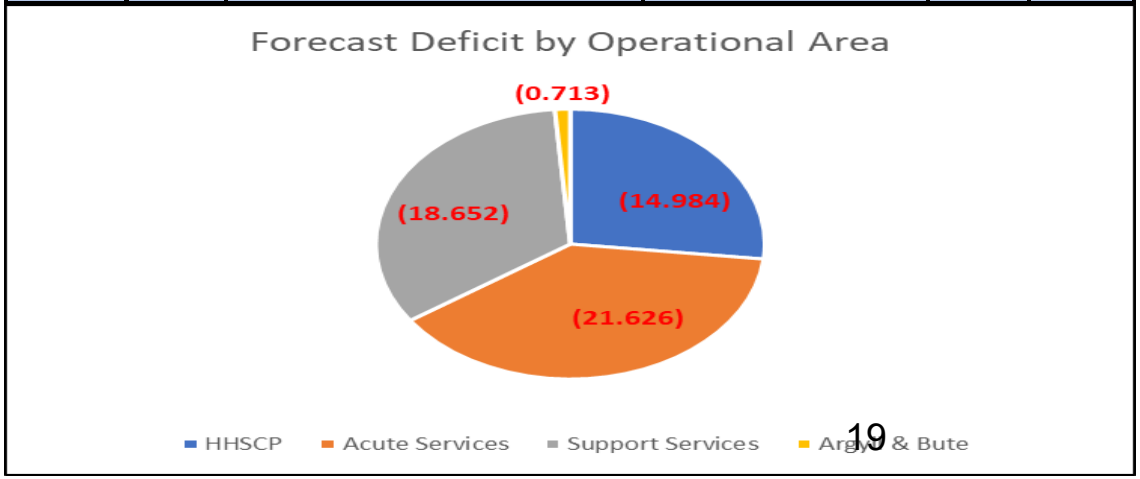
Financial Recovery Plan actions

Target	YTD £m	Forecast £m
Delivery against Revenue Resource Limit (RRL) DEFICIT/ SURPLUS	46.9	56.0
Delivery against Financial Plan DEFICIT/ SURPLUS	4.9	12.7
Deliver against Cost Improvement target DEFICIT/ SURPLUS	11.9	13.8

Forecast year end deficit of £55.975m
Forecast slippage against CIP £13.768m

MONTH 8 2023/2024 – NOVEMBER 2023

Current Plan £m	Current Budget £m	Summary Funding & Expenditure	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
1,161.384	1,161.384	**Total Funding**	748.540	748.540	-	1,161.384	-
		Expenditure					
450.867	449.206	HHSCP	298.070	309.219	(11.149)	464.190	(14.984)
310.154	296.970	Acute Services	197.447	211.922	(14.475)	318.596	(21.626)
205.661	149.855	Support Services	85.412	106.153	(20.741)	168.507	(18.652)
966.681	**896.031**	**Sub Total**	**580.929**	**627.294**	**(46.365)**	**951.294**	**(55.262)**
263.375	265.352	Argyll & Bute	167.610	168.194	(0.583)	266.065	(0.713)
1,230.056	**1,161.384**	**Total Expenditure**	**748.540**	**795.488**	**(46.948)**	**1,217.359**	**(55.975)**
(68.672)	-	**Planned Deficit**	-	-	-	-	-
1,161.384		**Total Expenditure**			**(46.948)**	**55.975**	**(55.975)**



MONTH 8 2023/2024 SUMMARY

- YTD overspend of £46.948m reported
- Forecast to increase to £55.975m at end of the 2023/2024 FY
- YTD position includes slippage against the CIP of £11.857m
- Cost improvements of £15.732m included within operational year end forecasts – slippage of £13.768m against the £29.500m plan
- Forecast is £12.697m better than that presented within the financial plan
- Forecast assumes delivery of actions within Financial Recovery Plan this includes support to balance the ASC forecast overspend

MONTH 8 2023/2024 – NOVEMBER 2023

KEY RISKS

- Supplementary staffing – not seen reduction that had been anticipated
- Prescribing & drugs costs – actual information still a number of months behind
- Adult Social Care pressures – accelerating in a number of areas
- Continuing impact of high inflation rate
- Mental Health Out of Area placements
- Delivery of savings
- Delivery of actions within Recovery Plan –support with ASC overspend (£3.642m forecast overspend)

MITIGATIONS

- Reduced support/ sustainability packages
- Reduction in planned spend (review of business cases/ pressures)
- Non-recurrent VAT rebates
- Additional SG Funding – Sustainability & NRAC Parity and New Medicines Funding
- Financial Recovery Plan

MONTH 8 2023/2024 – NOVEMBER 2023

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	HHSCP					
252.139	NH Communities	168.389	173.845	(5.457)	260.936	(8.798)
50.912	Mental Health Services	33.921	38.938	(5.017)	56.266	(5.354)
150.512	Primary Care	100.176	101.596	(1.420)	152.810	(2.298)
(4.357)	ASC Other includes ASC Income	(4.416)	(5.161)	0.745	(5.822)	1.466
449.206	**Total HHSCP**	**298.070**	**309.219**	**(11.149)**	**464.190**	**(14.984)**
	HHSCP					
275.175	Health	183.510	192.099	(8.590)	286.517	(11.342)
174.031	Social Care	114.561	117.119	(2.559)	177.673	(3.642)
449.206	**Total HHSCP**	**298.070**	**309.219**	**(11.149)**	**464.190**	**(14.984)**

	In Month £'000	YTD £'000
Locum	670	5,715
Agency	547	4,625
Bank	843	6,232
Total	**2,059**	**16,572**

HHSCP

- YTD overspend of £11.149m reported
- Forecast that this will increase to £14.984m by financial year end
- Slippage of £5.279m against the CIP reported in the YTD position with £6.379m of slippage built into the year end forecast
- Continuing pressure with agency nursing and locum usage within Mental Health and in-house Care Homes and 2C practices - £16.572m incurred YTD
- A £2.100m prescribing pressure is forecast due to an increase in both the cost of drugs and volume of scripts being issued

MONTH 8 2023/2024 – NOVEMBER 2023

Current Plan £000	Detail	Plan to Date £000	Actual to Date £000	Variance to Date £000	Forecast Outturn £000	Var from Curr Plan £000
74.047	Inverness & Nairn	49.237	50.170	(0.933)	75.949	(1.902)
53.430	Ross-shire & B&S	35.738	37.287	(1.549)	55.299	(1.869)
46.543	Caithness & Sutherland	31.175	32.570	(1.395)	48.856	(2.313)
54.949	Lochaber, SL & WR	36.726	37.191	(0.465)	56.096	(1.147)
10.232	Management	6.758	7.877	(1.118)	11.661	(1.429)
7.163	Community Other AHP	4.803	4.479	0.324	6.760	0.402
5.775	Hosted Services	3.951	4.272	(0.321)	6.314	(0.539)
252.139	**Total NH Communities**	**168.389**	**173.845**	**(5.457)**	**260.936**	**(8.798)**

NORTH HIGHLAND COMMUNITIES

- £8.798m overspend forecast at FYE - £2.999m within Health and £5.799m within ASC
- Unfunded services within Chronic Pain and Enhanced Community Services continue to drive the forecast overspend
- As in all other areas supplementary staffing is creating a pressure – particularly in in-house care homes (£1.194m)
- Position includes full year slippage on the health element of the CIP of £1.911m

MONTH 8 2023/2024 – NOVEMBER 2023

Current Plan £m's	Summary Funding & Expenditure	Plan to Date £m's	Actual to Date £m's	Variance to Date £m's	Forecast Outturn £m's	Var from Curr Plan £m's
	Mental Health Services					
23.625	Adult Mental Health	15.818	18.612	(2.794)	26.876	(3.251)
14.101	CMHT	9.287	9.229	0.057	13.724	0.377
6.812	LD	4.693	6.292	(1.599)	8.671	(1.860)
6.374	D&A	4.123	4.804	(0.681)	6.994	(0.620)
50.912	**Total Mental Health Services**	**33.921**	**38.938**	**(5.017)**	**56.266**	**(5.354)**

MENTAL HEALTH SERVICES

- Overspend of £5.354m forecast at FYE
- Locum costs and agency nursing continue to be the main drivers behind the forecasts overspend – both areas were focused areas of work within the 3 Horizons programme to deliver cost reductions/ improvements – reductions have not materialised at the level initially projected
- Slippage of £1.338m against the CIP included within the forecast

MONTH 8 2023/2024 – NOVEMBER 2023

Current Plan £m's	Detail	Plan to Date £m's	Actual to Date £m's	Variance to Date £m's	Forecast Outturn £m's	Var from Curr Plan £m's
	Primary Care					
55.728	GMS	37.159	37.885	(0.726)	56.659	(0.931)
63.823	GPS	42.934	44.354	(1.421)	65.944	(2.121)
22.049	GDS	14.548	13.918	0.631	21.334	0.715
4.887	GOS	3.472	3.475	(0.003)	4.894	(0.007)
4.025	PC Management	2.063	1.964	0.099	3.979	0.046
150.512	**Total Primary Care**	**100.176**	**101.596**	**(1.420)**	**152.810**	**(2.298)**

PRIMARY CARE

- £2.298m overspend at FYE forecast
- Prescribing continues to present a challenging position with a £2.100m overspend built into the year end forecast
- Locum costs within 2C practices continue to be the other main driver for the forecast overspend position - £2.400m incurred ytd
- £1.234m slippage against CIP within the year end forecast

MONTH 8 2023/2024 – NOVEMBER 2023

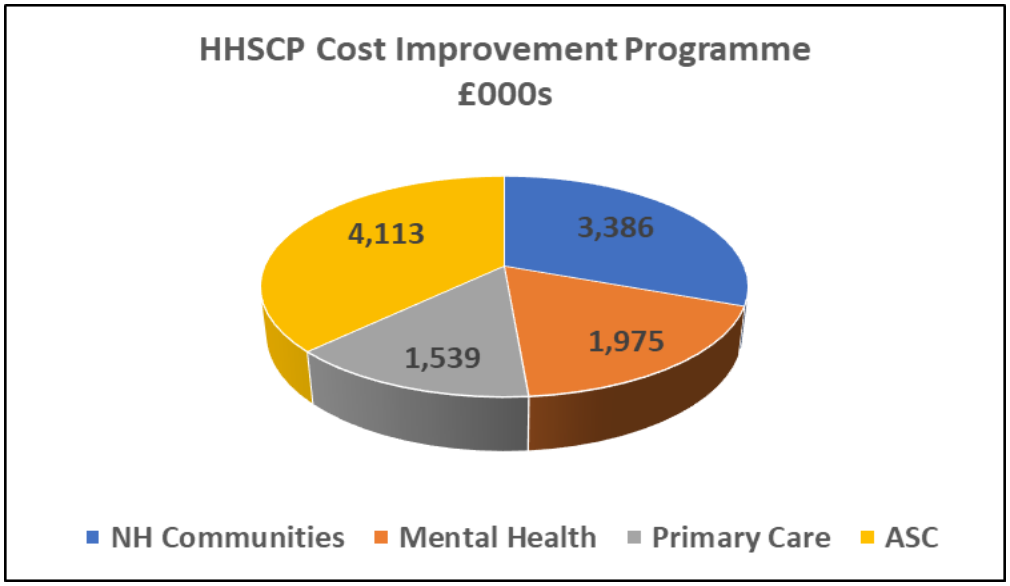
Services Category	Annual Budget £000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Forecast £000's	YE Variance £000's
Total Older People - Residential/Non Residential Care	58.518	38.799	38.548	0.251	57.455	1.063
Total Older People - Care at Home	34.364	22.896	24.406	(1.511)	36.387	(2.023)
Total People with a Learning Disability	41.535	27.801	29.101	(1.301)	44.291	(2.756)
Total People with a Mental Illness	8.322	5.491	5.548	(0.057)	8.171	0.151
Total People with a Physical Disability	8.256	5.535	5.426	0.110	9.006	(0.750)
Total Other Community Care	18.535	12.178	12.134	0.044	18.526	0.009
Total Support Services	5.024	2.210	2.941	(0.731)	4.774	0.250
Care Home Support/Sustainability Payments	-	-	(0.502)	0.502	(0.166)	0.166
Total Adult Social Care Services	174.555	114.910	117.602	(2.692)	178.444	(3.889)
Total ASC less Estates	174.031	114.561	117.119	(2.559)	177.673	(3.642)

Care Home	YTD Actuals
Ach-an-eas	19
Bayview House	30
Caladh Sona	13
Grant House	59
Home Farm Portree	640
Invernevis House	31
Lochbroom House	21
Mackintosh Centre	3
Mains House Care Home	248
Melvich Centre	4
Pulteney House	12
Strathburn House	35
Telford Centre	17
Wade Centre	64
Total	**1,194**

ADULT SOCIAL CARE

- Slippage of £2.215m on the CIP has been built into the year end forecast
- £1.194m expenditure on agency nursing incurred to date within NHS Highland care homes
- £1.741m forecast full year spend on sustainability packages to ensure continuity of service provision
- Position assumes funding held by Highland Council from the 2021/2022 financial year will be drawn down in full – £9.734m
- The updated Financial Recovery Plan assumes that the ASC overspend will be supported to reduce the NHS Highland overspend position at year end – there is a risk to the overall delivery of the revised NHS Highland target if this does not progress

MONTH 8 2023/2024 – NOVEMBER 2023



HHSCP	Target £000s	Forecast £000s	Variance £000s
NH Communities	3,386	1,475	(1,911)
Mental Health	1,975	637	(1,338)
Primary Care	1,539	305	(1,234)
ASC	4,113	2,215	(1,898)
TOTAL	**11,012**	**4,632**	**(6,379)**

HHSCP COST IMPROVEMENT

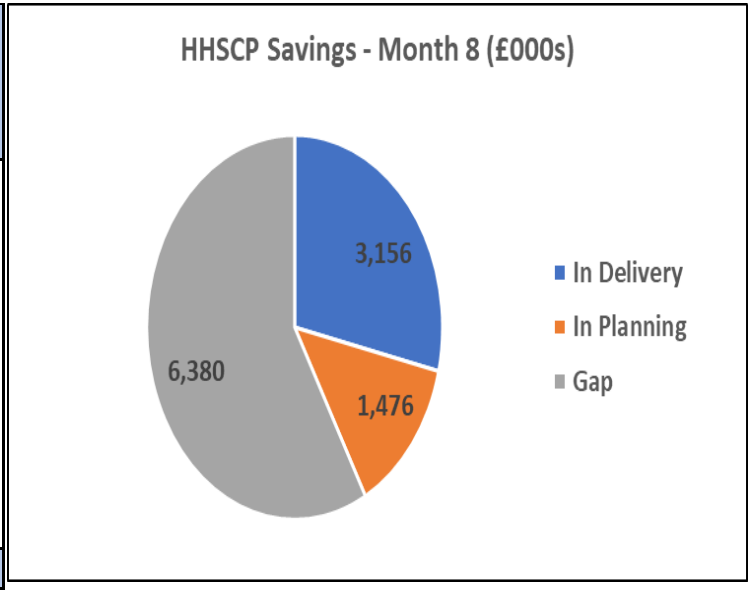
- £11.012m target set for HHSCP CIP
- At the end of Month 8 slippage of £5.279m against the CIP is reported
- Slippage of £6.379m is built into the year end forecast
- There is an ongoing risk around non delivery of cost improvements/ reductions
- The CIP was built in the main with an anticipation that medical locum and agency nursing costs would be reduced significantly – unfortunately progress in this area has been limited
- Ongoing service pressures within ASC has limited progress on delivery of savings

ASSURANCE OF PROGRESS 22 DECEMBER 2023

NHS Highland

HORIZON 1	Target	Value of Schemes In Delivery (YTD + Forecast)	% of Target Achieved (YTD Forecast)	Value of Schemes In Planning Stage (In Year Estimate)	Total	Gap (Target) - (In Delivery + In Planning)	% of Target Achieved (In Delivery + In Planning)	Count of Schemes with No Value	Total Count of Schemes	% of Schemes With No Value
HHSCP										
Mental Health	930	280	30%	347	627	-303	67%	0	7	0%
N. Highland Community Services & Primary Care	5,617	1,761	31%	-11	1,750	-3,867	31%	5	22	23%
HHSCP-Health Unallocated	352	0	0%	0	0	-352	0%			
Adult social care	4,113	1,120	27%	1,095	2,215	-1,898	54%	2	6	33%
Unit-wide										
HHSCP Sub-Total	**11,012**	**3,161**	**29%**	**1,431**	**4,592**	**-6,420**	**42%**	**7**	**35**	**20%**

Workstream	No of Schemes	Value of Schemes in Delivery £000s	Value of Schemes in Planning £000s
ASC	1	400	-
Estates - Energy	1	5	0
Other Non-Pay	8	640	176
Prescribing	1	175	-
Procurement	1	6	-
Service Redesign and Reform	4	-	820
Unidentified	3	141	-
Workforce - Medical Locums	2	77	300
Workforce - Nursing Agency	2	-	180
Workforce - Permanent Staff	12	1,712	-
TOTAL	**35**	**3,156**	**1,476**



2024/2025 BUDGET - ASC

2024/2025 Estimate at M7

	£m		£m		£m
Estimated Expenditure	177.977	Quantum	131.729	**Emerging Gap**	**22.795**
		NHS Highland/SG	32.725		
Inflation/ Activity/ Pay Award Uplifts	9.273				
	187.249		**164.454**		

2024/2025 Estimate at M7

	£m		£m		£m
Estimated Expenditure	177.977	Quantum	131.729	**Emerging Gap**	**23.913**
		NHS Highland/SG	32.725		
Inflation/ Activity/ Pay Award Uplifts	10.390				
	188.367		**164.454**		

- All reserves held by Highland Council for ASC will have been exhausted by the end of the 2023/2024 financial year
- The scenarios presented have been based on 2 sets of initial assumptions
- At this stage a funding gap in the region of £22.795m to £23.913m is estimated
- This draft plan will be revisited alongside the development of the NHS Highland financial plan

NHS Highland	NHS Highland na Gàidhealtachd

Meeting: HHSCC
Meeting date: 15th January 2024
Title: NHSH Quality of Care Framework
Responsible Executive/Non-Executive: Boyd Peters, Medical Director and Louise Bussell, Nurse Director
Report Author: Louise Bussell, Nurse Director

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to:

- Strategic direction
- Patient experience

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well	X	Thrive Well		Stay Well	X	Anchor Well	X
Grow Well	X	Listen Well	X	Nurture Well	X	Plan Well	X
Care Well	X	Live Well		Respond Well	X	Treat Well	X
Journey Well	X	Age Well	X	End Well	X	Value Well	X
Perform well	X	Progress well	X				

2 Report summary

2.1 Situation

As the Board emerged from the Pandemic and began to implement the Together We Care Strategy it was identified that one of the golden threads running through the strategy – quality – needed a re-assessment and from this a refreshed approach.

The Medical and Nurse Directors have a particular role to play in relation to quality of care and therefore the Medical Director took the lead on commissioning the report and on receipt of the report they have taken forward the subsequent dialogue in relation to its content and future actions. To date these actions have been to engage with a range of groups to review and refine the recommendations and once this is finalised, agreed the way forward for this key piece of work.

2.2 Background

The Scottish Government published the Quality Strategy for NHS Scotland in 2010

The Chief Nursing Officer commissioned Excellence in Care following the Vale of Leven enquiry.

The Independent review of Adult Social care in Scotland highlights a list of quality dimensions.

Healthcare Improvement Scotland - Leading Quality Health and Care for Scotland: Our Strategy 2023 – 2028 to “drive the highest quality care for the people of Scotland” noting the importance of taking on an improvement approach to a quality management system to monitor quality within an organisation

The previous Board Quality Approach was discontinued prior to the pandemic and there was a view that we have greater emphasis on Quality Improvement that we do Quality as a whole. The aim of the report was therefore to assess our position and provide some proposed recommendations to assist in resetting the Board direction.

2.3 Assessment

The report highlighted an enthusiasm for consistently achieving quality services and move from Quality Improvement being the dominant language as opposed to a methodology to support services in achieving quality where a need has been identified.

The need to better understand our position through the use of quality measures and data, patient experience and service reviews was reported alongside the importance of culture and communication.

It identified the clear link to risk and safety and the importance of leadership in achieving consistently high quality services.

Subsequent engagement with professional groups have validated much of the report and added further to it including the importance of ensuring we focus on health and social care which will require language change as we progress. Agreeing priorities, being ambitions and establishing a learning culture were also high on the agenda.

The importance of a planned approach to bring everybody with us was seen as key with easy access to quality information to support this.

3 Impact Analysis

3.1 Quality/ Patient Care

This is the focus of the report and the outcomes all relate to ensuring we provide consistent, safe and effective quality care and improve patient experience.
.

3.2 Workforce

Currently have QI staff in post with a particular remit for nursing. There is a vacant post for a Quality lead that is currently on hold.

All staff need to understand their role in the provision of quality care and be given the support and tools to achieve this. Need to review dedicated staff requirements to support quality agenda.

3.3 Financial

Achieving high quality services can have a financial benefit in, for example, reducing duplication of provision, avoiding unnecessary care as a result of failure to achieve outcomes and in litigation costs from a shortfall in care.

There can be financial implications to implementing a new approach to quality and experience.

3.4 Risk Assessment/Management

Currently there is evidence of some of our services providing high quality care and provision in the Board but there is a need for this to be more consistently measured and understood across all areas and a need to ensure quality care is core in everything we do.

A lack of focus on quality service provision can be a risk to communities and individuals and a risk to the organisation in terms of potential failure to achieve required care standards.

3.5 Data Protection

Not Applicable

3.6 Equality and Diversity, including health inequalities

Vulnerable and disadvantaged groups can be particularly impacted by services that are not achieving quality standards or focussing on patient experience as they may be less likely to speak up or be proactive when there are service shortfalls.

3.7 Other impacts

3.8 Communication, involvement, engagement and consultation

- Engagement with a range of leaders and professional leads in the initial development of the report
- Presented and discussed at professional forums
- Presented and discussed at EDG
- Presented and discussed at Board Development Session

3.9 Route to the Meeting

As above

4 Recommendation

The Committee is asked to note the request put to the Executive Directors Group:

- **Decision** – To support the allocation of a dedicated resource for adult protection to mitigate the existing risk within NHS Highland regarding outstanding work as described in the paper.

4.1 List of appendices

The following appendices are included with this report:

Appendix No 1 : NHS Highland Quality Commission (presentation)

Commissioned by:
Boyd Peters and Louise Bussell
Report by:
Amanda Croft
August 2023

NHS Highland Quality Commission

Background

- Scottish Government published the Quality Strategy for NHS Scotland in 2010
- The Chief Nursing Officer commissioned Excellence in Care following the Vale of Leven enquiry
- The Independent review of Adult Social care in Scotland highlights a list of quality dimensions
- Healthcare Improvement Scotland - Leading Quality Health and Care for Scotland: Our Strategy 2023 – 2028
    - “drive the highest quality care for the people of Scotland”
    - Importance of taking on an improvement approach
    - Quality management system to monitor quality within an organisation
- NHS Highland – recent focus on QI
- 2023 - Clinical commission for external view of quality in NHSH

Quality

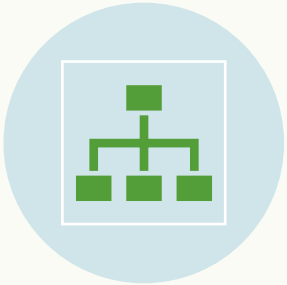
- Applies to everything we do……
- Quantitative and qualitative measures
- Governance, monitoring and targeting improvement…plus celebrating good, great, outstanding

- “important to NHS Highland that quality is seen as a key priority for everyone, how individuals ensure they are doing the best they can, to deliver a quality service”

Quality Review

What can I do to make patient quality and safety better in NHS Highland?

