

## 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 05 March 2025 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

#### Present:

Gerry O'Brien, Committee Chair, Non-Executive  
Philip Macrae, Vice Chair and Non-Executive  
Cllr, Christopher Birt, Highland Council  
Ann Clark, Non-Executive Director and NHS Board Vice Chair  
Cllr Muriel Cockburn, Non-Executive (till 3.45pm)  
Claire Copeland (from 1.20pm)  
Cllr David Fraser, Highland Council (from 1.45pm)  
Julie Gilmore, Nurse Lead and Assistant Nurse Director  
Joanne McCoy, Non-Executive  
Kara McNaught, Area Clinical Forum Representative  
Kaye Oliver, Staffside Representative  
Simon Steer, Director of Adult Social Care  
Pamela Stott, Chief Officer, Highland Health and Social Care Partnership (HHSCP)  
Neil Wright, Lead Doctor (GP)  
Mhairi Wylie, Third Sector Representative

#### In Attendance:

Rhiannon Boydell, Head of Integration, Strategy and Transformation, HHSCP  
Paul Chapman, Associate Director AHP  
Jennifer Davies (for Tim Allison), Deputy Director of Public Health  
Fiona Duncan, Chief Social Work Officer, Highland Council  
Frances Gordon (for Elaine Ward), Head of Finance for HHSCP (item 2.1)  
Arlene Johnstone, Head of Service, Mental Health, Learning Disability and DARS (until 2.50pm)  
Michelle Keir, Carers Services Development Officer  
Ruth MacDonald, Interim Deputy Director Adult Social Work and Social Care Leadership Team  
Fiona Malcolm, Highland Council Executive Chief Officer for Health & Social Care (until 2.30pm)  
Ian Thomson, Head of Service: Quality Assurance; ASC  
Natalie Booth, Committee Administrator  
Kira Brown, Committee