43 leaders interviewed across NHS Highland



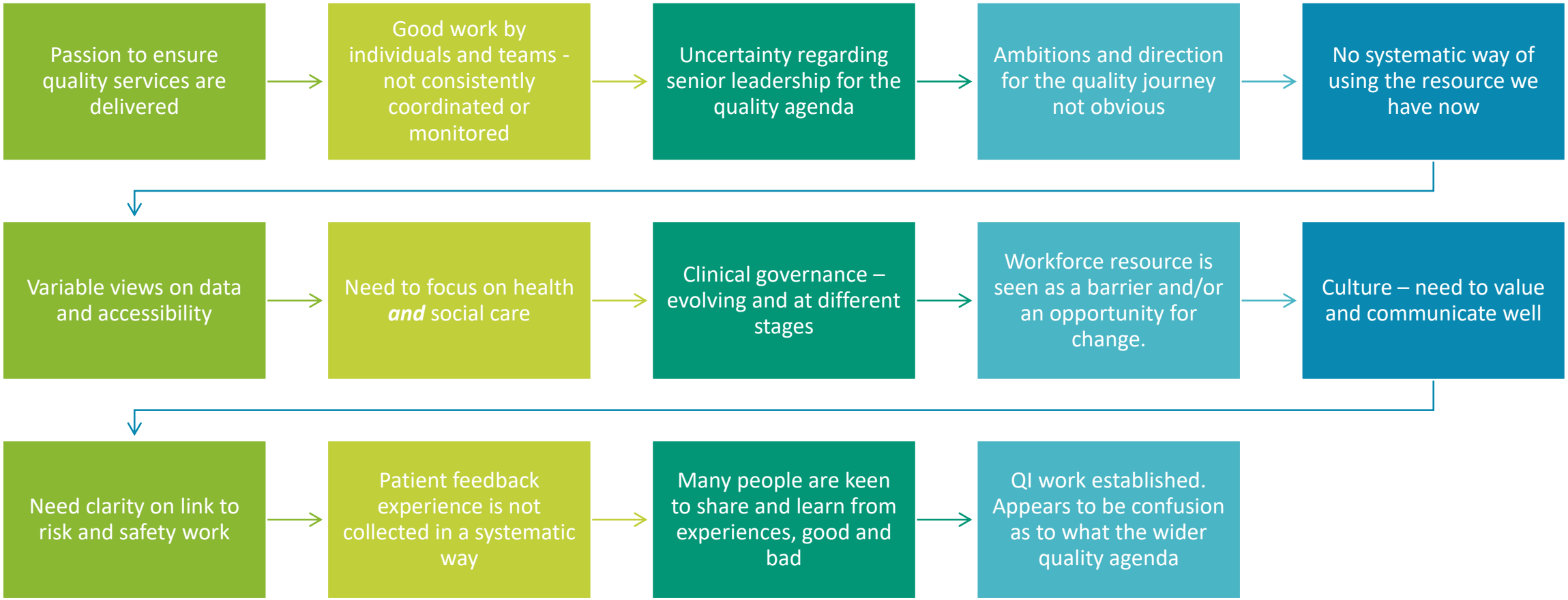
Variety of professional backgrounds, including clinical, operational, social care, executive directors

Report identifies – Highlights and Suggested Recommendations

Themes

- Approach to quality
- Leadership and Direction
- Experience and Engagement
- Data
- Systems and Processes
- People
- Language
- Learning Organisation
- Culture

Highlights


Passion to ensure quality services are delivered
Good work by individuals and teams - not consistently coordinated or monitored
Uncertainty regarding senior leadership for the quality agenda
Ambitions and direction for the quality journey not obvious
No systematic way of using the resource we have now
Variable views on data and accessibility
Need to focus on health *and* social care
Clinical governance – evolving and at different stages
Workforce resource is seen as a barrier and/or an opportunity for change.
Culture – need to value and communicate well
Need clarity on link to risk and safety work
Patient feedback experience is not collected in a systematic way
Many people are keen to share and learn from experiences, good and bad
QI work established. Appears to be confusion as to what the wider quality agenda

Suggested Recommendations

- Support and acknowledge all the current good practice and positive attitudes expressed
- Establish and confirm the senior leadership role, or roles, owners of improvement work
- Agree a definition of quality to be used in the context of health and social care
- Agree a definition for Clinical Governance, for example
- Mapping exercise - what stage local teams are at with their clinical governance arrangements
- Complete self-assessment to understand Board Clinical Governance systems and processes
- System wide piece of work to capture patient experiences
- Improve awareness at all levels, develop a communication and engagement plan
- Explore local, unit and organisation wide - sharing of learning and good practice
- Ensure quality is measured and there is a continuous improvement process
- Continue to support the evolving work on “Caring with Compassion”

Breakout Session

- Initial thoughts on the findings and any gaps

- Views on the Recommendations and potential for the future

Professional Committees

- Area Clinical Forum
- NMAHP Advisory Group
- Area Medical Committee
- Area Pharmaceutical Committee
- Heads of Psychology Forum
- NMAHP Assurance Group

Outstanding:

- Social Work Advisory Committee – 1st February 2024

Themes from Professional Committees and Forums

Language and implementation – need to be HEALTH and SOCIAL care	Matrix of staff and patient experience – easier access to quality feedback	Celebrate positive – where are we now?
Measure and demonstrate what we do - clinically led	Need to monitor and standardise quality across the Board area	Share and use data to learn and change
Role for committees, importance of clear future structure for governance	Importance of whole system, pathways of care	Agreeing priorities – importance of being ambitious
Workforce plan is key	Importance of a Learning Culture and how do we influence as leaders?	Easy access to Guidance and general comms

Next Steps……

Final plan from recommendations and comments including:

- To agree definitions and systematic approach to understanding quality
- Toolkit based on – caring and responsive, safe and effective, well led
- Communication and engagement plan – quality and learning
- Agreed patient feedback approach
- Quality forum as well as quality as a subject area in all reports
- Dedicated leadership role for quality to help facilitate change
- Developing quality data set

Complete feedback loop – ACF with proposed plan and asks

Look at whole pathway – link with primary care

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**17 January 2024**
Title:	**Highland Health and Social Care Partnership - Integrated Performance and Quality Report (IPQR)**
Responsible Executive/Non-Executive:	**Pamela Cremin, Chief Officer, HHSCP**
Report Author:	**Lorraine Cowie, Head of Strategy & Transformation**

1 Purpose

This is presented to the Committee for:

Assurance

This report relates to a:

Annual Delivery Plan

This aligns to the following NHS Scotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well	X	Thrive Well	X	Stay Well	X	Anchor Well	
Grow Well		Listen Well		Nurture Well	X	Plan Well	X
Care Well	X	Live Well	X	Respond Well	X	Treat Well	X
Journey Well	X	Age Well	X	End Well	X	Value Well	
Perform Well	X	Progress Well	X				

2 Report summary

The HHSCP Integrated Performance & Quality Report (IPQR) is a set of performance indicators used to monitor progress and evidence the effectiveness of the services that HHSCP provides aligned to the Annual Delivery Plan.

A subset of these indicators will then be incorporated in the Board IPQR.

2.1 Situation

In order to standardise the production and interpretation, a common format is presented to committee which provides narrative on the specific outcome areas and aims to provide assurance.

It is intended for this developing report to be more inclusive of the wider Health and Social Care Partnership requirements and to further develop indicators with the Community Services Directorate, Adult Social Care Leadership Team and members that align to the current strategy and delivery objectives.

Further work requires to be completed around intelligence reporting including community waiting lists. This will be reviewed and available for March 2024 HHSCP.

2.2 Background

The IPQR for HHSCP has been discussed at previous development sessions where the format of the report and the Adult Social Care indicators were agreed**.**

2.3 Assessment

As per **Appendix 1**.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

3 Impact Analysis

3.1 Quality / Patient Care

IPQR provides a summary of agree performance indicators across the Health and Social Care system primarily across Adult Social Care.

3.2 Workforce

IPQR gives a summary of our related performance indicators affecting staff employed by NHS Highland and our external care providers.

3.3 Financial

The financial summary is not included in this report.

3.4 Risk Assessment/Management

The information contained in this IPQR is managed operationally and overseen through the appropriate groups and Governance Committees

3.5 Data Protection

This report does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

No equality or diversity issues identified.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement and consultation

This is a publicly available document.

3.9 Route to the Meeting

This report has been previously considered by the following stakeholders as part of its continued development:

- Health and Social Care Committee Development Session
- Adult Social Care Leadership Team
- Management feedback and narrative from respective operational leads

4 Recommendation

The Health and Social Care Committee and committee are asked to:

- Consider and review the agreed performance framework identifying any areas requiring further information or inclusion in future reports.

- To accept moderate assurance and to note the continued and sustained stressors facing both NHS and commissioned care services.

4.1 List of appendices

The following appendices are included with this report:

- **HHSCP IPQR Performance Report, January 2024**

Highland Health and Social Care Partnership Integrated Performance and Quality Report

17 January 2024

The Highland Health and Social Care Partnership (HHSCP) Performance Framework is a set of performance indicators used to monitor progress and evidence the effectiveness of the services that the HHSCP provide as aligned with the Annual Delivery Plan. The performance indicators should primarily be reported to the Health and Social Care Committee for scrutiny, assurance and review. A subset of these indicators will then be incorporated in the Board Integrated Performance and Quality Report.

Highland Health & Social Care Partnership

In order to standardise the production and interpretation a common format is being introduced for all dashboards within NHS Highland. There is a need to establish targets for improvement measures and these will be developed for incorporation into the Annual Delivery Plan for NHS Highland.

It is **recommended** that:

- Committee consider and review the agreed Performance Framework **identifying any areas requiring further information or inclusion** in future reports.
- Committee to note that although the continued focus is on Adult Social Care data, additional data on DHDs and Mental Health is included.

Development

In line with the NHS Highland IPQR, it is intended for this developing report to be more inclusive of the wider HHSCP requirements and to further develop indicators in agreement with the Community Services Directorate, Adult Social Care SLT, and HHSCC members that will align with the new 'Together We Care' Strategy and the Annual Delivery Plan objectives.

A Development sessions was held with committee in September 2022 where the format of the report and ASC indicators were discussed in detail with discussion on possible indicators to be included in future reports.

Content:

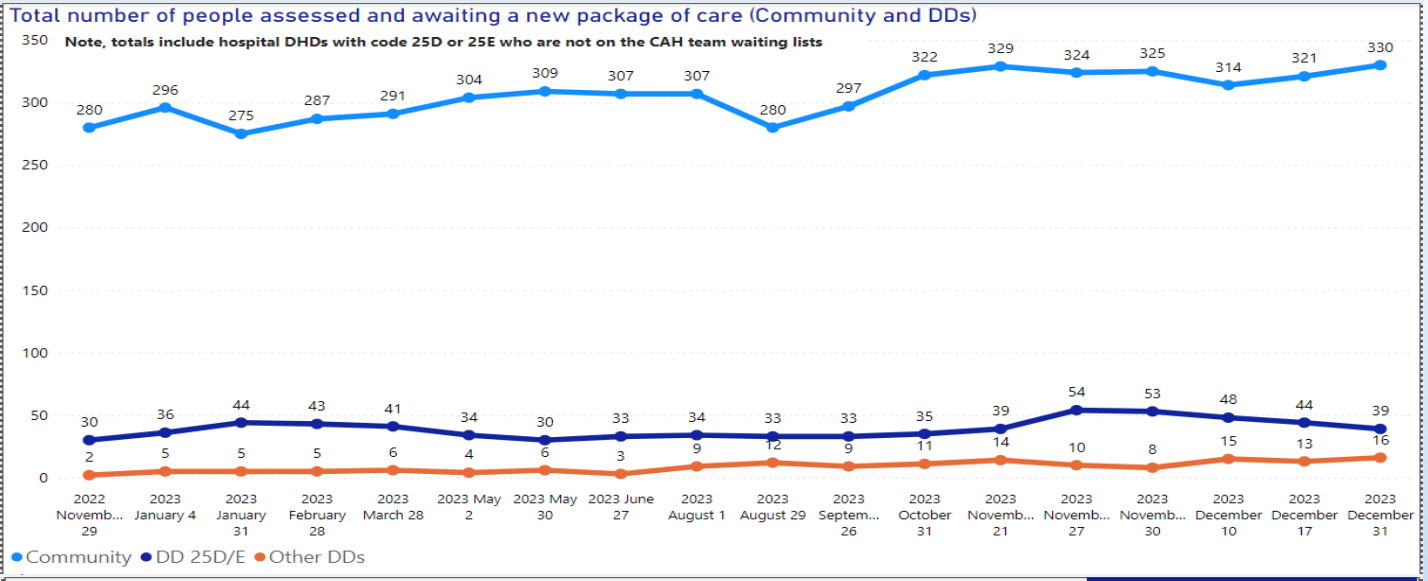
- Care-at-Home and Care Homes – slides, 4-7 & 8-9
- Delayed Discharge – slides 10-11
- Self Directed Support/Carer Short Breaks – slides 12-14
- Adult Protection included – slide 15
- Mental Health Psychological Therapies and Community Mental Health Services – slides 16-17
- HHSCP Drug & Alcohol Recovery Services – slide 18
- Non MMI Non Reportable Specialties Waitlists – slides 19 & 20
- National Integration and relevant Ministerial indicators – to be reported as an annual inclusion

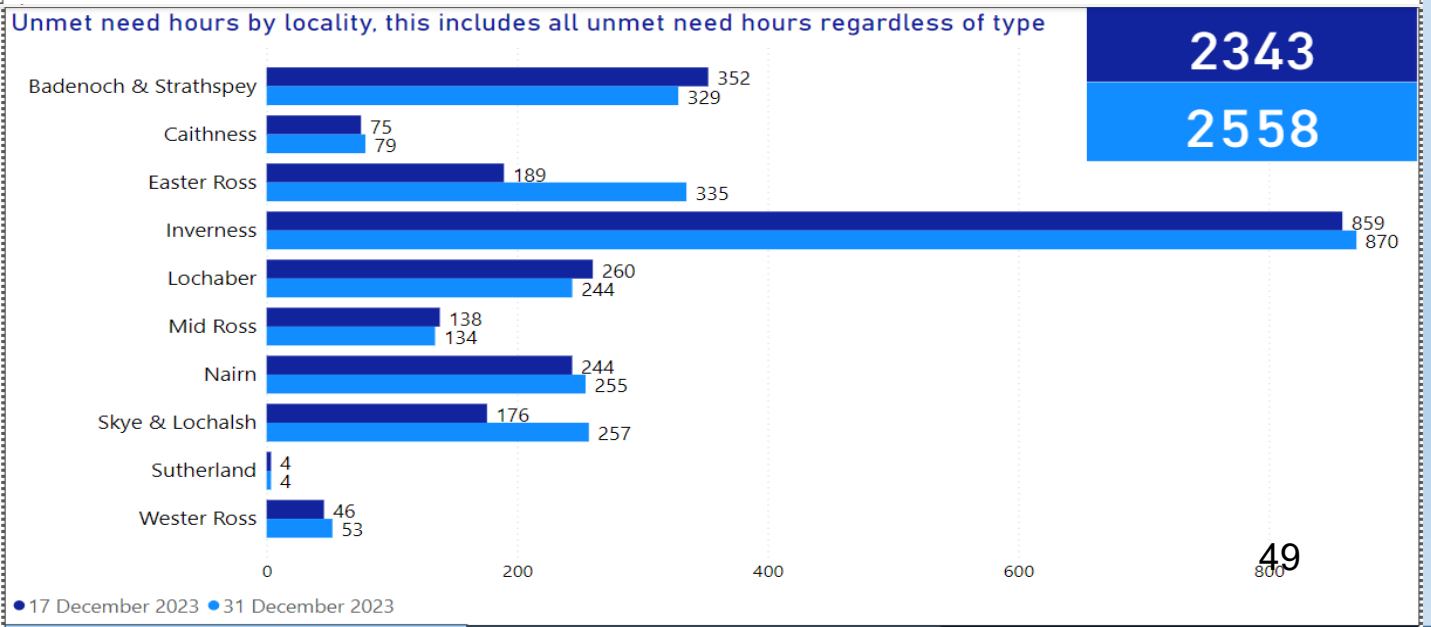
Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

Priority 2 - Embed a place approach to Home Based Care & Support and care homes so that proactive care is provided tailored to the needs of the individual

Priority 9A, 9B, 9C – Work together with H & SC partners by delivering care and support together that puts our population, families and carers experience at the heart

HHSCP Care at Home – Unmet need





Currently provided weekly as part of the Public Health Scotland (PHS) weekly return.

Graph 1 - All HHSCP delayed hospital discharges (DHD's) are included which show those assessed as requiring CAH in either a hospital, or at home.

- Community - 330 awaiting a care at home service
- DHDs – 39 awaiting a care at home service
- DHDs – 16 awaiting a service for other coded DHDs (complexity)

This data is published by PHS and weekly returns from CAH officers are provided to allow for validation and analysis.

Graph 2 – Care at Home (District level) - the total number of weekly hours of unmet need for those above and includes hours required for people in receipt of a service with required additional hours.

Despite significant ongoing organisational and provider effort to improve flow, the overall unmet need for CAH continues to increase and is 2558 planned hours per week..

Update 10/01/2024

Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

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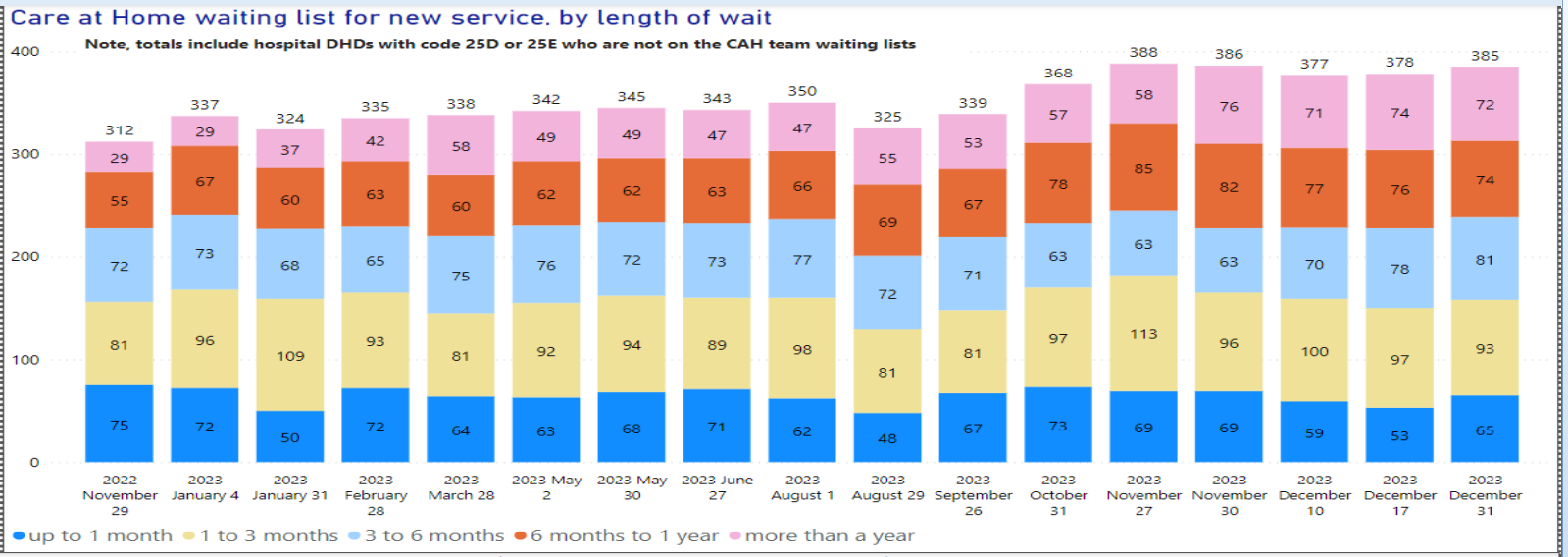

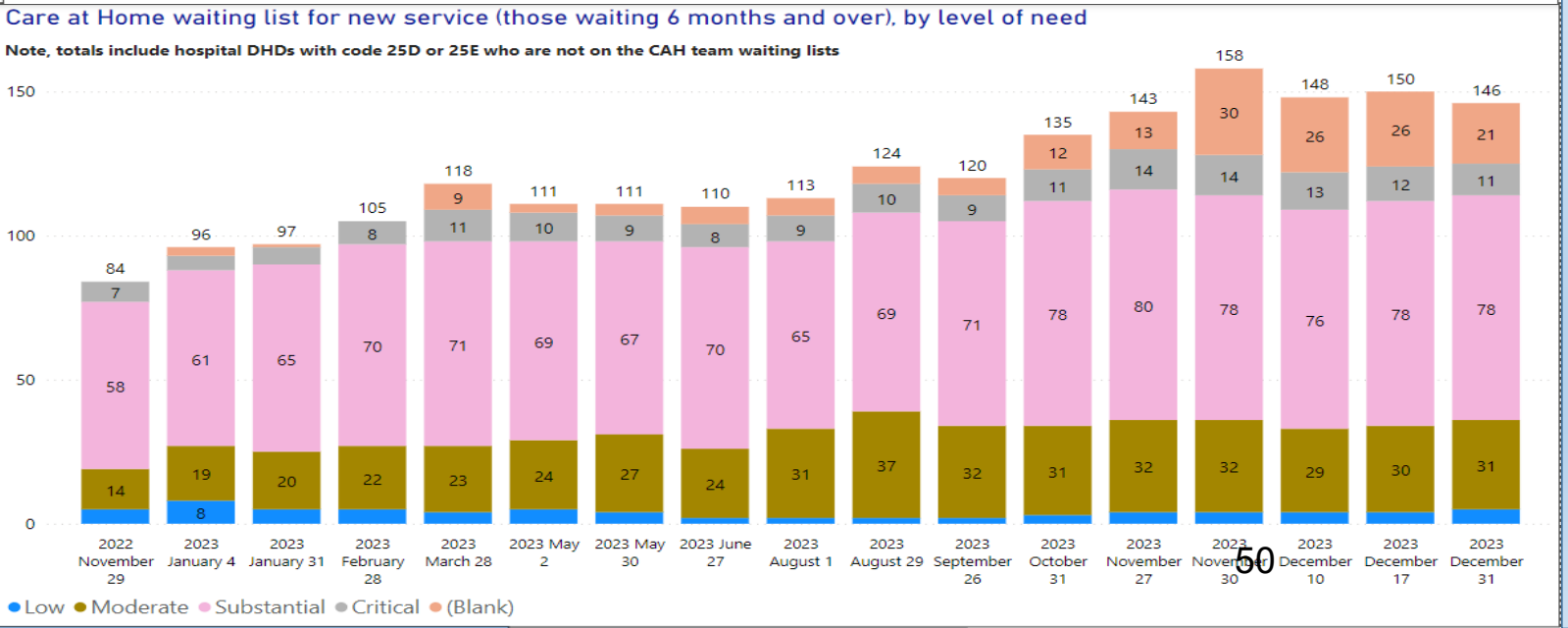

Graph 1 - HHSCP unmet need for care at home, including waiting list. Total number waiting for a care at home service is 385 as at last available data point.

Up to 1 month – 65
1 to 3 months – 93
3 to 6 months – 81
6 to 12 months – 74
More than a year - 72

This data is published by PHS and weekly returns from CAH officers.

Graph 2 – Further breakdown of those waiting longer than 6 months for a service by level of need.

Update 10/01/2024

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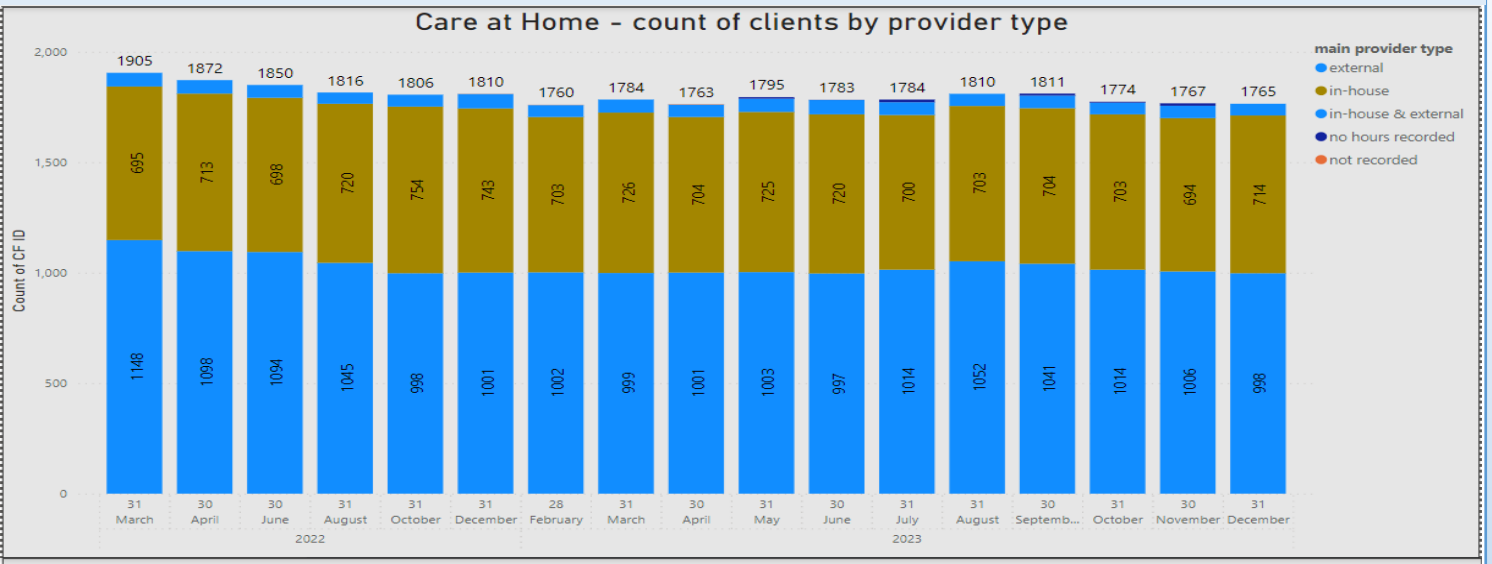
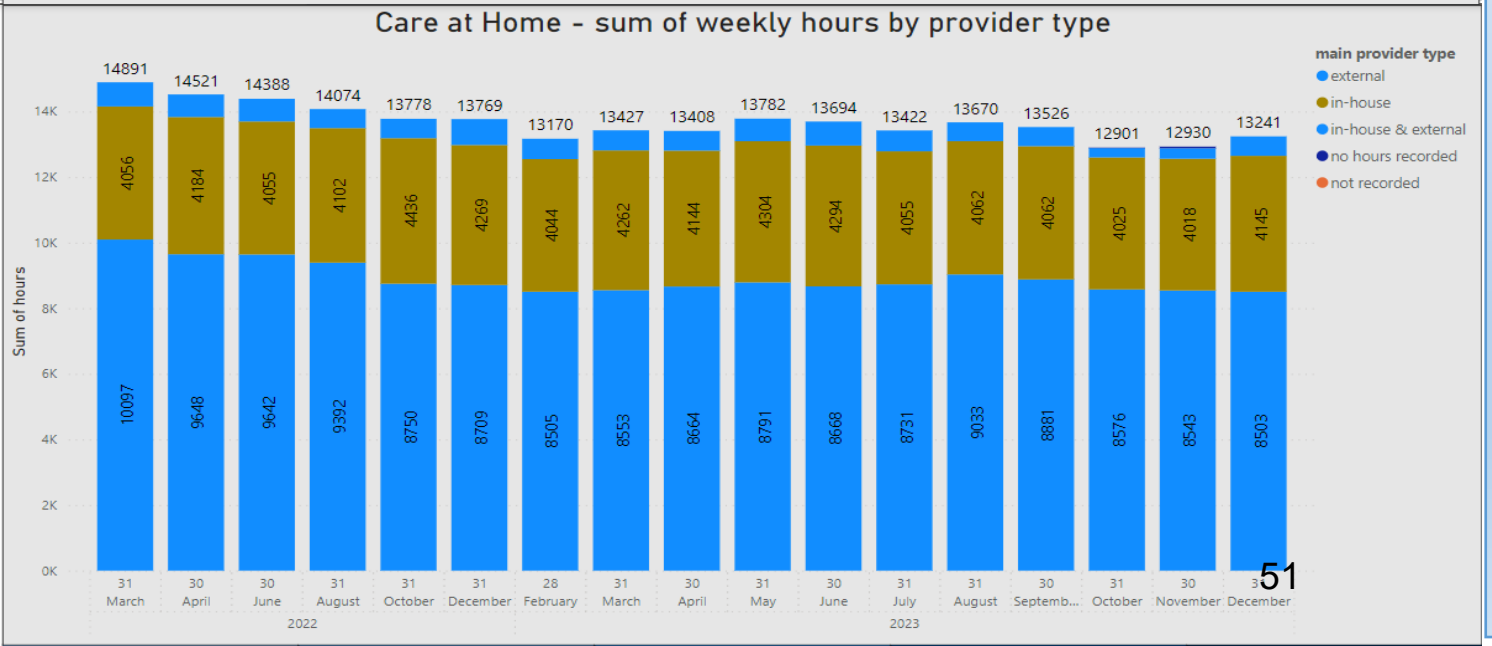
HHSCP Care at Home





HHSCP Care at Home

During Aug and Sept 2023, we have seen some small signs of growth although service delivery is down overall after a period of sustained reductions.
NHS Highland (NHSH) and external care providers continue to operate in a pressured environment

We have not seen the expected growth in external care at home and low levels of recruitment and the loss of experienced care staff continue to be the primary concern expressed by providers in our frequent and open discussions.

NHSH and care providers both await the specific details on the welcomed ministerial announcement on the proposed £12per hour minimum wage increase.

The impact of lower levels of service provision on flow within the wider health and social care system is significant, and this needs to be recognised as part of the approach to, and solutions around, addressing care at home capacity.

A short life working group has been established to co create and co-develop proposals to try and address capacity issues. The SLWG has developed co-produced and tangible solutions which were agreed in December 2023, which are expected to be considered in January by NHSH.

A medium-term care at home delivery vision and supported commissioning approach has also been identified to deliver the following **five key objectives:**

- Maximise provision through processes, training and technology
- Enable market and delivery stability
- Create, sustain and grow capacity
- Recognise, value and promote the paid carer workforce
- Improve affordability

Progress around this area is dependent on available resourcing to take forward.

Update 08/01/2024

Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

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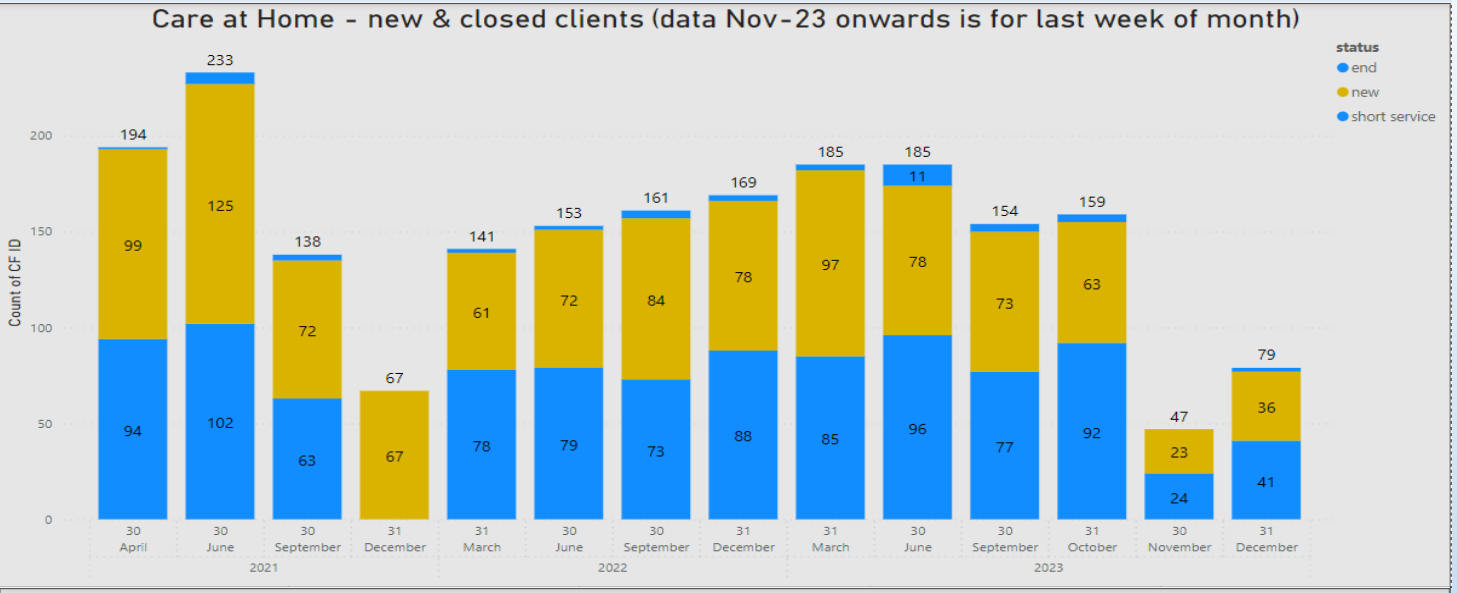
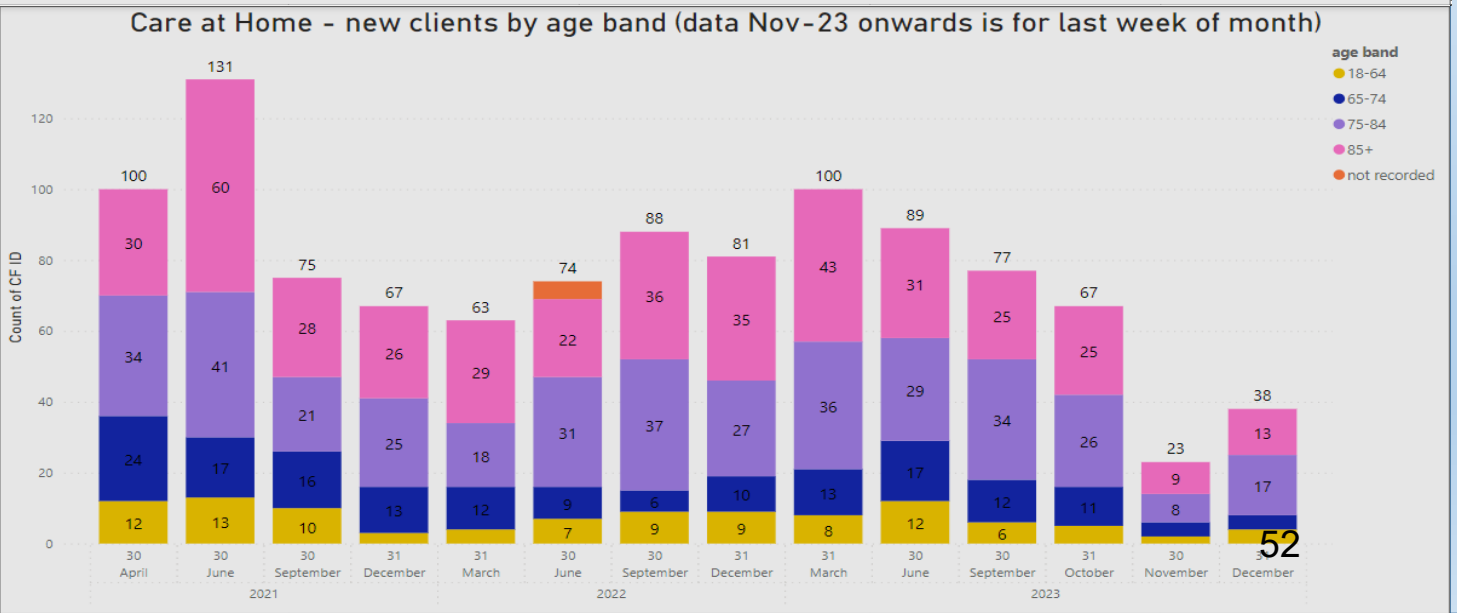
HHSCP Care at Home





Care at Home – New & Closed Packages

Graph 1 – Shows the number of new and closed packages per month.

Please note that available capacity to provide care-at-home to new service users is particularly challenging due to staffing related pressures in both in house and commissioned external services.

Graph 2 – Shows the number of **new** care at home service users split by age band over the same period.

The number of new clients receiving care at home has been reducing from the peak of March 2023. Flow is particularly challenging for care at home due to staffing related pressures across the care sector.

Update 10/01/2024

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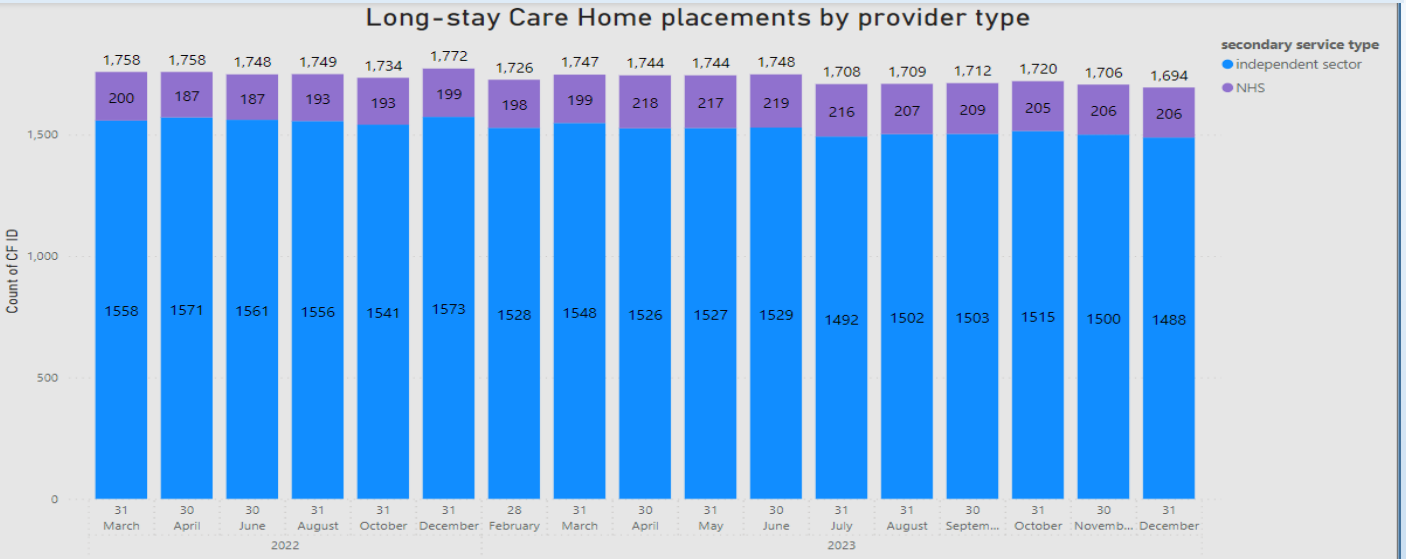
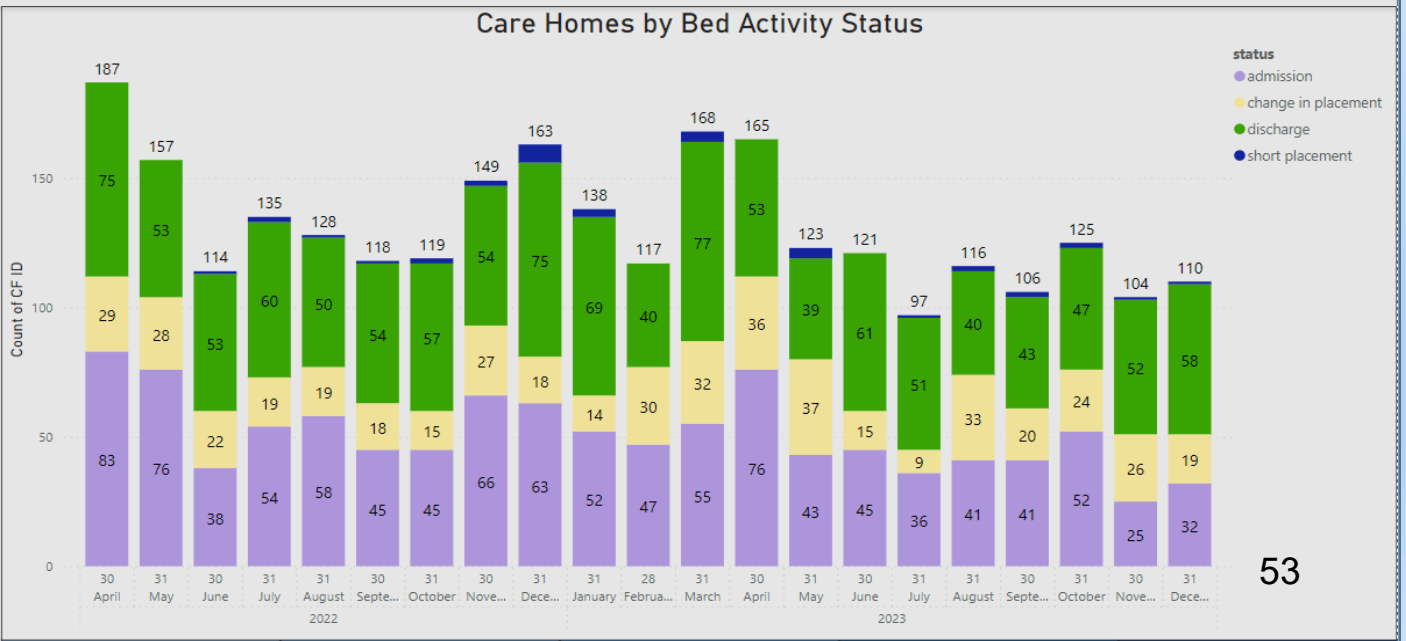
HHSCP Care Homes





HHSCP Care Homes

From March 2022 to date, there has been significant turbulence within independent sector care home market related to operating on a smaller scale, and the challenges associated with rural operation - recruiting and retaining staff in these localities, securing and relying on agency use, and the lack of available accommodation which compounds the challenges.

A further compounding factor of this turbulence relates to the current National Care Home Contract (NCHC) – this is insufficient to cover their costs and particularly disadvantages Highland as the NCHC rate is predicated on a fully occupied 50 bed care home – in Highland only 8 of the 47 independent sector care homes are over this size.

In-house care homes and some independent care home providers are still experiencing significant staffing resource shortages.

Since March 2022, 5 independent sector care homes have closed. During this period, the partnership also acquired a care home in administration to prevent the closure of this facility and a further loss of bed provision.

This year, 3 in house care homes have also closed although two are closed on a temporary basis and the closures are in small rural and remote communities with closure due to acute staffing shortages.

This reduced care home bed availability is having an impact on the wider health and social care system, and in particular the ability to discharge patients timely from hospital.

A **Care Programme Board** is established to oversee:

- Acquisitions, closures and sustainability
- Forward Planning and Strategy

Update 08/01/2024

Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

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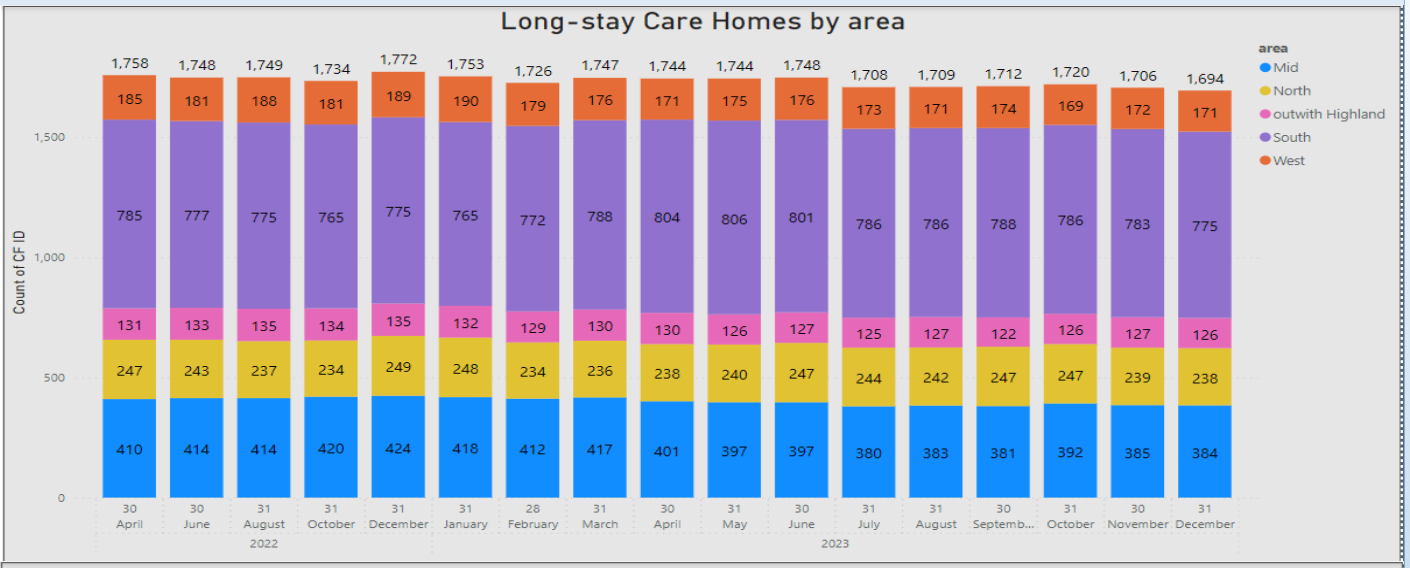
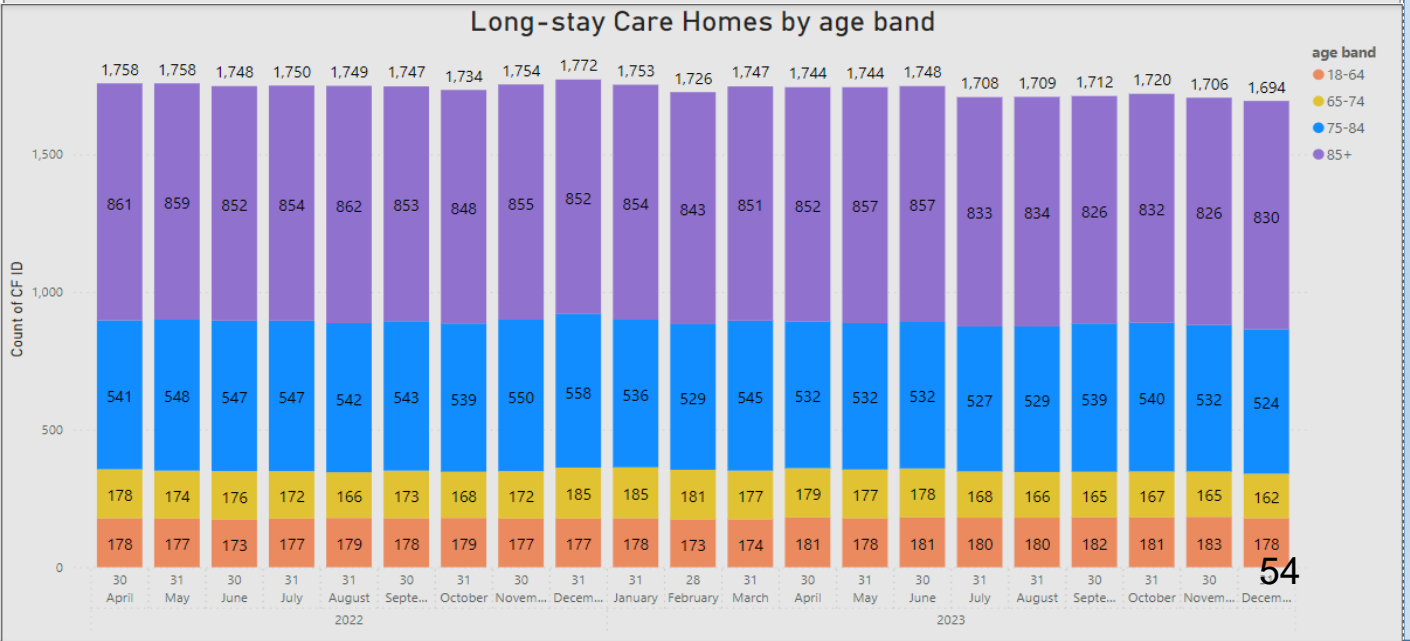
HHSCP Care Homes





HHSCP Care Homes

These graphs provide an overview of the **occupied** long term care beds during the month for both external and NHS managed care homes by providing a breakdown by area and those placed out of area but funded by HHSCP.

South: 775 occupied beds
Mid: 384 occupied beds
North: 238 occupied beds
West: 171 occupied beds
Out of Area: 126 occupied beds

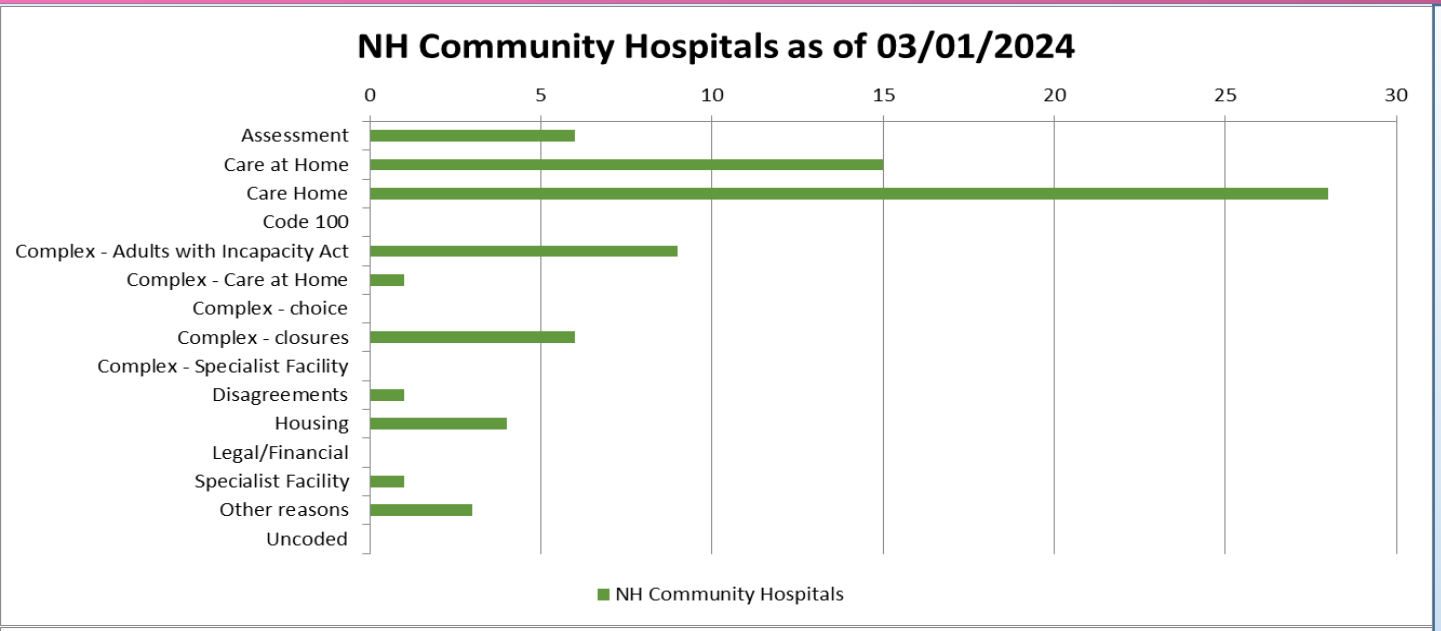
In addition, a further breakdown is provided by the current age of those service users for HHSCP only, **showing 48%** are currently over the age of 85 in both residential and nursing care settings.

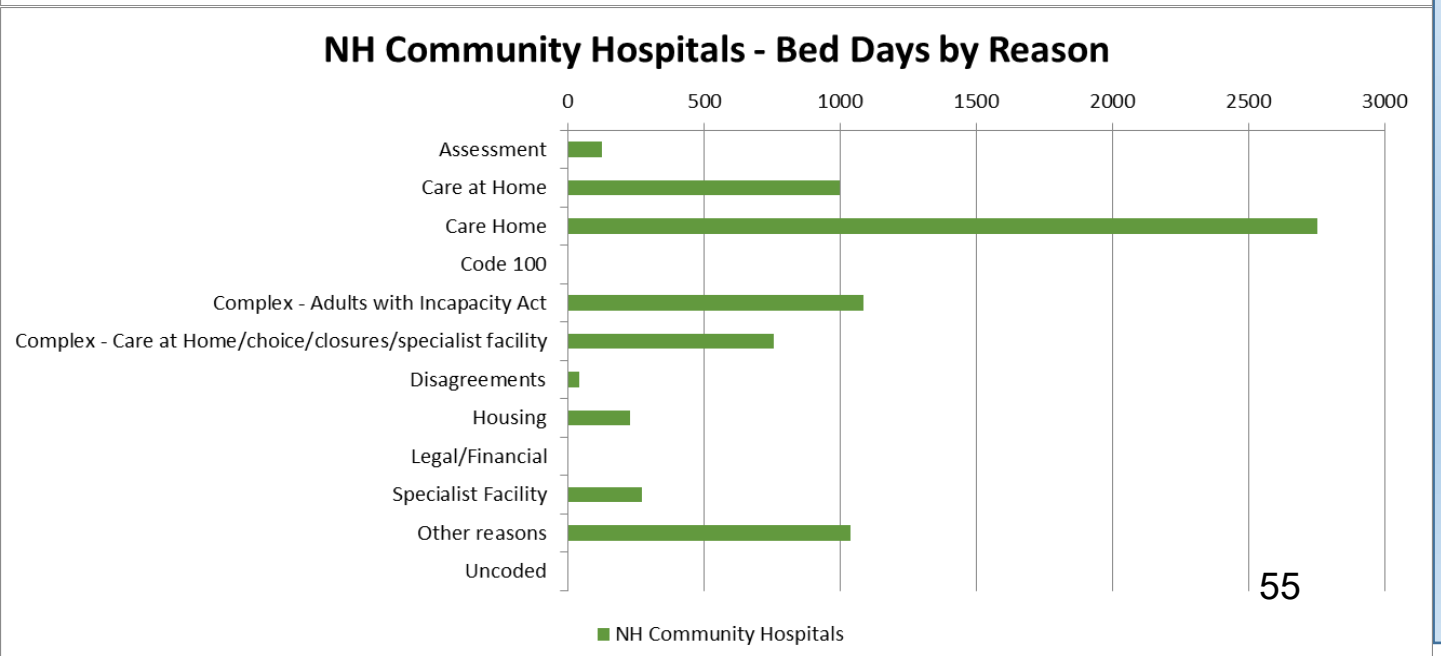
Update 08/01/2024

Strategic Objective 3 Outcome 11 – Respond Well & Care Well (Delayed Discharges)

Priority 3 - Work to minimise the length of time that hospital based care is required. We will work with you, your family, and carers to adopt a "home is best" approach

Priority 11C – Ensure that our services are responsive to our population's needs by adopting a "home is best" approach.





HHSCP Community Hospital DHD's

There is no national target for delayed discharge but we aim to ensure we get our population cared for in the right place at the right time.

Of the 186 delayed discharges at 03/01/2024, 74 are in HHSCP Community Hospitals, 21 are in New Craigs hospital and the remaining 91 are delayed in acute hospitals.

Work continues on the implementation of standard work, including daily huddles and the setting of PDDs for all inpatients across all hospital sites. Early notification to community DMTs of people on pathways 2, 3 and 4 is recognised as crucial in terms of timely discharge planning and facilitating community pull. Communication between acute and community remains a challenge with capacity issues within the discharge support team and significant delay in introduction of the discharge app.

Daily oversight and collective problem-solving remains a key feature of DMT meetings in each of the Districts.

Focused work in CAH to ensure maximisation and most efficient targeting of limited resources.

Work also ongoing across acute and community regarding the importance of realistic conversations with service users and their families.

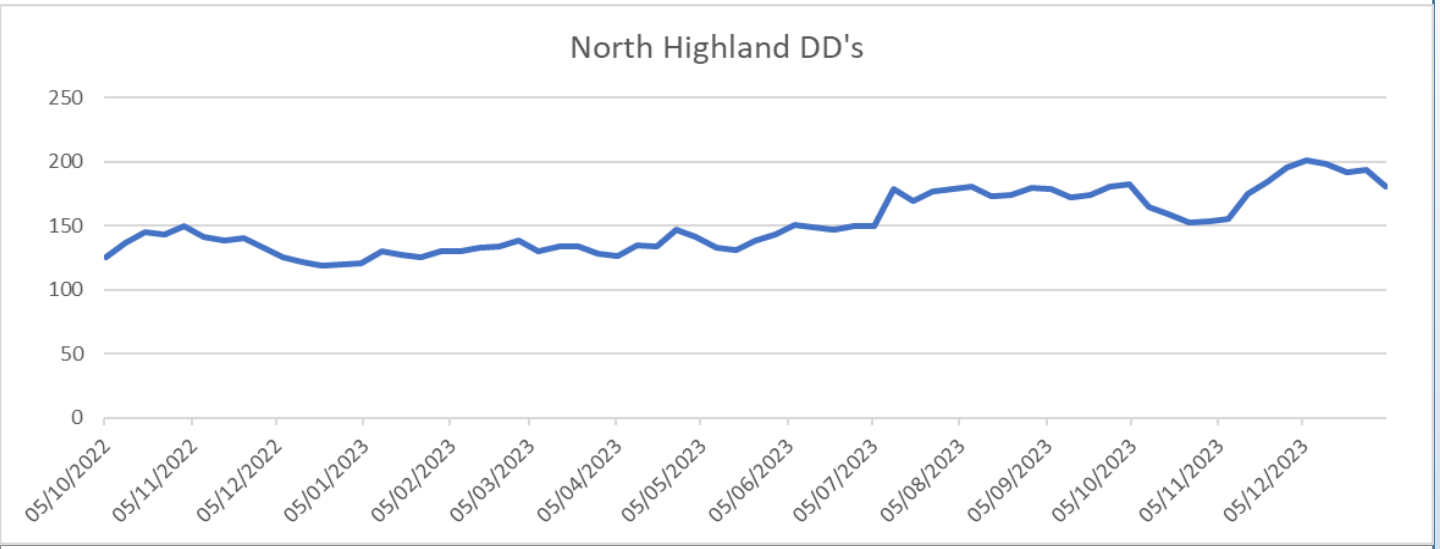
Update 10/01/2024

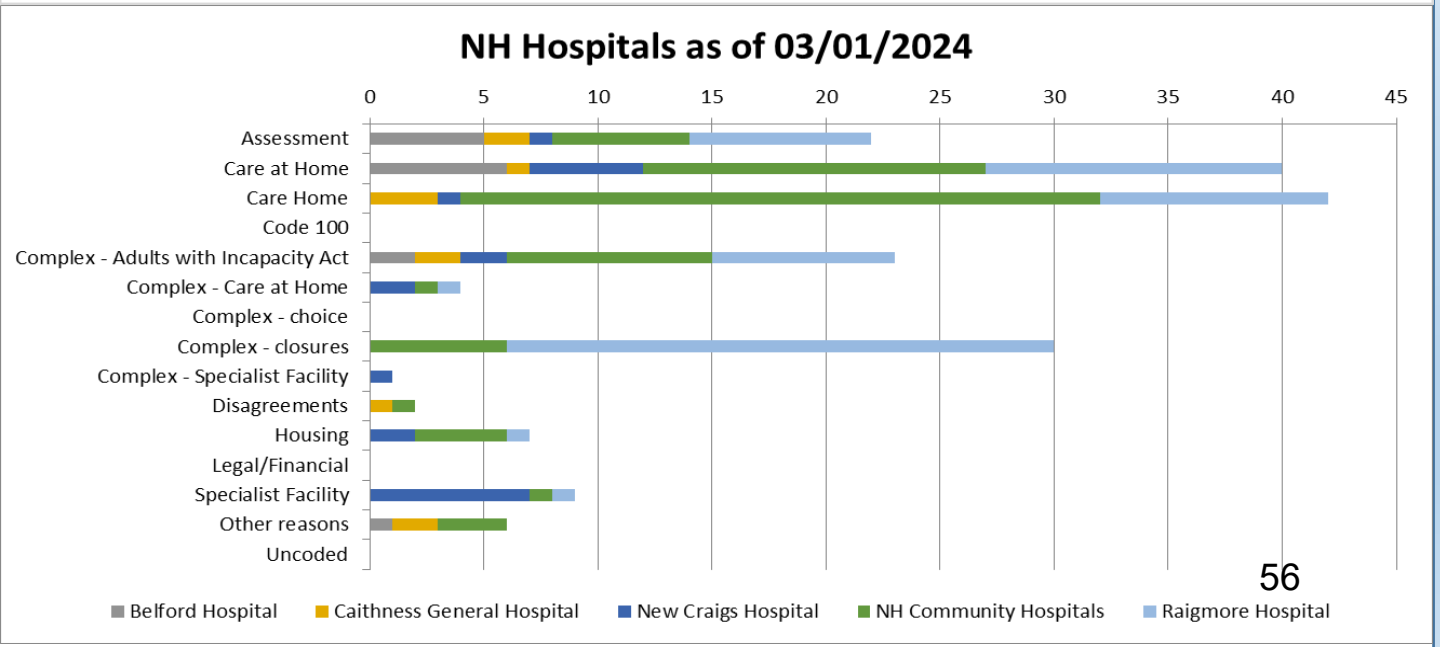
Strategic Objective 3 Outcome 11 – Respond Well

Priority 3 - Work to minimise the length of time that hospital based care is required. We will work with you, your family, and carers to adopt a "home is best" approach

Priority 11C – Ensure that our services are responsive to our population's needs by adopting a "home is best" approach

HHSCP DDs





HHSCP DHD's

Update: *186 delayed discharges @ 03/01/2024 with 58 of those code 9 (complex-AWI), 47 awaiting social care arrangements to return home (care at home/adaptations), 22 awaiting outcome of assessment and 51 awaiting care home placement.*

The graphs show the trend for total delayed discharges for HHSCP and the reason for those awaiting discharge shown at a hospital level.

•Delayed discharges remain a significant concern.

•The Optimising Flow Group continues to have a focus of working across acute and community services to establish more efficient systems and processes to facilitate community pull, respective operational and management units now need to ensure these are embedded and sustained. This remains the key challenge.

•Ongoing work includes review of care at home provision to ensure most efficient and effective use of limited resources and the development of wrap-around models of care.

•Cross system working and adopting a whole system approach remains key to ensuring the success of this work. If one or more arms of the service do not work to agreed process it has an overall impact on flow and delivery of desired outcomes.

•On a journey of cultural change - still some way to go in some areas regarding pace of discharge planning and adopting a daily mantra of **why not home today?**

Update 10/01/2024

Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

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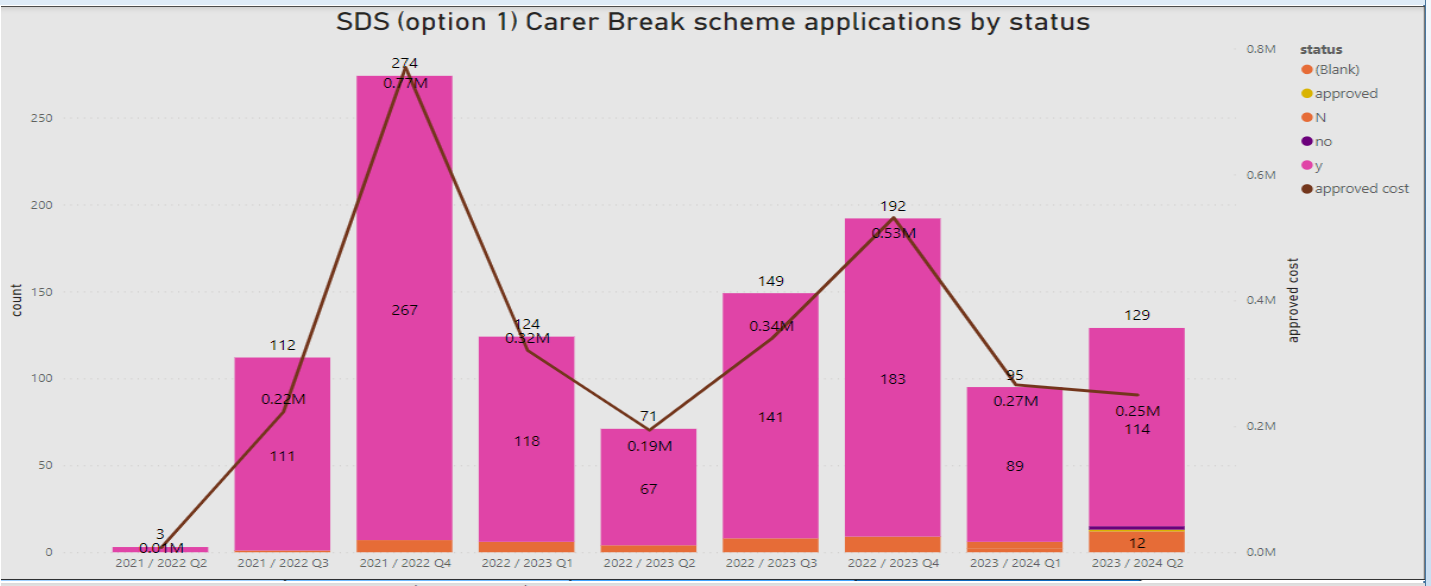
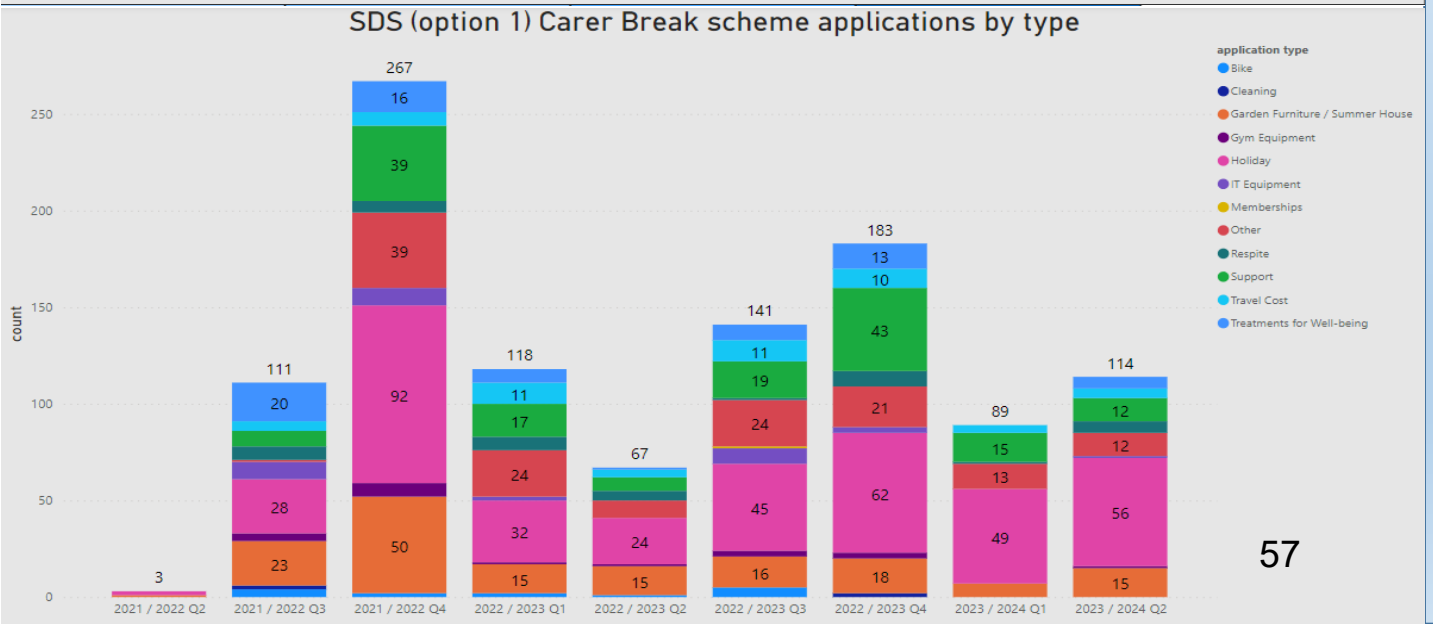
Carer Breaks – Option 1 (DP)





SDS Option 1 (Carer Break scheme)

We are continuing to use powers within the Carers Act to provide an Option 1 Short Breaks scheme for carers. It seeks to make resources available to carers via a simple application process supported by a social worker or a carers link worker etc. The scheme is largely free from resource allocation decision-making processes and seeks to rely on professionals and carers coming together to identify the kind of break that would be right for them. We think this is a good opportunity to demonstrate the benefits of worker autonomy.

This is consistent with our aims to:

- Ensure that resources and supports are used effectively and efficiently to meet people's needs and outcomes: and are complementary to other sources of support
- Maximise people's choice, control and flexibility over the resources available to them

Work has recently concluded national colleagues - via the award of "Promoting Variety" funding - to provide our local workers with "outcomes-focused" good conversations training to ensure that resources are used to their best effect.

We have also been liaising with our unpaid carers reps to ensure the scheme reflects their priorities. Currently the scheme works to a finite budget of around £1m per annum (£0.25m made available in quarterly tranches. Their suggestion is that there are financial ceilings set for different types of purchases used for a short break: i.e. limits of contributions for holidays, summer houses and e-bikes etc.
Finally, NHS Highland partnered with other organisations to host special events for unpaid carers to promote the support available to them: these nine “roadshow” events” were spread across Highland and have engaged 141 local people about the range of supports – including the short breaks scheme – available to them.

Quarter 4 has just reopened to new applicants this month so the data will be updated for the next committee.

Update 10/01/24

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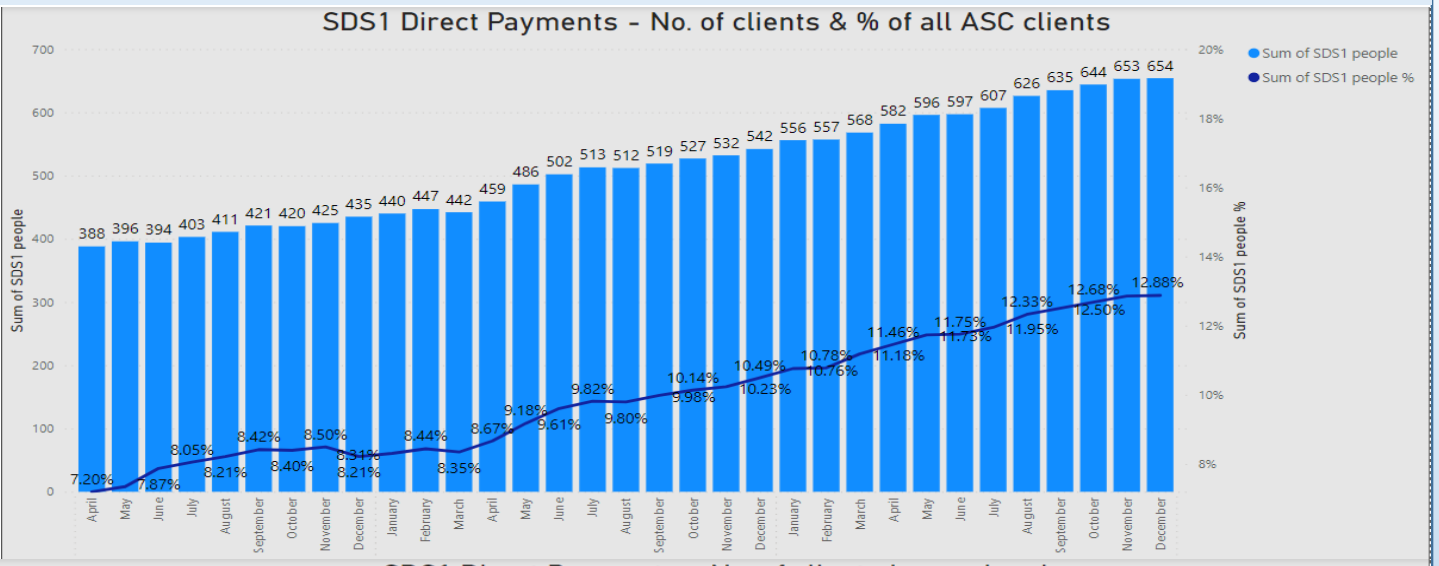
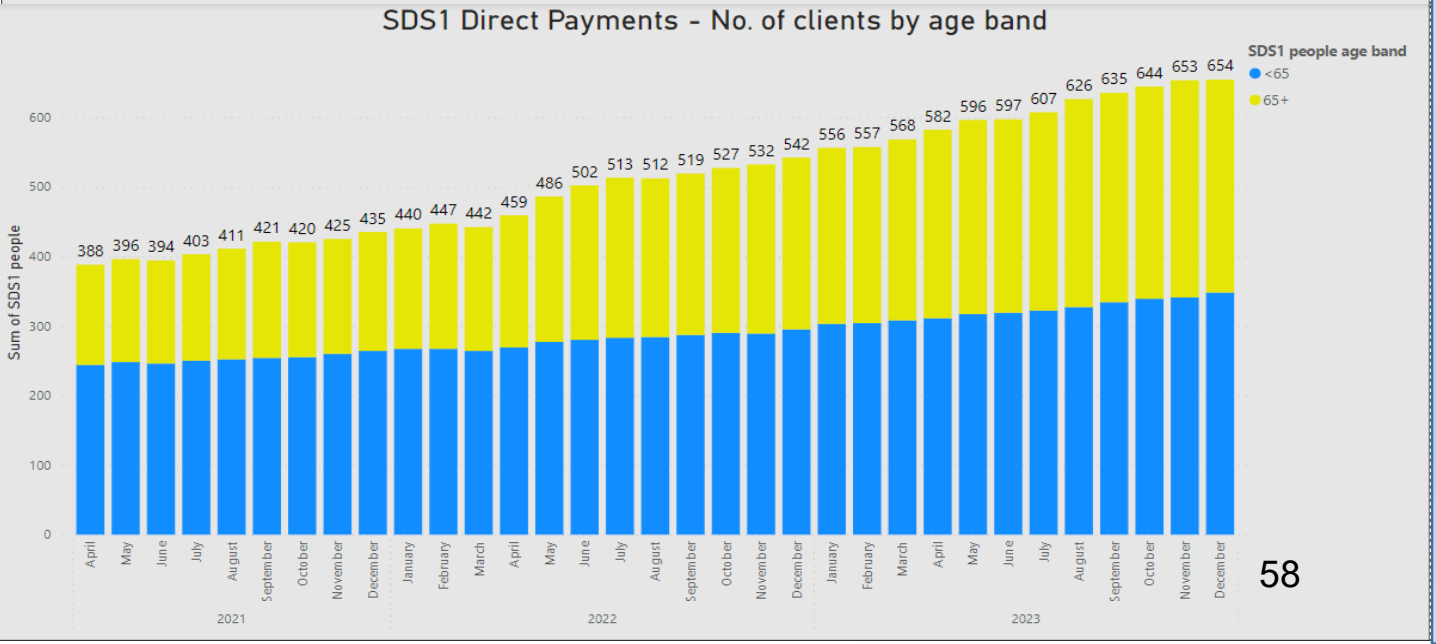
Self Directed Support – Option1 (DP)





SDS Option 1 (Direct Payments)

We have seen sustained levels of growth for both younger and older adults in our more remote and rural areas. There has been a steady increase in numbers since March 2022 with further sustained growth expected this financial year.

These increases do however highlight the unavailability of other care options, and our increasing difficulties in our ability to commission a range of other care services, strongly suggest a market shift in Adult Social Care service provision.

We are also aware of increasing numbers of Option 1 recipients who are struggling to retain and recruit personal assistants. This demonstrates the resource pressure affecting all aspects of care delivery.

As reported to committee, NHS Highland has implemented in Oct 23, a co-produced urban, rural and remote hourly rate in partnership, establishing a fair, transparent, and mutually understood personal assistant hourly rate for Option 1s. This increase and new model has been well received by users and families and will help to retain and to recruit valued personal assistants.

This significant cost investment was required to ensure the sustainability of our current and new Option 1 packages which are still the most cost effective and efficient delivery models which have significantly grown, primarily due to the absence of any other traditional delivery and more expensive care models.

Finally, NSH is also committed to increasing the level of independent support across all service delivery options and is seeking capacity to implement a project with funding available up to £0.200m, to procure independent sources of advice, information and support which are available to all those exploring the help open to them.

Update 10/01/24

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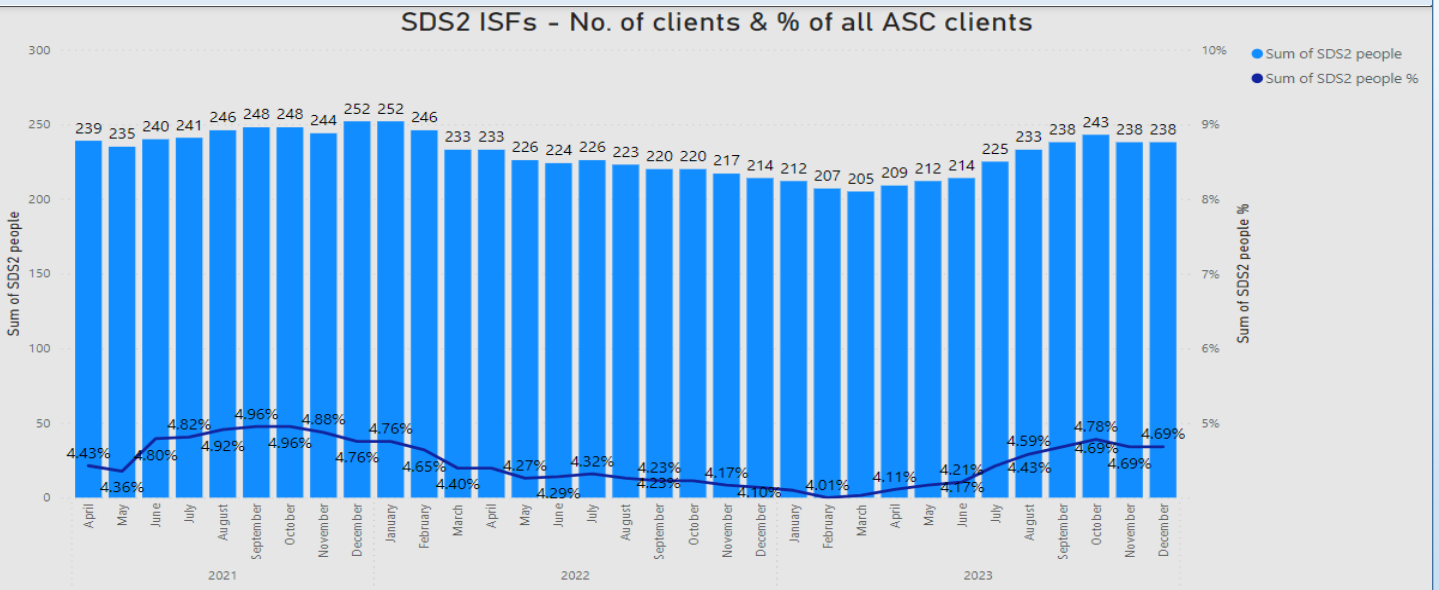
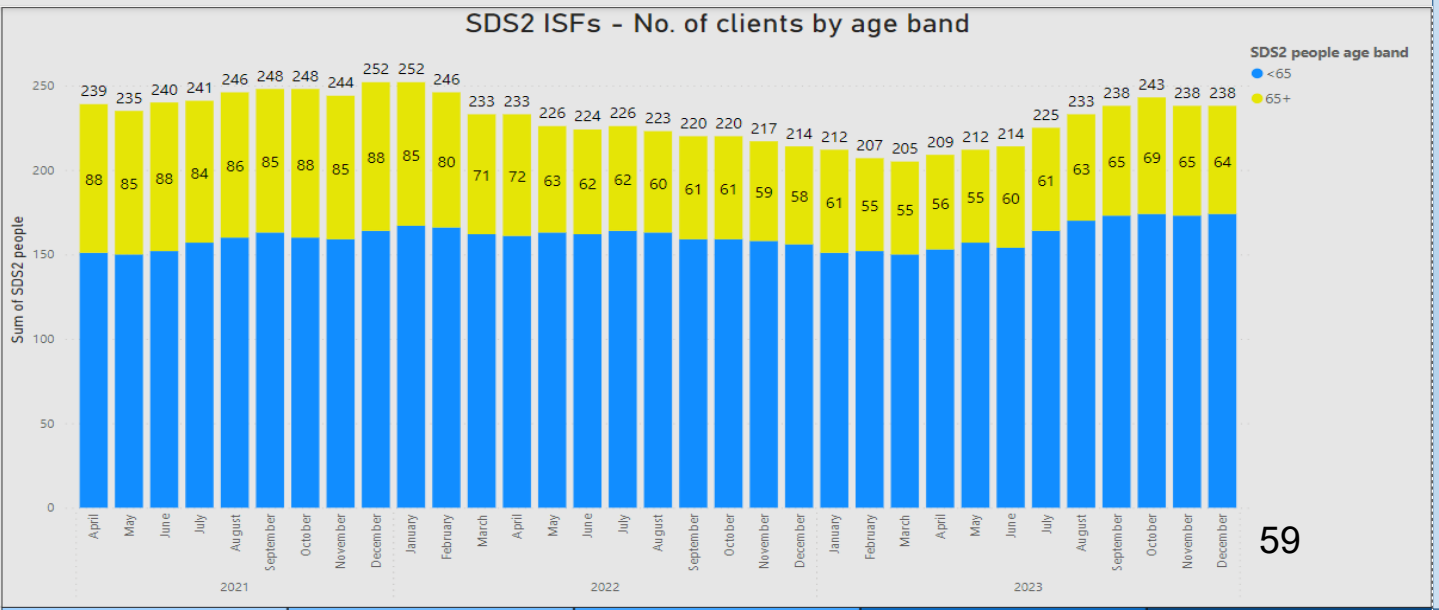
Self Directed Support – Option2 (ISF)





SDS Option 2 (Individual Service Funds)

ISFs reduced during 2022 although we have seen a stabilising of the position during 2023 and note an increase in service provision during the last 2 quarters.

Our current number of active service users is 238 with a projected annual cost of £5.3m.

Graph 2 - Overall number of ISFs split by age band, noting over 74% of our current service provision is provided under this option to younger adults.

Plans are now in development to better understand and resolve any process barriers to growing ISFs within an overall programme for Promoting choice, flexibility and control.

At a recent follow up session with In-Control Scotland, NHSH and other interested stakeholders, the group agreed supporting actions and will meet again to report on progress.

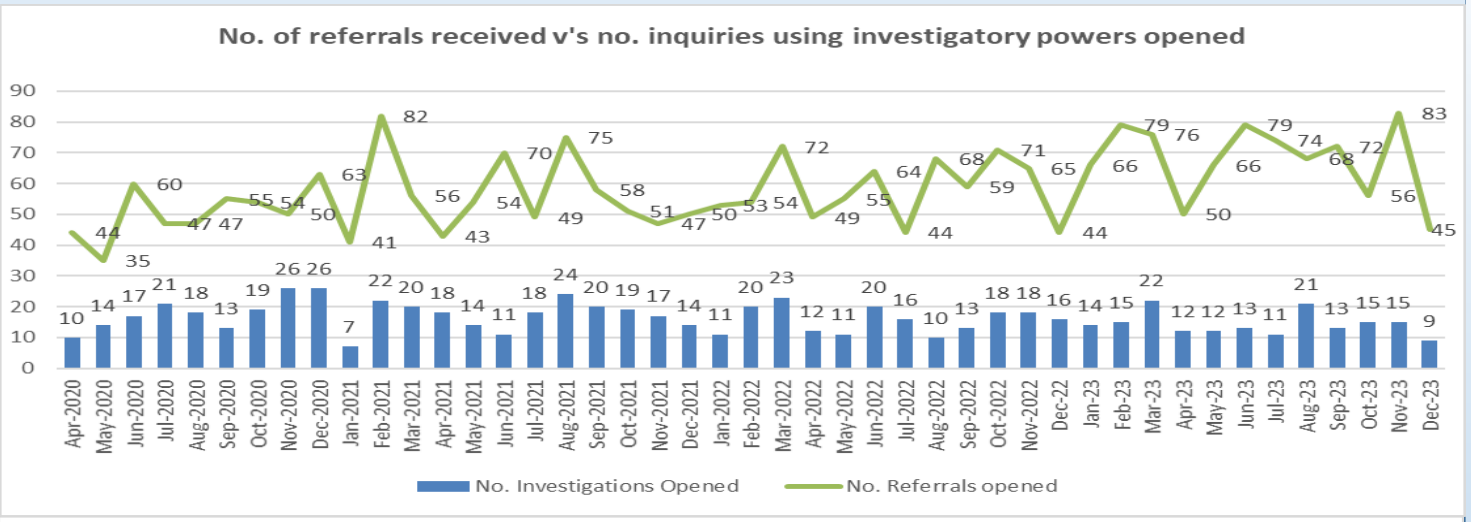
Some key actions from these sessions are detailed below:

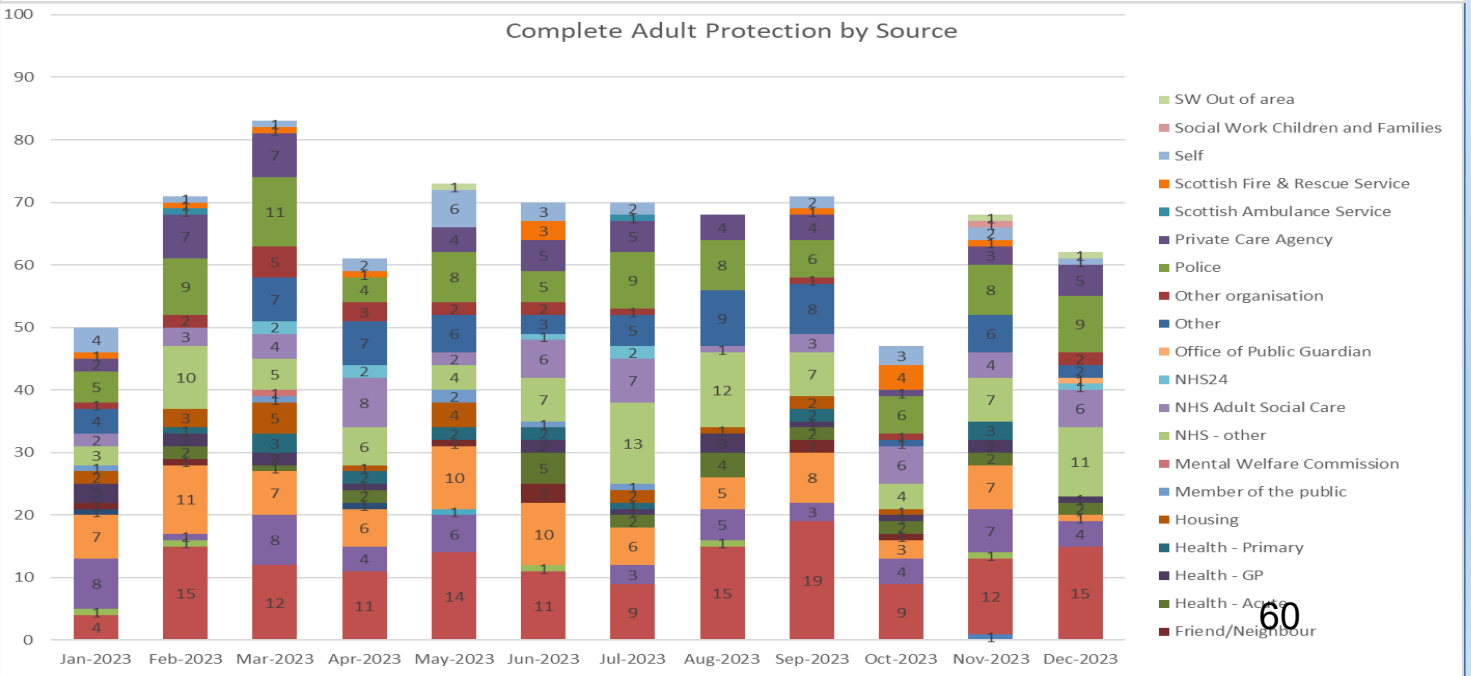
- Develop an awareness, information and education programme, incorporating any learning from Granite City Care Consortium, Aberdeen
- Institute an outcome focussed commissioning approach for all new Option 2's
- Review and explore the parameters around who can hold an ISF to expand beyond traditional providers.
- Invest in developing good conversations at first point of contact
- Review current standard operating procedures to ensure they support new approach.

Update 10/01/24

Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

Adult Protection





Adult Protection

The annual Adult Protection data return was made to Scottish Government on 31st May 2023. This is anticipated to be the final annual data report return.

The definitions of Referrals, Inquiries (with or without the use of Investigatory powers), Case Conferences and Protection Plans have been consolidated and agreed across Scotland. Benchmarked data (across the 32 Local Authorities) is expected from Q3 or Q4.

There have been changes made to the ASP forms on CareFirst to ensure system alignment with the Minimum Dataset requirements from mid-May 2023.

The ability to greater analyse referrals in respect of type and location of harm is already being utilised to give a clear picture of harm in our communities.

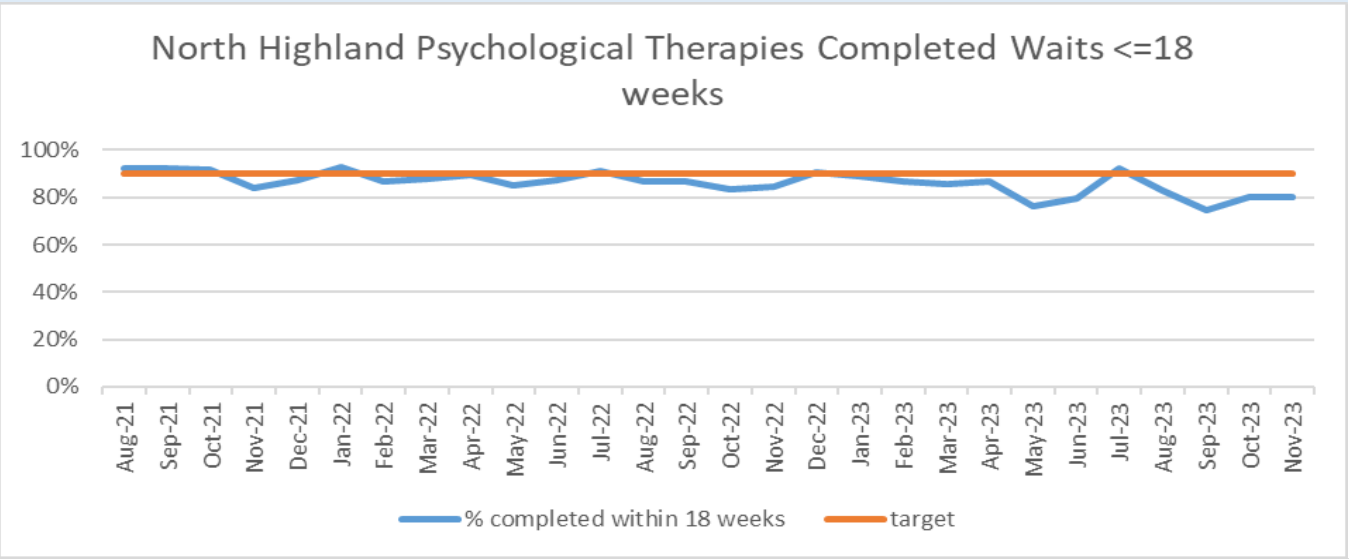
Ongoing and increasing demand on Adult Protection Services is shown in the adjacent chart

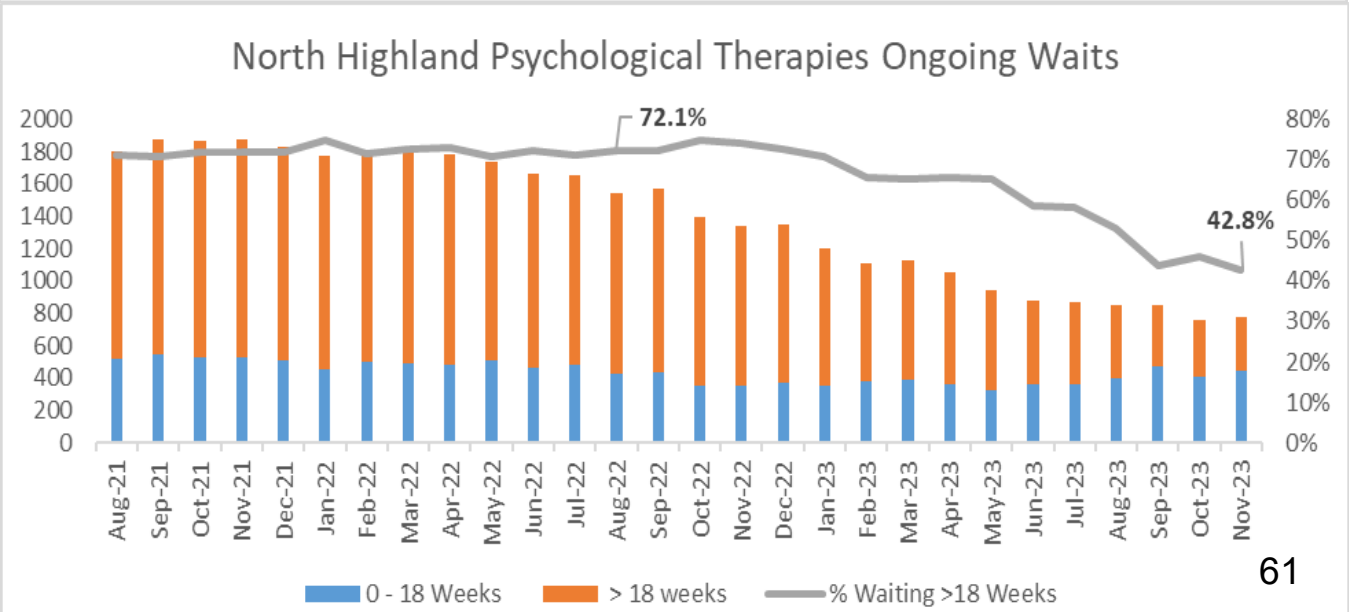
Update 04/01/2024

Strategic Objective 3 Outcome 10 – Live Well (Psychological Therapies)

Priority 10A,10B,10C - E*nsure that both physical and mental health are on an equal footing and reduce stigma by improving access and enabling all our staff in all services to speak about mental health and wellbeing"*

Psychological Therapies HHSCP Performance





Psychological Therapies Performance Overview - HHSCP

The national target:

90% of people commence psychological therapy based treatment within 18 weeks of referral.

November 2023 performance: 80.2%

As at November 2023:

- 775 of our population waiting to access PT services in HHSCP.
- 332 patients are waiting >18 weeks (42.8% breached) of which 129 have been waiting >1year.
- Of the 129 waiting >1 year, 1 patient is waiting for HHSCP Neuropsychology services, 51 are awaiting group therapies and 43 are awaiting AMH, making up the majority of these waits.

Psychological therapies services have had longstanding challenges with significant waiting times. There are a number of factors that have led to this including a lack of any other route for psychological interventions at an earlier stage. The development of Primary Care Mental Health services will help to fill this gap in provision along with the targeted use of community resources and the development of CMHT colleagues to work with their Psychological Therapy colleagues. It has also been identified that there is a gap in the provision of Clinical Health Psychology this is currently being addressed by the Board and Director of Psychology.

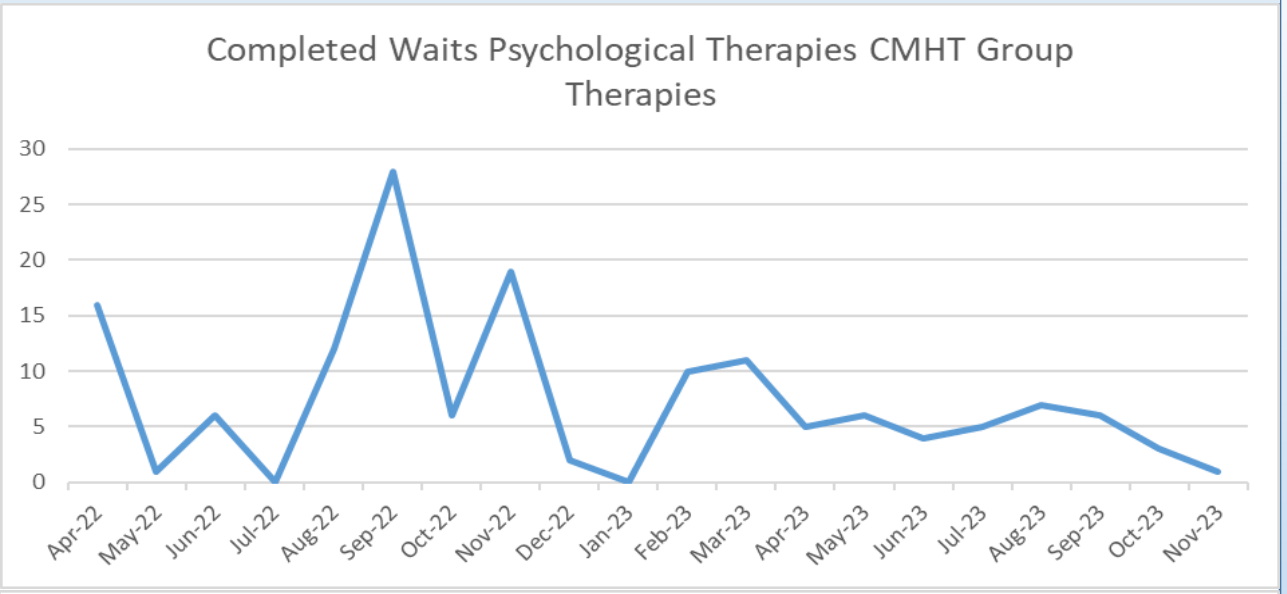
There will though always be a need for specialist services and the team are working to build a resilient model. The Director of Psychology is working closely with her team to reduce the current backlog and to build for the future. Recruitment and retention is difficult when national recruitment is taking place, however, there has been some success to date with the development of our Clinical Neuropsychology service which has proved effective in reducing a large number of our extended waits. The data provided here is already showing improvement overall with clear trajectories agreed with SG as we progress with our implementation plan.

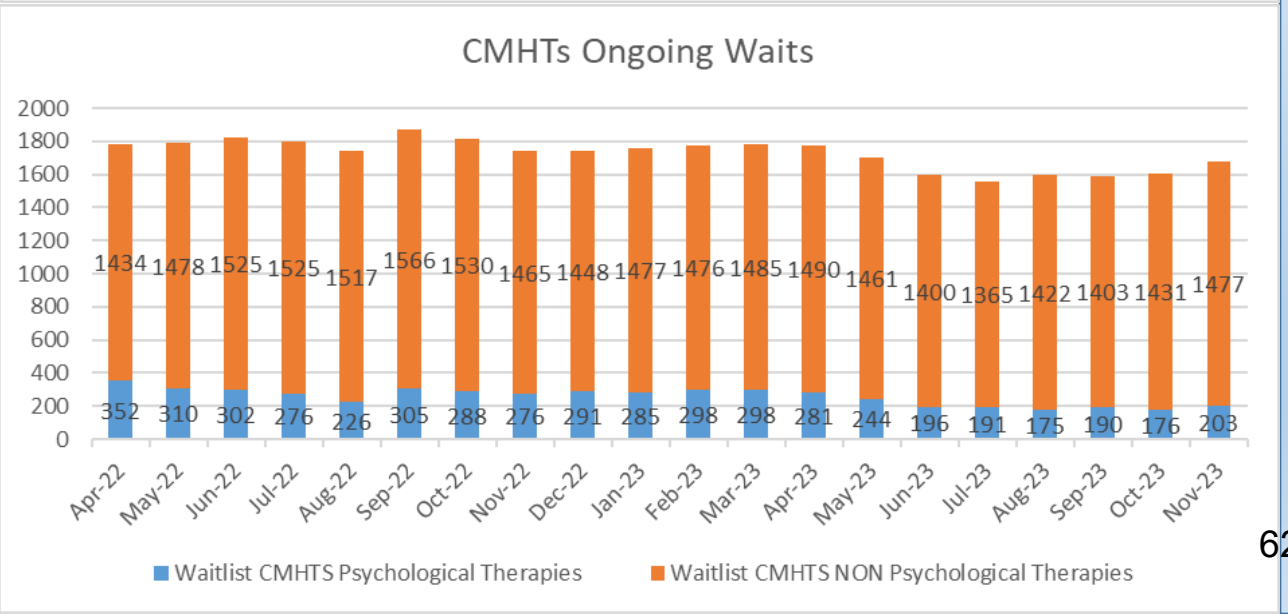
Updated 09/01/2023

Strategic Objective 3 Outcome 10 – Live Well

Priority 10A,10B,10C - En*sure that both physical and mental health are on an equal footing and reduce stigma by improving access and enabling all our staff in all services to speak about mental health and wellbeing"*

Community Mental Health Teams





Community Mental Health Teams

The ongoing waits for CMHTs are not currently reported unless they fit the criteria for psychological therapies such as STEPPS group therapies. The delivery of these group therapies was halted during COVID and the availability of an online method was slow to progress. This has resulted in a significant backlog in this area. There is a shortage in STEPPS trainers within the UK so we are therefore exploring a range of options for increasing NHS Highland STEPPS practitioner capacity.

Also, in addition the PD Service are going to lead by example with an on-line STEPPS for patients across NHS Highland. Three people have been identified for the impending training.

Graph 1 – shows the number of completed waits within the CMHT PT patients waiting on group therapies.

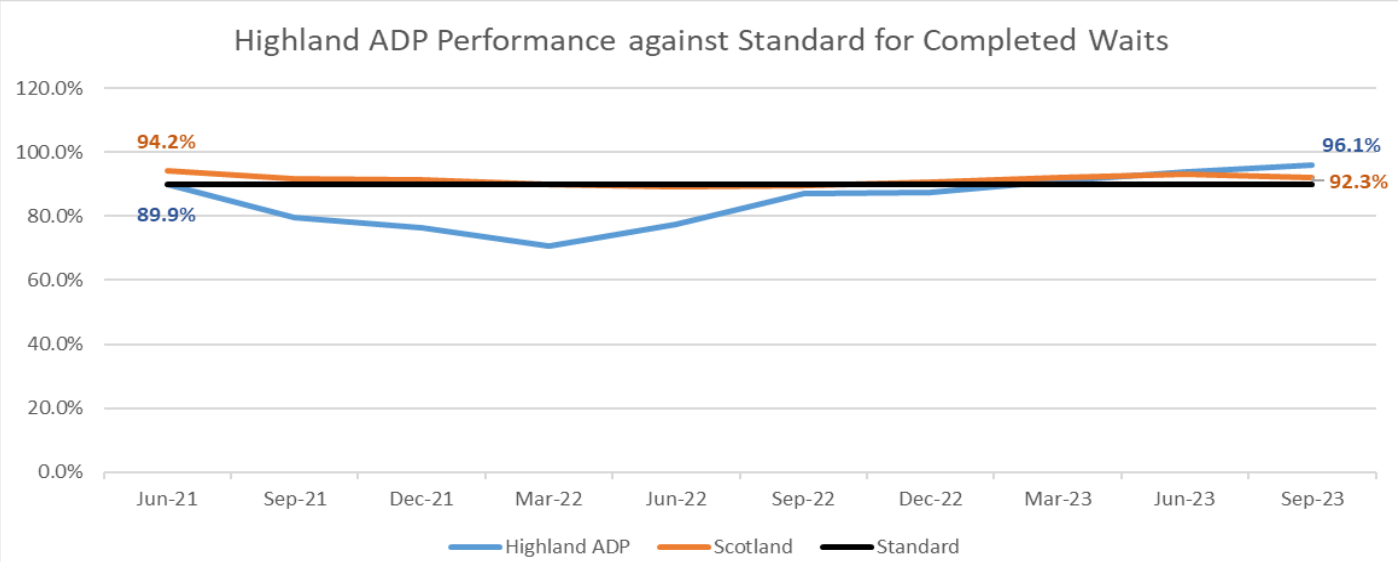
Graph 2 – shows the ongoing waits as recorded on PMS for the CMHTs, split between PT group therapies and other patients. Validation work is ongoing around this waitlist as has happened within PT.

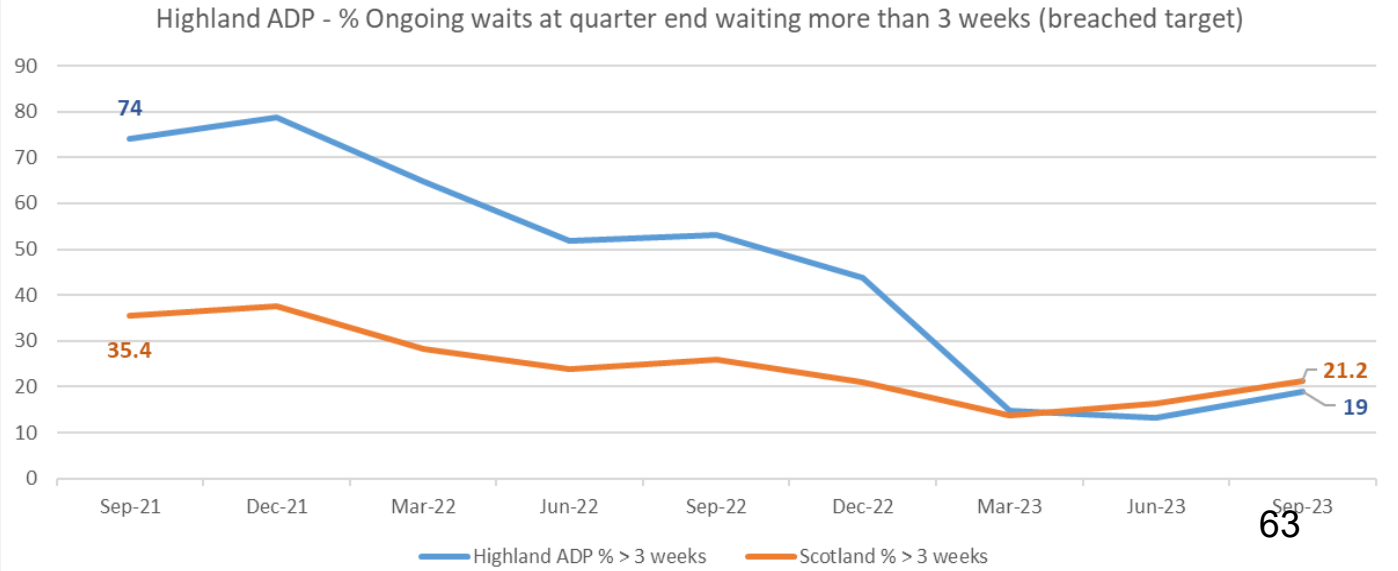
Updated 09/01/2024

Strategic Objective 1 Outcome 3 – Our Population

Priority 3b – No patient will wait longer than 3 weeks for commencement of treatment

Highland Drug & Alcohol Recovery Services





HHSCP Drug & Alcohol Recovery Services Update PHS Publication September 2023

HHSCP Drug & Alcohol Recovery Service performance against standard 96.1%, Scotland 92.3%

NH IPQR - Highland only

No. of referrals to community based services completed in quarter end 30/09/2023	**Highland ADP**	
Alcohol	*187*	
Drug	*156*	
Co-dependency	*37*	
Total completed	*380*	
% of referrals to community based services completed within target in quarter end	**Highland ADP**	**Scotland**
% completed <= 3 weeks - Alcohol	*96.8%*	*91.2%*
% completed <= 3 weeks - Drug	*95.7%*	*94.0%*
% completed <= 3 weeks - Co-dependency	*91.7%*	*92.4%*
% completed <= 3 weeks - All	**96.1%**	**92.3%**
TARGET	**90%**	**90%**
> 3 weeks	3.9%	7.7%

Ongoing referrals to community based services at quarter end 30/09/2023	**Highland ADP**	
Alcohol	25	
Drug	9	
Co-dependency	8	
Total ongoing	42	
<= 3 weeks	34	
> 3 weeks	8	
% breached ongoing waits as at quarter end 30/09/2023	**Highland ADP**	**Scotland**
% ongoing > 3 weeks - Alcohol	32.0%	23.7%
% ongoing > 3 weeks - Drug	0.0%	19.9%
% ongoing > 3 weeks - Co-dependency	0.0%	13.8%
% ongoing > 3 weeks - All	19.0%	21.2%

Priority areas include identifying areas for improvement using lean methodology and the method for improvement to release capacity in teams to further meet this standard. This work has started in some teams.

NHS Highland Non Reportable Specialties

The Strategy & Transformation Data Quality team are reviewing the data to validate therefore this has been removed for this meeting and will be available at the March 2024 meeting with a refreshed approach.

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**17 January 2024**
Title:	**Highland Health and Social Care Partnership Joint Strategic Plan**
Responsible Executive/Non-Executive:	**Pamela Cremin, Chief Officer**
Report Author:	**Pamela Cremin Chief Officer**

1 Purpose

Please select one item in each section ***and delete the others***.

This is presented to the Board for:

- Assurance
- Awareness
- Discussion

This report relates to a:

- Government policy/directive – Integration Scheme
- Legal requirement – Public Bodies (Joint Working) (Scotland) Act 2014
- NHS Board/Integration Joint Board Strategy or Direction – Together we Care Strategy 2022-2027 and its 16 strategic ambitions

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence		**Partners in Care**	
• Improving health	X	• Working in partnership	X
• Keeping you safe	X	• Listening and responding	X
• Innovating our care	X	• Communicating well	X
A Great Place to Work		**Safe and Sustainable**	

• Growing talent • Leading by example • Being inclusive • Learning from experience • Improving wellbeing	 X X X	• Protecting our environment • In control • Well run	 X
Other (please explain below)			

2 Report summary

2.1 Situation

This report provides an update on the development of the Highland Health and Social Care Partnership Joint Strategic Plan which has been developed and overseen by the Strategic Planning Group, has been subject to extensive engagement to its conclusion, and has been agreed by the Joint Monitoring Committee on 15th December 2023.

2.2 Background

The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Partnership to have in place a **Strategic Plan** which sets out the arrangements for the carrying out of the integration functions for the Partnership area over the period of the plan and which also sets out how these arrangements are intended to achieve, or contribute to achieving, the national health and wellbeing outcomes.

This same Act also directs that a **Strategic Planning Group** requires to be established and in place to support the development of a Joint Strategic Plan. That group has been established and has supported the Partnership to prepare a draft joint strategic plan which was approved by the Joint Monitoring Committee as an outline document for the process of wide and inclusive engagement over a 3 month period up to 30th September 2023. The plan has been updated following the engagement process and reviewed further by the Strategic Planning Group on 6th November and 4th December 2023. The finalised Joint Strategic Plan was presented and agreed at the Joint Monitoring Committee on 15th December 2023.

Joint Strategic Plan Engagement

The legislative requirements mandate that an outline joint strategic plan is prepared and that this is consulted upon with a prescribed list of stakeholders, along with anyone else that the Partnership consider may have an interest.

In 2022, NHS Highland approved a 5 year strategy, Together We Care. This followed extensive engagement with communities, people who use our services, our partners and workforce across Highland and the strategy has since been translated into a detailed action plan to achieve the outcomes people told us were important to them.

Building on the outputs from this engagement exercise and the undertaking of an equality impact assessment (EQIA), an informed, inclusive process for the Joint

Strategy engagement took place over July, August and September 2023, ending on 30th September 2023.

Engagement materials were issued to internal and external networks and in addition, the engagement materials were issued through social media, and were placed on both NHS Highland and The Highland Council websites. Three virtual "open to all" sessions were held on September 5th, September 8th and September 28th 2023.

The partnership welcomes the generally positive feedback but is of course mindful of the commentary provided by the respondents. In seeking to bring together those comments the conclusion is such that the Joint Strategic Plan whilst generally considered as positive was also viewed as aspirational. In terms of those challenges in relation to the perceived aspiration of the Strategic Plan those were broadly in relation to resource in terms of both workforce to deliver upon the plan and the financial resource to pay for it. The Partnership recognises that and is committed to working with communities, the independent and third sector and those with lived experience, to deliver upon these aspirations. The commentary received endorsed the need for this level of collaborative working and also referenced the key role of unpaid carers.

Another issue which arose was the perception that some services delivered by the Partnership are centred in Inverness and not available consistently throughout Highland. Linked to that was the need to ensure "geographical parity" where possible and to seek to maintain and build upon smaller rural care homes and community hospitals. The Partnership recognises these challenges and acknowledges that there will require to be work with communities at a local level to sustain services locally or deliver them differently with a view to supporting people to stay in their own homes/communities. The need to make more reference to mental health services has also been noted and will require to form a key part of the envisaged local delivery plans.

The final point raised was in relation to performance and how this will be measured by the Partnership. It is recognised that this will be key to monitoring how the Partnership is performing in relation to the delivery of the Strategic Plan. It is anticipated that in terms of the Plan, and in order to provide services, a number of key strategies will be required and include; a performance management framework, a financial plan, a digital strategy and a workforce strategy. It is also anticipated that in terms of service delivery, locality plans will be closely linked to the community planning framework.

2.3 Assessment

Implementation of the Strategic Plan

In terms of delivery of the plan it is recognised in the Plan that "one size does not fit all" and as such there will be a need for local engagement as outlined below.

It is also recognised that the Partnership will require to build upon and develop strategies on a pan Highland basis which will inform local plans. Those pan Highland strategies are broadly as follows:-

- Together we Care Strategy
- Workforce Strategy
- Housing Strategy
- Telecare and Digital Strategy
- Self-Directed Support
- Handyperson Scheme
- Care at Home and Care Home Future Strategy
- Managing Complex Cases
- Shared Lives
- Mental Health and Learning Disability Strategy

Much of the work in relation to these strategies has already commenced but it is important to set those out within the context of this report as they will all contribute to the vision set out in the Joint Strategic Plan in terms of supporting local communities and enabling people where possible to stay in their homes and communities for as long as they are able to do so. Those work streams identified above also sit alongside some of those areas recognised as risks for the Partnership (as set out in another report to Committee today) and it is important that work is taken forward to not only deliver on the intentions set out in the Plan but also address some of those identified risks. Future reports to this Committee will provide updates in relation to progress in terms of delivery and implementation of those work streams.

It is essential that implementation of the plan is taken forward with an understanding of local communities, that fairness and equity is ensured and that we work together and listen to people in communities to develop local plans. In order to achieve this, we will establish District Locality Planning Groups which will include community, carer, health and social care services, independent and third sector members as their core. They will have the ability to include additional members including elected members, community councillors, GPs, and other sectors such as community councils and housing partners.

It is intended that District Locality Planning Groups will be in place in all Districts by April 2024 and will build on plans and activity already in place in Districts.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

As outlined in the report and Appendix

3.2 Workforce

As outlined in the report and Appendix. Detailed workforce plans are to be developed in line with the implementation of the Joint Strategic Plan.

3.3 Financial

There are no specific resource issues arising from this report, although it is recognised that the implementation of the Joint Strategic Plan will require a supporting financial plan.

3.4 Risk Assessment/Management

Risk assessment and mitigation plans will need to be drawn up in relation to Joint Strategic Plan implementation – some of these are already known and articulated and held within risk registers. A collation of joint risks were presented to the Joint Monitoring Committee on 15th December 2023. There is also a paper at this committee that outlines the risks specific to adult care services.

3.5 Data Protection

Not applicable to this report

3.6 Equality and Diversity, including health inequalities

EQIA undertaken as described in the main body of the report, above.

3.7 Other impacts

As outlined in the report and Appendix.

3.8 Communication, involvement, engagement and consultation

As outlined above in the main body of the report.

3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Strategic Planning Group as outlined above
- Health and Social Care Committee, previously as a draft document prior to strategic engagement over the summer months
- Health, Social Care and Sport Committee, previously as a draft document prior to strategic engagement over the summer months
- Joint Monitoring Committee 15th December 2023

4 Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.

Discussion – Examine and consider the Joint Strategic Plan for Health and Social Care Services for Adults for 2024 – 2027 appended to this report at Appendix 1; and note the proposals for further engagement and implementation of the Plan.

4.1 List of appendices

The following appendices are included with this report:

- Appendix No 1: Highland Health and Social Care Partnership Joint Strategic Plan 2024 -2027

Adult Services Strategic Plan 2024 - 2027

The Highland Council
Comhairle na Gàidhealtachd

Highland Health and Social Care Partnership

Contents

Foreword

We are pleased to present our first Highland Health and Social Care Partnership Strategic Plan for Adult Services. In Highland, we strive to be the best we can be by 'working together to support our communities in Highland to *live healthy lives and to achieve their potential and choice to live independently where possible.'*

This plan sets out our vision and ambitions for how we will work with partners to improve the health and wellbeing of adults in Highland over the next 3 years. It also outlines the significant challenges that we will face as we strive to deliver services that address inequalities. Those services ought be increasingly preventative and recovery focused to enhance the resilience of our population and communities, resulting in improved opportunities and outcomes.

We are also very mindful of the unprecedented demand and complexity of needs at a time when the finances we have available are not likely to be able to address these. If we continue to deliver services the way we always have then we will face a significant financial gap over the life of this plan which is not sustainable.

We have been working together to provide an adult health and social care service since 2012 and we believe that we have a strong foundation to build upon, recognising that social care is often the first point of contact for many in the health and care system. We need to transform the way we work with our population and communities to change our approach to providing services to help us meet needs like this across Highland.

We plan to support care closer to home, improve outcomes and improve the experience of everyone including staff, volunteers and carers. This plan will reflect how a transformed workforce and services will be built around supporting people to stay well at home and in the community.

The development of the plan has been informed by listening to people who live in our communities. We will continue to work together to involve people in the care and support that they need to lead their best lives.

Pamela Dudek
Chief Executive
NHS Highland

Derek Brown
Chief Executive
The Highland Council

Background

Work has been on going across Scotland since 2016 to integrate health and social care services in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. In Highland a partnership arrangement had been in place since 2012 by way of a Partnership Agreement and as such in 2014 to comply with this legislation Highland opted to be a Lead Agency to build on that joint working. This gives joint responsibility for strategic planning and commissioning of a wide range of health and social care services across a partnership area.

The 2021 report of the Independent Review of Adult Care in Scotland (the 'Feeley Report') signalled a shift in the paradigm of social care and is being legislated upon in relation to the now proposed National Care Service. Integrating the planning and provision of care sought to create the conditions for partners in the public, third and independent sectors to work together more effectively and efficiently to improve people's experience of care and their personal outcomes, while enhancing the quality and sustainability of services.

Since its inception, Highland Health and Social Care Partnership (HHSCP) has been developing more integrated health and social care services across our localities on behalf of the Joint Monitoring Committee. Our focus has been on working together with partners to ensure that the services that we provide or commission make a demonstrable and positive impact on the outcomes our population experiences.

Our key objective is to contribute to the achievement of the Scottish Government's National Health and Wellbeing Outcomes (see page 19 What Will We Measure).

The plan does not distinguish between groups of people, for example by condition or age. The vision and aims of the plan encompass all.

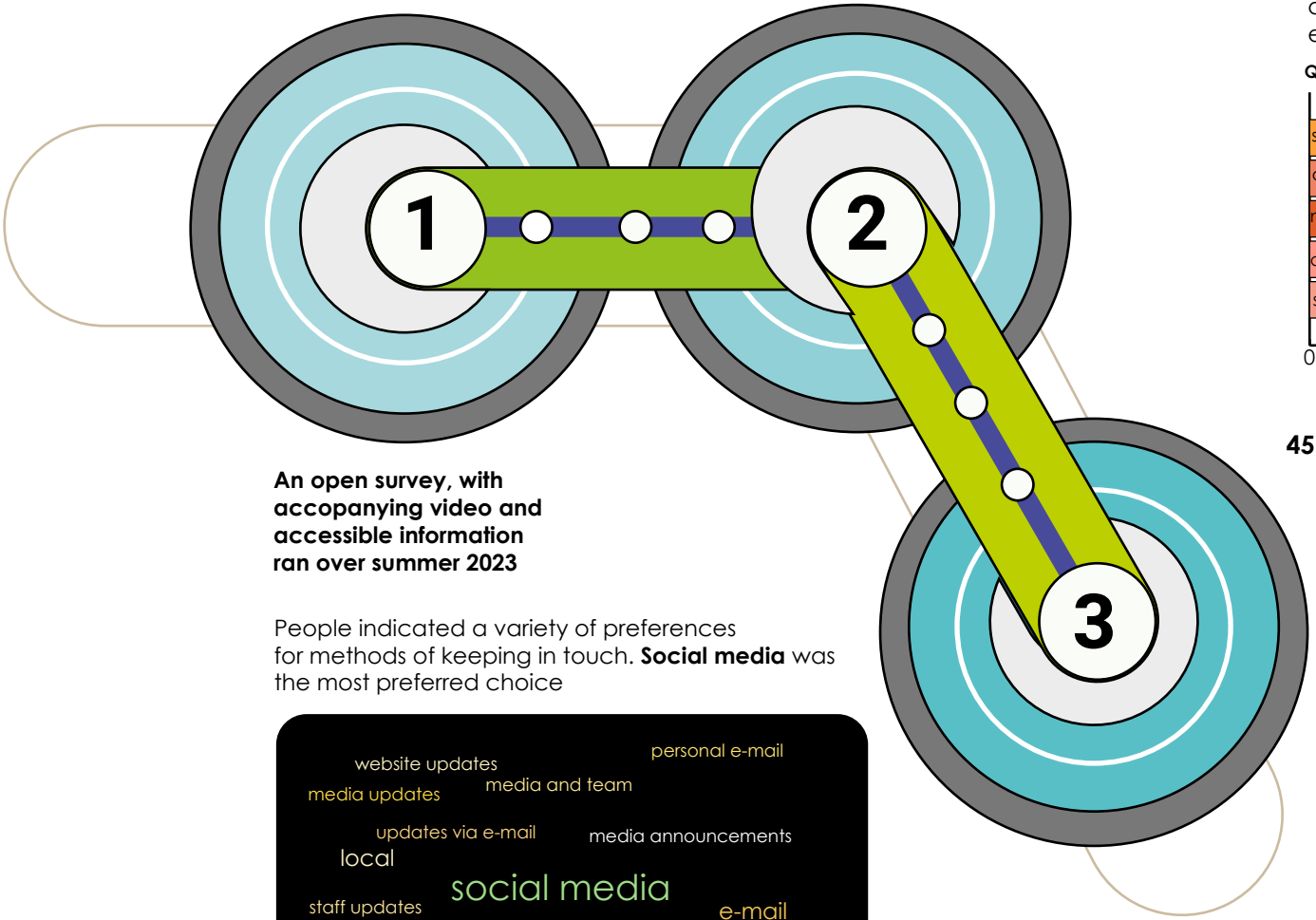
Why do we need to transform?

We want to enable people to lead their best lives and be able to live at home and as independently as possible for as long as possible.

We want to improve the quality and experience of care and utilise advancing technology.To do this in the face of the financial, workforce and population need challenges ahead, we must transform services together.

Engagement process

The survey was widely circulated to communities, partners and colleagues. Links to the survey were shared via social media, NHS Highland and The Highland Council's websites and local media

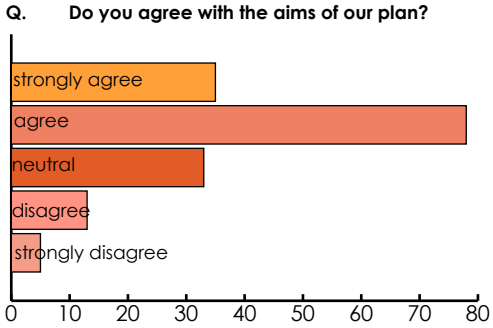


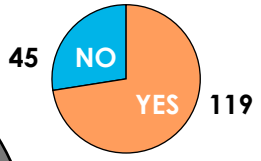
An open survey, with accopanying video and accessible information ran over summer 2023

People indicated a variety of preferences for methods of keeping in touch. **Social media** was the most preferred choice

analysis

164 people completed the survey. **116** agreed or strongly agreed with the aims of the plan. **119** felt that there were elements missing from the plan





3 online discussions took place to capture feedback about the plan using the same survery questions

You told us

In summary, the Joint Strategic Plan is generally considered as positive was also viewed as aspirational. Challenges are broadly in relation to resource in terms of both workforce to deliver care and the financial resource to pay for it. The comments endorsed the need for collaborative working and also referenced the key role of unpaid carers. Other issues which arose were the lack of parity in services across Highland, the need to make more reference to mental health and the need to see more detail of how the plan is to be implemented and performance measured.

I am a big advocate of people as partners, especially people with lived experience who experience health and wellbeing inequalities, and I would like to see this approach to be truly adopted by NHS Highland.

Without a substantial workforce, the plan will not be achievable.

The inclusion of unpaid carers is positive, however more detail would be appreciated.

I think this is a great plan in principal but I feel there is a lack of information given in how the assessments will be done, on what support a person requires to live safely at home.

Not clear how these will be achieved. How are you actually going to achieve these objective and how are you going to measure if achieving them?

Rural areas are at most risk and need supported to deliver the best care possible to those that require it.

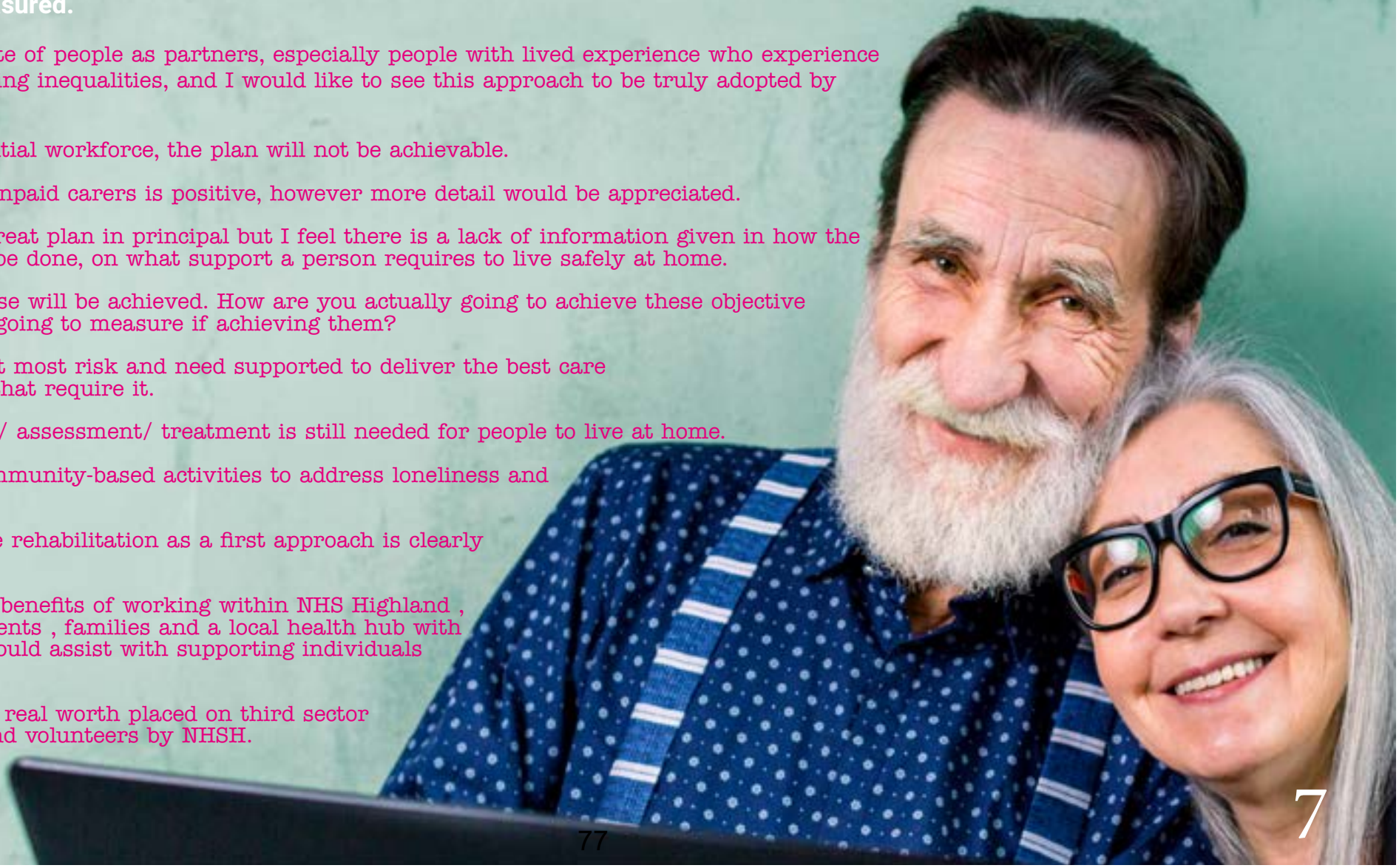
Specialist support/ assessment/ treatment is still needed for people to live at home.

We need more community-based activities to address loneliness and isolation.

We need to ensure rehabilitation as a first approach is clearly a priority.

Promotion on the benefits of working within NHS Highland , education for patients , families and a local health hub with volunteers who would assist with supporting individuals at home.

There needs to be real worth placed on third sector provision, staff and volunteers by NHSH.



Delivering our Strategic Plan





The plan explains what our aims are and how we intend to make a difference by working closely with you and our partners across Highland.

The Plan provides the strategic direction for how health and social care services will require to be shaped in our communities in the coming years and describes the necessary transformation that will be required to achieve our vision and financial balance. The Plan explains what our aims are and how we intend to make a difference by working closely with you and our partners across Highland.

This is a high level, three year plan made at a time where there are significant financial constraints. It is sometimes necessary on a short term basis to take actions and deliver services in a manner which may not be immediately consistent with the longer term strategic direction set out in this Plan. Such issues will be reported to the Joint Monitoring Committee.

In terms of delivering the outcomes set out in this plan we will consider the following key imperatives:

- Does the proposal deliver an effective, efficient, equitable and best possible plan to meet Highlands and Islands needs based on current evidence, benchmarking and best practice?
- Is the proposal affordable?
- Can the proposal be safely and sustainably staffed?

Highland Health & Social Care Partnership will work closely with the Community Planning Partnerships to ensure that all efforts are aligned to the respective Locality Improvement Plans that will be developed in response to this plan.

What is included in this Plan?

The Health and Social Care Services which support :

- Older Adults who need care and support including those in a care home setting.
- Adults with a Learning Disability who require support to be as independent as possible.
- Adults with a disability or illness who need support to live in their home.
- Adults with Mental Health conditions requiring support with their recovery or to be as independent as possible.
- Adults living with health conditions.
- Adults requiring support from Drug and Alcohol Recovery Services.

This includes clinical and care delivery by our integrated health and social care teams and support from services such as digital technology, telecare, equipment services, online support and local community supports. It reflects ongoing work with our partners in Housing, who have a key role to play both to support a sustainable workforce and to keep people in their home communities as much as possible.

General practitioners (GPs) and their teams are pivotal to empowering and supporting our Highland population to live healthy lives and to deliver holistic, preventative community based health care which enables people to access a range of high quality health and care services in their community. The support of our community teams, pharmacies, opticians and dental services will be pivotal to preventative and early detection. We will continue to work with these partners to deliver care in communities, and involve them in the strategic planning of our services.

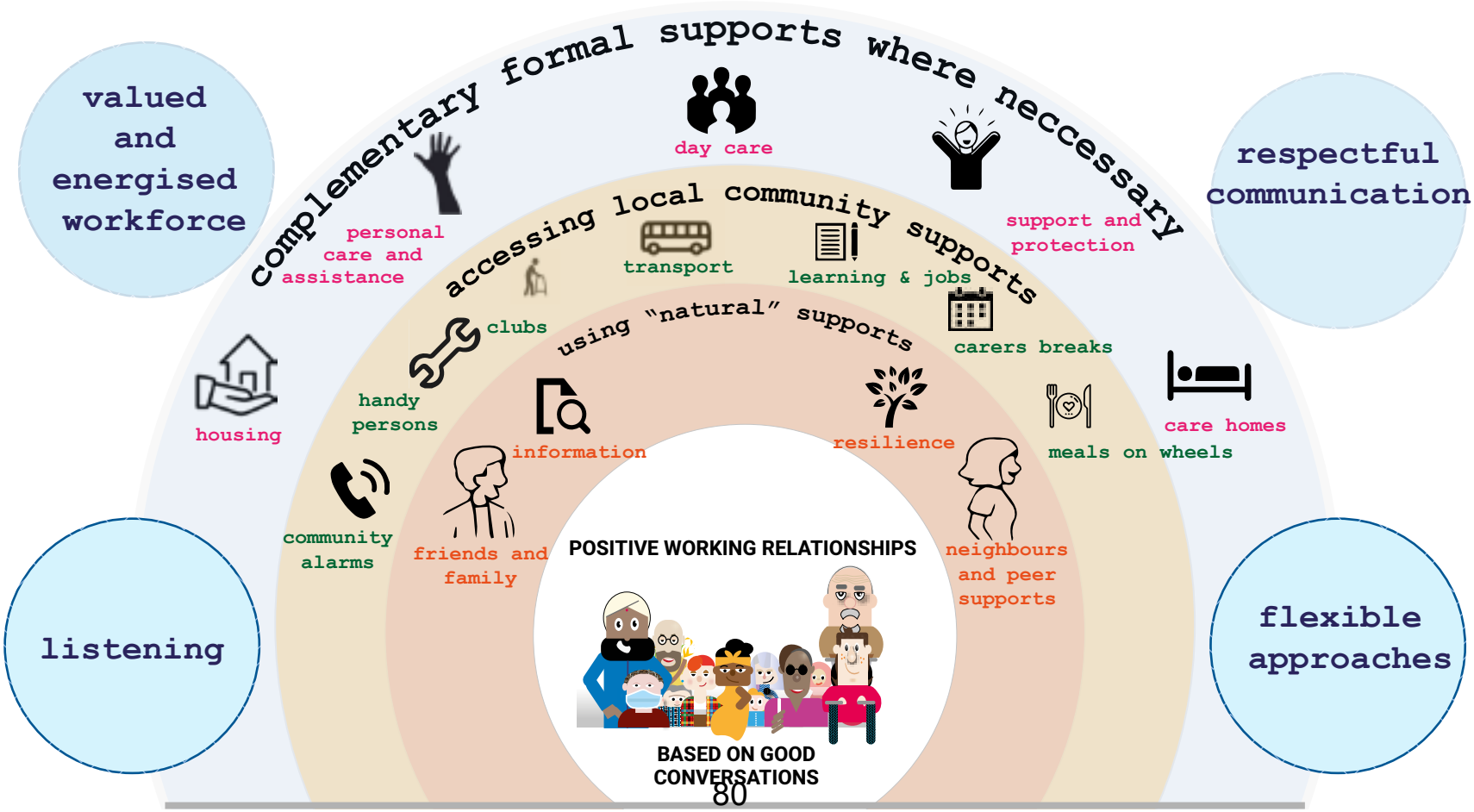




Our vision

We recognise that local people and communities are at the heart of everything we do and are a key part of all decision making. We will work with people to plan and arrange their care or support and to help everyone live healthy active lives, we will transform the way we deliver services. This graphic represents our vision for how we will work with people and communities to deliver our vision. We are committed to enabling people to be as independent as possible, supported by their family, friends and local community before formal paid support is discussed. We will work with unpaid carers to ensure their health and wellbeing is looked after and we will encourage and enable community organisations to thrive.Our Vision describes our aspiration to deliver health and social services in Highland:

'working together to support our communities in Highland to live healthy lives and to achieve their potential and choice to live independently where possible.'



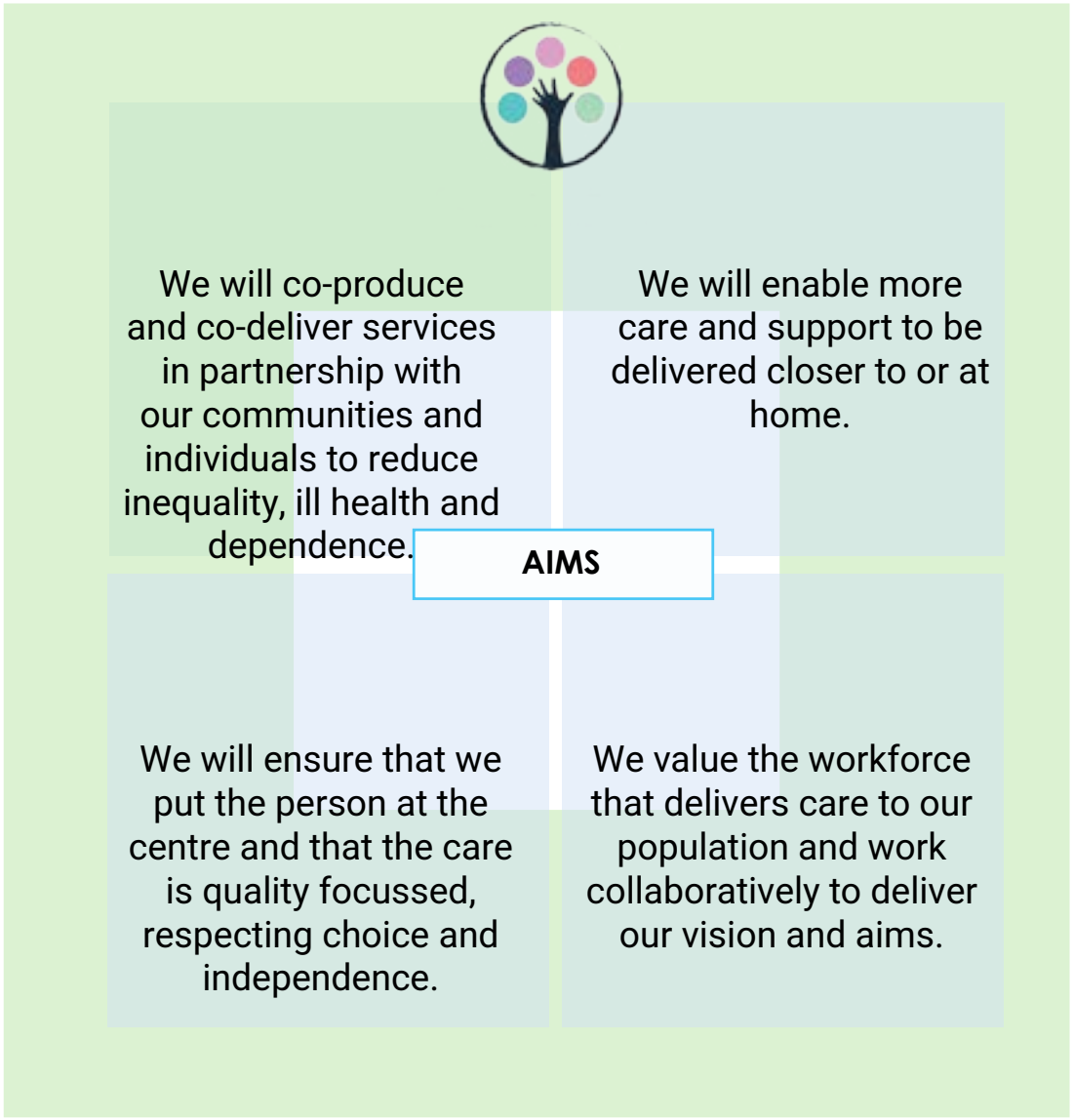
Our aims

Our strategic aims are to improve the wellbeing and outcomes of people living in Highland, to focus on consistency and quality and to build resilience with a more preventative and anticipatory approach.

We will work in partnership with local people , third and independent sector organisations to plan and deliver change.

As a partnership we will make sure our services work well together in an integrated way from the point of view of individuals, families and communities and are responsive to the needs of individuals and families in our different localities.

We will make the best use of available facilities, people and resources sustainably ensuring we maintain quality and safety standards as the highest priority through transformational change.



What does the Plan mean for you?

Home First and Last

You will receive the care and support that you need to remain at home for as long as possible. You will be informed about the options available to you including intermediate care and supported housing options which make care accessible and sustainable. Informal and community supports will be prioritised before considering paid support. We will promote realistic expectations, choice and control using self directed support and maximising the use of technology

Communities Working Together

We will work with you, your family, informal support networks, and local organisations to help you get the support you need using the assets and resources within the community.
We will focus on building local resilience and access to good quality support and services when you need them.
We will work as partners to support change to reduce the inequalities in and across our communities

Independence and living an ordinary life

We will work with you to enable you to be as independent as possible and to help you reach your goals and desires. We will support communities to ensure they are accessible and open to all, creating opportunities for innovative and creative support options to grow and develop

Health and Wellbeing

We will ensure that support for your health and wellbeing is available in the right place at the right time.
You will be supported to be as healthy and well as you can be. You will be signposted to any health and social care services/agencies that can meet your need by the first professional that you see

Supporting Carers

Unpaid carers will be supported to look after their own health and wellbeing. A range of options will be available including day care support, planned short breaks, respite and palliative care. Day Care will be enhanced and planned short break services will be available with a clear pathway for access. Respite and palliative care options will make more use of local resources. We will work with carers organisations to ensure they can also provide support to unpaid carers

Residential and Nursing Care Homes

It may be that your care needs in the future are best met in a care home setting. This specialist care will be suitable for individual needs and available in Highland. We will work with you to plan a move to a care home. Care homes that provide nursing care may not always be located in all areas

Making it happen

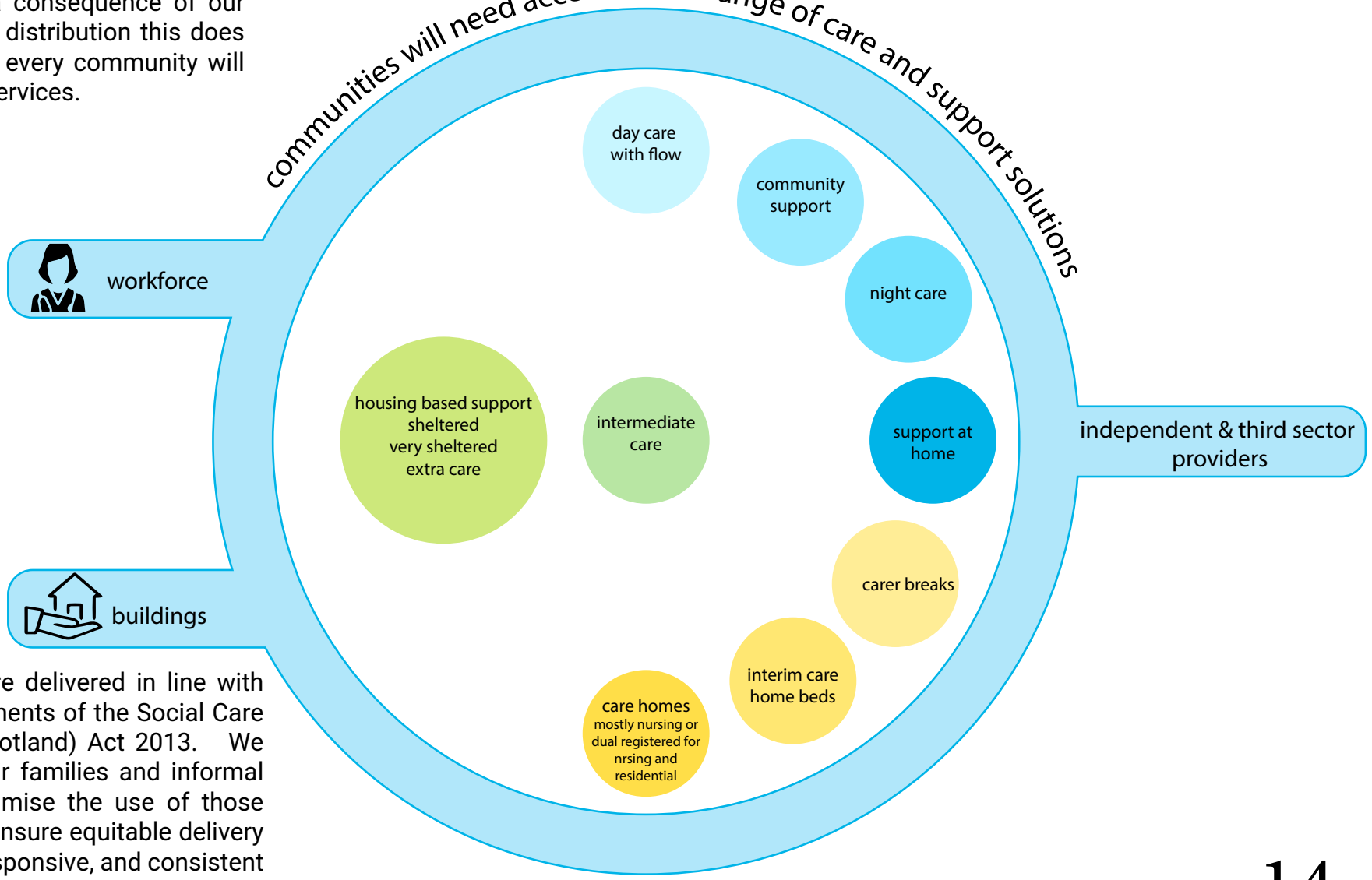
The changes we need to make

In order to meet the challenges facing us over the next three years, we will need to transform the way we deliver services. We need to talk openly about the challenges and be innovative together in how we will achieve the following:

- Focus our attention on prevention and early interventions to support people to maintain independence at home for as long as possible.
- Ensure we empower people to exercise choice and independence and include unpaid carers as partners in the planning and provision of care and support.
- Make it straightforward to access services when they are needed and ensure that health and social care professionals are able to direct people to the right organisation and service for their needs.
- Commission services in a way that supports a diverse market for providers of care with reduced administrative burden.
- Maximise the use of technology in supporting people.
- Plan and deliver person-centred services which can respond quickly to support people who are in urgent need.
- Build strong partnerships between community teams, hospitals, third sector and independent providers of care.
- Support different delivery, as locally as possible, of services traditionally delivered in acute hospitals, through new and emerging professional roles. and making use of technological advances.
- Implement immediate care options that prevent admission to hospital and avoid a stay in hospital for longer than is necessary.
- Develop our workforce to be more adaptive and flexible.

Transforming our approach 1

We accept that "one size does not fit all". There are core social care services that people in every community should have access to as shown in the diagram below. As a consequence of our geography and population distribution this does not mean everyone within every community will be equally close to these services.



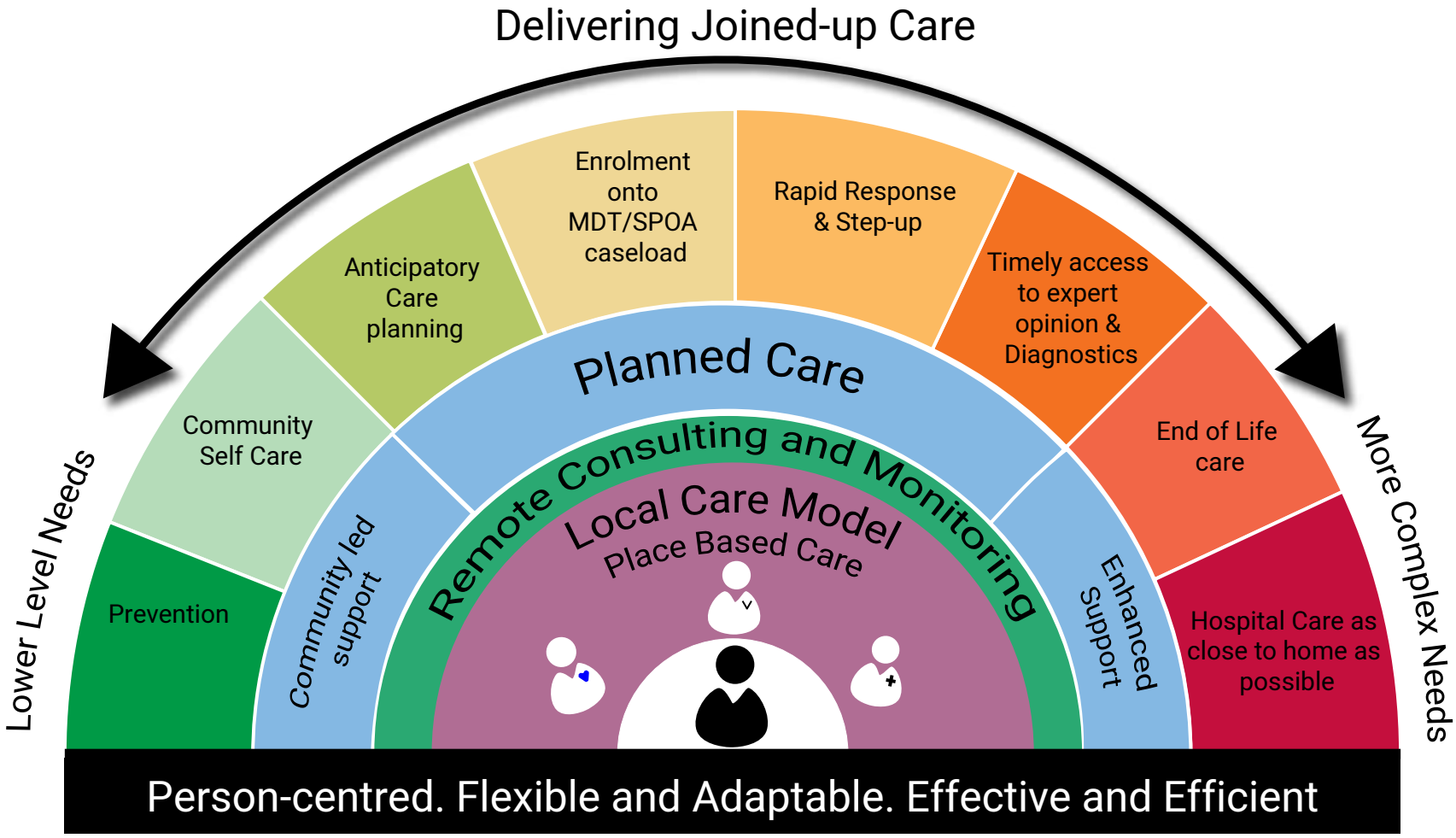
All social care services are delivered in line with the principles and requirements of the Social Care (Self Directed Support)(Scotland) Act 2013. We will work with people, their families and informal support networks to maximise the use of those supports and will seek to ensure equitable delivery of good quality, reliable, responsive, and consistent social care services.

Transforming our approach 2

To deliver our vision we will need to review how and where our current services are delivered and increase our focus on prevention.

We recognise the variation in the size, rurality, infrastructure and populations of the communities across Highland. We will empower communities, people who use services and those who deliver services to work together to plan and deliver services using the local care model.

We need a range of social care and support solutions and the availability and capacity of the inputs/dependencies will determine the availability of these supports, where they are and how much is able to be provided.



Leaving no one behind

We recognise that health and wellbeing inequalities are not likely to be changed significantly by health and social care policies or services working in isolation but working with communities and partners to have tangible actions that address the inequalities. We will actively engage with local people to draw on their collective experiences alongside voluntary and community group representatives. We know that inequalities are growing and the effects of the pandemic and the current cost of living crisis have compounded the challenges being faced by our communities.

We will need to focus on our most deprived communities and the future health of our children and young people as well as those groups who experience multiple disadvantages. We will need to consider the impact of universal and more targeted approaches to support each of our population groups below

PROTECTED CHARACTERISTICS

1

Eg: Age, sex, disability, gender reassignment, race, pregnancy and maternity, religion or belief, sexual orientation.

SOCIO ECONOMIC DEPRIVATION

2

Eg: poverty, unemployment, low income, multiple deprivation.

GEOGRAPHY AND PLACE

3

Eg: urban, rural and island communities and neighbourhoods.

HIGH RISK INDIVIDUALS

4

Eg: homeless people, people living in prison, people with problem substance abuse, people with mental health problems.

This Plan has been informed by an equalities impact assessment and Locality Plans will continue to be informed by Public Health, population and equalities data.

The Challenge

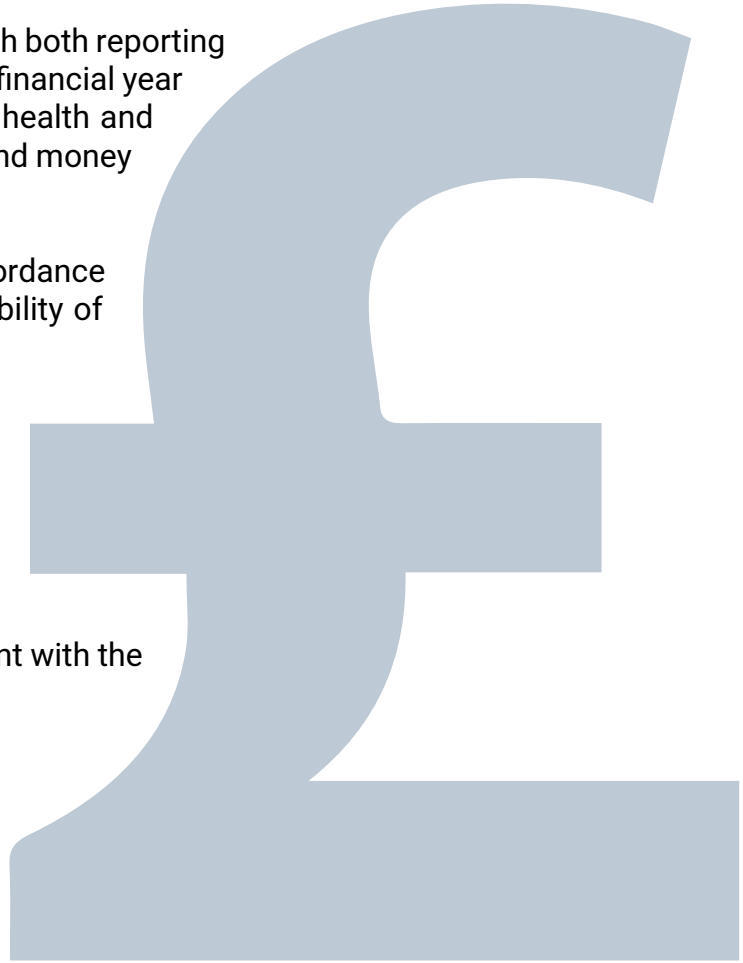
Public services across Scotland are facing huge financial pressure. We cannot provide services in the way we have before - we simply don't have enough money to do so. With growing demand for support and less money available we want to work with individuals and communities to find ways to better support people locally. We will all need to work together to support our friends and family who are in need. Our services will need to find innovative solutions and work closely with your support networks to promote positive risk taking.

This pressure is reflected by the financial positions of both NHS Highland and the Highland Council with both reporting in-year overspends for the 2022/23 financial year and both forecasting substantial budget deficits for financial year 2023/24. The financial position is hence very challenging. In Highland, the annual budget for adult health and social care services for the current year is £158.4 million and we must utilise our resources, people and money to achieve the most benefit for the most people.

Those financial challenges are also impacted by the payment mechanism for care homes, made in accordance with the National Care Home Contract, an ageing infrastructure and regulation issues. The sustainability of Care Home provision in Highland presents significant challenges to Partner Providers.

Planning for the future of our health and social care services requires a clear financial context which outlines the challenges facing the system, but at the same time looks at our approach to addressing these pressures – through a combination of investment and transformational change.

We will consider the whole health and social care system and how this enables the triple aim of better care and support, better health and better value. Investment, will need to be matched with transformation to drive further improvements in our services which must be sustainable and consistent with the imperatives set out in this Strategic Plan.



How will we know we are improving

Performance Reporting

Performance reporting will be underpinned by the 9 National Health and Wellbeing Outcomes and the key performance indicators developed to measure success within this plan. Success against these National Outcomes will be measured and reported to the Joint Monitoring Committee after consideration by the partnership. The Highland Council and NHS Highland will be responsible for reporting to their own organisations in relation to service delivery.

Quarterly reporting will form the basis of a year-end Annual Performance Report set against this Strategic Plan and the measures of success outlined within it.

Our Delivery Plans

Having identified our strategic aims and the changes we need to make we will now work with our communities to develop Locality Delivery Plans. Using the Local Care Model approach the Locality Delivery Plans will outline in detail how the strategic aims will be operationally delivered within our Communities.

The plans will highlight key local improvement actions taking into account Highland Public Health priorities and ongoing engagement and consultation feedback gathered from our Communities.

What will we measure?

National Health and Wellbeing Outcomes
Adult Social Care Integrated Quality and Performance Report (IPQR)

National Health and Wellbeing Outcomes

1. People are able to look after and improve their own health, wellbeing and live in good health for longer
2. People , including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practical, independently and at home or in a homely setting in their community
3. People who use health and social care services have positive experiences of those services and have their dignity respected
4. Health and social care services are centered upon helping to maintain or improve the quality of life of the people who use those services
5. Health and social care services contribute to reducing health inequalities
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
7. People using health and care services are safe from harm
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
9. Resources are used effectively and efficiently in the provision of health and social care services

Adult Social Care Integrated Performance and Quality Report

1. Access to Care at Home and Care Homes
2. Numbers of Delayed Discharges
3. Access to individually tailored Self Directed Support and Carer short breaks
4. Adult Protection
5. Access to Mental Health, Psychological Therapies and Community Mental Health Services
6. Access to North Highland Drug and Alcohol Recovery Services

Performance against this plan will be monitored by the Joint Monitoring Committee

Working Together

In order to achieve our shared vision 'working together to support our communities in Highland to live healthy lives and to achieve their potential and choice to live independently' we will need to work collaboratively with a range of partners to develop additional strategies based on local need and which will have the most impact for local communities. This will also include supporting our Third sector partners and independent providers in their pivotal work.

Engagement to enable collaboration and co-production to develop and implement District plans and shape strategic commissioning aims, will occur in Community Partnership areas. We will stay in touch through the mediums identified in the engagement survey responses.

We cannot address all of the care needs of our communities through this strategic plan, however there are a number of co-dependant strategies which will be pivotal to meeting the full needs of our communities.

- Highland Outcome Improvement Plan (HOIP)
- Highland Integrated Children's Services Plan 2023 - 26
- NHS Highland "Together We Care"
- Carers Strategy
- The Highland Council Housing Strategy
- NHS Highland and Highland Council Engagement Framework
- Mental Health & Learning Disability Services Strategy
- Primary Care Improvement Plan
- Self Directed Support Strategy
- Transport Strategy

In implementing this plan, we will utilise and build upon existing forums and mechanisms to progress the intentions as set out in this Strategic Plan, working together in developing and implementing Locality Delivery Plans under a consistent Strategic Framework.

NHS Highland

The Highland Council
Comhairle na Gàidhealtachd

Agenda Item 3.4

NHS Highland

Meeting:	**Health and Social Care Committee**
Meeting date:	**17 January 2024**
Title:	**Community Risk Registers**
Responsible Executive/Non-Executive:	**Pamela Cremin, Chief Officer**
Report Author:	**Pamela Cremin, Chief Officer**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Local policy and Legislation
- NHS Board/Integration Joint Board Strategy or Direction

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well	X	Progress well					

2 Report summary

2.1 Situation

A summary of Community Services Risks across adult health and care services is brought to the committee for assurance of action and mitigation being taken.

2.2 Background

The Community Directorate hold risk registers across the following operational areas:

- Community services
- Primary care services (including independent health contractors - Optometry, Community Pharmacy, Dentistry)
- Out of Hours primary care services
- Mental health and learning disabilities services; and
- Adult care services.

A Community Risk Register Monitoring Meeting is held monthly to monitor all risks and ensure mitigation action is recorded and that risks are reviewed and updated.

A summary of Community Directorate Risks is brought to the committee for assurance of action and mitigation being taken.

Exception reporting is part of the governance of the meeting with escalation as necessary to Community Senior Leadership Team Meeting, Clinical & Care Governance Committee, Health and Safety Committee and this Committee.

Highland Health and Social Care Committee is asked to consider the report and identify any matters that require further assurance or escalation to NHS Highland Board. A full report of Board Level 1 risks are articulated for various Board Committees, the most recent update being provided to the Finance, Performance and Resources Committee on 5th January 2024.

In addition to this report, a number of risks have been developed by the Joint Officer Group in relation to the Partnership joint risks. These presented to the Joint Monitoring Committee at its meeting on 15th December 2023. These are attached for the Highland Health and Social Care Committee to note accordingly, at Appendix 1.

2.3 Assessment

There are 9 Level 3 Risk Registers at Directorate level relating to Primary Care, Mental Health and Community Services which inform the Level 2 HSCP Risk register. This risk register identifies risks across the HSCP and consists of:

Two Very High Risks related to:
1 Workforce - Potential interruption to commissioned services related to staffing challenges
2 Workforce - Access to NHS dental care

Nine High Risks related to:
1 Workforce - Risk to service delivery due to challenges in recruitment

2 Workforce - Risk to workforce recruitment, retention and performance related to the risk of the impact of the Sturrock Report actions not being fully implemented.
3 Workforce – risk to achieving required levels of Statutory and Mandatory training due to difficulties in releasing staff and availability of some training.
4 Information Technology – Risk of inconsistent care due to the lack of electronic records.
5 Compliance – Risk of non-compliance of 2C practices with local and national standards due to insufficient support capacity.
6 Protection – Risk of error, missed diagnosis and complaints due to demands on Sonography workforce.
7 Engagement – Risk of insufficient engagement of the range of Adult Protection partners and therefore poor adult protection outcomes.
8 Reputational – Risk of Adult Social Care contracts not being fully in place and monitored due to insufficient resource.
9 Service Delivery – Risk of multiple care home closures occurring at the same time leading to loss of overall capacity, moves for residents, additional workload for community staff.

Five Medium Risks related to:
1 Engagement – Risk to service redesign due to lack of standardised community engagement.
2 Service Delivery – Risk to achieving service redesign within financial parameters.
3 Service Delivery – Risk of not being sufficiently able to respond to the outcome of the National Care Service consultation.
4 Compliance – Risk of low morale in health due to perceived inequalities in pay banding between health and social work professions.
5 Reputational – Risk of vulnerability/harm to staff, services and public due to lack of clear governance arrangements in Social Work.

The Level 3 risk registers include a further seven Very High risks:
Dental:
1 Compliance – reduced dental capacity due to inadequate ventilation
2 Information technology – clinical risk associated with poor connectivity.

Community Directorate
1 Workforce - risk of reduced capacity due to large number of vacancies and inability to sustain development posts following discontinuation of temporary funding.
2 Workforce – risk that not all C@H workers will have achieved SVQ qualification in required timescale.
3 Service Delivery – risk to delivery of in-house C@H services due to recruitment challenges.
4 Health and Safety – risk to unwell people attending Hospital in B and S due to potential of them arriving unannounced and not being expected.
5 Workforce – Clinical risk due to staff shortages in Dietetics.

Level 3 risk registers in the HSCP also include further High, Medium and Low risks. A summary of the main risk themes and mitigating actions being taken include:

Workforce availability - and the impact this has on the sustainability of services especially in remote and rural areas. There are a series of mitigation plans in place to address this risk, albeit this is a national workforce availability aspect that is impacting across many sectors. We are working hard on recruitment and role redesign as well as working with communities to attract people into health and care careers.

Statutory and Mandatory Training compliance is an ongoing risk in that not all staff achieve compliance. There are robust plans in place to address this including targeted intervention to support teams and individuals who are facing challenges to complete online training. A short life working group is being set up to have more focus on positive outcomes in this area and information for service managers is being made more available.

Financial risks are associated with reduced budget allocations from the centre and increasing demand across all services. A number of action plans and mitigation are in place and being regularly reviewed across a number of fora.

Sustainability of smaller care homes – an emerging risk due to staffing and other pressures such as compliance with accommodation and environmental standards. Regular assessment of care home sustainability is overseen via the care home oversight group and escalation of emerging issues to Joint Officer Group. The Care Programme Board has been established, reporting to the Joint Officer Group.

Premises and accommodation risks – there are a number of risks that affect people's access to services. This is mainly due to a backlog of maintenance required and/or buildings outgrowing their service. These issues are escalated and action taken to improve via the community accommodation group which is led jointly by community and estates and facilities staff working together to achieve joint accommodation solutions. The asset management group has a key role and is an escalation route for all accommodation risks.

Ligature risks at New Craigs Hospital - a steering group has been set up and via a validated assessment tool, 8,000 ligature points have been identified in New Craigs Hospital. A plan and a programme of work to remove ligature points are being undertaken and overseen by the mental health programme board and the ligature audit group.

Lack of low or medium secure beds in Scotland – there is a current issue at New Craigs which is currently being mitigated by the use of supplementary staff. A trigger plan has been agreed with Police Scotland to support the management of people who require medium security but are placed in mental health acute units. This issue has been escalated to Scottish Government via regular set meetings and communication structures that are in place.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

Moderate assurance is provided in line with the actions being taken to record, review and escalate risks to care and service delivery.

3 Impact Analysis

3.1 Quality/ Patient Care

The risks identify an inconsistent workforce where services are delivered by locum and agency staffing.. Some skills are not available in the workforce and some professions are difficult to recruit to leading to longer waiting times for specialist services or access to specialists.

3.2 Workforce

High use of locum and supplementary staffing to address staff shortages introduce some risks of inconsistent care, poor experience of care and reduced job satisfaction. Some risks may impact on the delivery of the culture programme and positive staff experience. Labour market and workforce availability is affected across all staff groups. Staff are tired and working excess hours

3.3 Financial

Funding required to mitigate against some risks for example, investment in IT solutions. Some difficult decisions need to be taken about some service delivery that needs to be temporarily suspended due to cost (unfunded posts and associated cost pressures).

3.4 Risk Assessment/Management

As outlined above at 2.3.

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

An impact assessment is not required to report on risk registers.

3.7 Other impacts

Describe other relevant impacts.

3.8.1 Communication, involvement, engagement and consultation

Community risk monitoring group meetings held monthly.

3.9 Route to the Meeting

4 Recommendation

Health and Social Care Committee is asked to consider the report and identify any matters that require further assurance or escalation to NHS Highland Board.

4.1 List of appendices

The following appendices are included with this report: For information – joint risks considered by the Joint Officer Group and presented to Joint Monitoring Committee at its meeting on 15th December 2023.

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**17 January 2024**
Title:	**Chief Officer Assurance Report**
Responsible Executive/Non-Executive:	**Pamela Cremin, Chief Officer**
Report Author:	**Pamela Cremin, Chief Officer**

1. Purpose

To provide assurance and updates on key areas of Adult Health and Social Care in Highland.

2. Major Redesign Programmes

Caithness Redesign

Caithness Hospital design:

- the development of the refurbishment plan is underway and remains on track in line with draft programme.
- Programme dates are to be presented for ratification at the next Programme Board.
- the clinical models are developing to the point where they have informed the Schedule of Accommodation to support the design effort.
- the clinical output specification has supported the development of clinical work strands in all areas.
- The workforce plan has some way to go however there is sufficient information for progress to be made quickly and time to accommodate that.

The Caithness community and community hubs elements are moving at pace on the following elements:

- A workforce plan is in development with a hard stop date of March 2024.
- The bed modelling and the interdependency with the Hospital is being revisited.
- The translation of the strategic concept to an operational plan has not taken place with sufficient detail. This is now being addressed and a supporting plan is in development with a hard stop date of March 2024 and will run concurrently with the workforce plan.
- Engagement with Adult Social Care has not taken place sufficiently - this has been acknowledged and is now being addressed. The Adult Social Care elements will be integrated into the mainstream planning processes.

An update will be provided at the next HHSCC about the progress of the North Coast Hub design and the ongoing engagement of primary care in the design and delivery of the SPOC and the other redesign elements.

Lochaber Community Redesign

The Lochaber Community main elements are focussed around the following work streams: .

Project 1 – Living/ Waiting Well
Project 2 - Developing Care at home service and MDT support worker roles
Project 3 – Single Point of Access (SPOA) Service
Project 4 – Frailty service
Project 5 – Intermediate Care Services

The project topics represent the priority areas of focus for redesign and development of a high-level programme of work aligned to the Local Care Model Framework incorporating the Rainbow Model, developed in Caithness and the North Coast. They were identified during the four service oriented workshops that were held locally between July and November 2023 as crucial to, and in support of, the hospital-based redesign work.

The projects demonstrate the interoperability and mutually supportive approach across health development in Lochaber.

Storm Gerrit

Storm Gerrit which impacted between the Christmas and New Year period was well responded to by community and operational teams and the multi-agency partners. Despite a time of core staffing and maximum staff on leave across all agencies, the resilience and professionalism and capability shown by individuals and District teams across Highland community is commendable and the Committee should take assurance that Care for People systems were stood up with effective outcome and mobilisation of multiple systems and responses, bringing solutions to some very difficult situations as a result of the storm conditions and its impact. It is very much appreciated that staff worked very hard and over their hours at times, to ensure that the services and our systems were safe and operational.

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**17 January 2024**
Title:	**Annual Review of Terms of Reference**
Responsible Executive/Non-Executive:	**Pamela Cremin, Chief Officer HHSCP**
Report Author:	**Ruth Daly, Board Secretary**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal requirement
- Local policy

This report will align to the following NHS Scotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well	✓	Progress well					

2 Report summary

2.1 Situation

This report invites consideration of revisions to the Committee's Terms of Reference.

2.2 Background

The Committee last considered its Terms of Reference in November 2023 when it was agreed that further revisions should be made to include reference to the Joint Monitoring Committee.

2.3 Assessment

The proposed changes to the Committee's Terms of Reference are as summarised below:

- a revision to the list of individuals normally invited to attend meetings,
- moving a sentence to clarify the purpose of the Committee is to scrutinise assurances from The Highland Council on services delegated, and
- clarification of the role of the Joint Monitoring Committee under the Public Bodies (Joint Working) (Scotland) Act 2014.

The revised version with the appropriate changes highlighted is appended to this report. There are no other sections added or removed.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

3.2 Workforce

3.3 Financial

The Code of Corporate Governance provides a framework which defines the business principles of the NHS Board and the organisation, in support of the delivery of safe, effective, person-centred care and Quality Outcomes. The provision of robust governance arrangements is key to NHS Highland delivering on its key objectives and to improving workforce, clinical and financial governance.

3.4 Risk Assessment/Management

A risk assessment has not been carried out for this paper.

3.5 Data Protection

This report does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

There are no equality or diversity implications arising from this paper.

3.7 Other impacts

No other impacts

3.8 Communication, involvement, engagement and consultation

The outcome of the review of the Committee Terms of Reference will be communicated to the Board and wider organisation as appropriate following their agreement.

3.9 Route to the Meeting

The existing Terms of Reference for the Committee have been reviewed by the Chief Officer HHSCP, and the Board Secretary.

4 Recommendation

The Committee is invited to:

(a) **Agree** the proposed changes to its Terms of Reference as shown in the appendix to this report, and

(b) **Note** that the revised version will be included in the updated Code of Corporate Governance and submitted to the Board for agreement at the end of March 2024.

4.1 List of appendices

The following appendices are included with this report:

The following appendices are included with this report:

- Appendix 1 ToR Highland Health & Social Care Committee

Sections added	~~***Sections deleted***~~
Sections moved	

HIGHLAND HEALTH & SOCIAL CARE COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: January 2024

1. PURPOSE

1.1 The purpose of the Highland Health and Social Care Committee is to provide assurance to NHS Highland Board that the planning, resourcing and delivery of those community health and social care services that are its statutory or commissioned responsibility are functioning efficiently and effectively, ensuring that services are integrated so that people receive the care they need at the right time and in the right setting, with a focus on community-based, preventative care.

1.2 Receive and scrutinise assurance from the Highland Council as to performance services delegated by NHS Highland under the Lead Agency arrangements. (moved from Section 5.1)

2. JOINT MONITORING COMMITTEE

2.1 In line with section 15(3) of the Public Bodies (Joint Working) (Scotland) Act 2014, The Highland Council and NHS Highland have established an Integration Joint Monitoring Committee (known as "The Highland Partnership Joint Monitoring Committee"), which has oversight of both integrated Adult Services and Integrated Children's services and monitors the carrying out of integrated functions (both delegated and conjoined).

2.2 In terms of section 29(1) of the Act, each Partner is responsible for the planning of the integrated and conjunction services for which it is the Lead Agency. This means that NHS Highland must lead on producing an Integrated Adult Services Strategic Plan and The Highland Council must lead on producing an Integrated Children's Services Strategic Plan with both plans taking account of the other and together being monitored by the Joint Monitoring Committee.

2.3 Within NHS Highland, governance of Integrated Adult Services and services delegated to The Highland Council and assurance of service delivery is provided at the Health & Social Care Committee through arrangements put in place and overseen directly by the NHS Highland Board.

2. COMPOSITION

2.1 The membership of the Committee is agreed by the full NHS Board and has a Non-Executive Chair.

Voting Committee members as follows

5 x Non-Executives, one of whom chairs the Committee and one of whom is the Council nominee on the Health Board
5 x Executive Directors as follows - Chief Officer, Director of Adult Social Care, Finance Lead, Medical Lead and Nurse Lead
3 Representatives of Highland Council

The wider stakeholder and advisory membership (non-voting) will be as follows:

Staff Side Representative (2)
Public/Patient Member representative (2)
Carer Representative (1)
3rd Sector Representative (1)
Lead Doctor (GP)
Medical Practitioner (not a GP)
2 representatives from the Area Clinical Forum
Public Health representative
Highland Council Executive Chief Officer for Health and Social Care
Highland Council Chief Social Worker

The Committee shall have flexibility to call on additional advice as it sees fit to enable it to reach informed decisions.

2.2 **Ex Officio**

Board Chair

~~*2.3 **In Attendance:***~~

~~*Deputy Director of People*~~
~~*Head of Health & Safety*~~

The Committee Chair is appointed by the full Board.

3. QUORUM

No business shall be transacted at a meeting of the Committee unless at least one Non-Executive Director being present (in addition to the Chair) and comprising a minimum of one third of Committee members.

4. MEETINGS

4.1 The Committee shall meet at least five times per year. The Chair, at the request of any three Members of the Committee, may convene ad hoc meetings to

consider business requiring urgent attention. The Committee may meet informally for training and development purposes, as necessary.

4.2 The Committee will be serviced within the NHS Highland Committee Administration Team and minutes will be included within the formal agenda of the NHS Board.

4.3 The agenda and supporting papers will be sent out at least five clear working days before the meeting.

4.4 All Board members will receive copies of the agendas and reports for the meetings and be entitled to attend meetings.

4.5 Any amendments to the Terms of Reference of Highland Health and Social Care Governance Committee will be submitted to NHS Highland Board for approval following discussion within the Governance Committee.

4.6 The Agenda format for meetings will be as follows:

- Apologies
- Declaration of Interests
- Minutes
  - Last Meeting
  - Formal Sub Committees
  - Formal Working Groups
- Strategic Planning and Commissioning
- Finance
- Performance Management
- Community Planning and Engagement
- Operational Unit Exception Reports

5. REMIT

5.1 The remit of the Highland Health and Social Care Committee is to:

- Provide assurance on fulfilment of NHS Highland's statutory responsibilities under the Public Bodies (Joint Working) Act 2014 and other relevant legislative provisions relating to integration of health and social care services
- Provide assurance on fulfilment of NHS Highland's responsibilities under the Community Empowerment Act in relation to Community Planning
- Contribute to protecting and improving the health of the Highland population and ensure that health and social care services reduce inequalities in health
- Develop the Strategic Commissioning Plan for integrated health and social care services and approve arrangements for the commissioning of services to deliver the agreed outcomes of the plan, ensuring the involvement of stakeholders and local communities
- Develop policies and service improvement proposals to deliver the agreed outcomes of the plan, within the available resources as agreed by the Joint Monitoring Committee
- Monitor budgets for services within its remit and provide assurance regarding achievement of financial targets

- Scrutinise performance of services within its remit in relation to relevant national and locally agreed performance frameworks, including the NHS Highland Annual Operating Plan and the Strategic Commissioning Plan for integrated health and social care services.
- Through the annual performance report of the Integration Authority provide an overview of North Highland Adult Services performance, in line with the 9 national outcomes for health and wellbeing to Highland Council as partners via the Joint Monitoring Committee
- Receive and scrutinise assurance from the Highland Council as to performance services delegated by NHS Highland under the Lead Agency arrangements

5.2 The Committee will undertake an annual self-assessment of its work and effectiveness in accordance with NHS Highland and Good Governance values. This will inform the Annual Report to the Board.

5.3 The Committee is also required to carry out a review of its function and activities and to provide an Annual Report incorporating a Statement of Assurance. This will be submitted to the Board via the Audit Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit Committee in June.

5.4 The Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee's planned work during the forthcoming year.

6. AUTHORITY

6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.

6.2 In order to fulfil its remit, the Highland Health and Social Care Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

6.3 Delegated authority is detailed in the Board's Standing Orders, as set out in the Purpose and Remit of the Committee.

7. REPORTING ARRANGEMENTS

7.1 The Highland Health and Social Care Governance Committee is a Governance Committee of NHS Highland and is accountable directly to the Board.

7.2 The Committee will report to the Board through the issue of Minutes/Assurance Reports and an assessment of the performance of the Committee will be undertaken annually and presented by way of an Annual Report to the Audit Committee, then the Board.

7.3 As a committee of the Board and as indicated in the Standing Orders, the HH&SCC will escalate any risks or concerns that require a Board decision to the Health Board.

7.4 Establish a Strategic Planning and Commissioning sub-committee to fulfil the obligations set out in the legislation.

Highland Health and Social Care Committee Work Plan for the remainder of the 2023/2024 session

Date	17 January 2024	14 February 2024	6 March 2024
Agenda Planning	22 November		29 January
Check-in meeting	5 January		21 February
Paper Deadline	12 January		23 February
Standing Items	Apologies & Declarations of Interest	*DEVELOPMENT SESSION*	Apologies & Declarations of Interest
	Matters Arising		Matters Arising
	Minutes of Last meeting		Minutes of Last meeting
	Finance		Finance
	Risk (Level 1 Risks)		Risk (Level 1 Risks)
	Performance & Delivery: IPQR Dashboard		Performance & Delivery: IPQR Dashboard
	Performance & Delivery: Chief Officer's Report		Performance & Delivery: Chief Officer's Report
	Date of next meeting		Date of next meeting
Core Business	Community Services Risk Register Assurance Report	*Committee Self-evaluation*	Children and Young People Services Performance Report
	Joint Strategy Update		SDS Strategy Assurance Report
	Quality Review Framework		Adult Social Care Fees and Charges 24/25 -update
			Carers Strategy Update
Governance matters			Committee Annual Assurance Report 23/24
	Committee Terms of Reference Revision		Committee Workplan 24/25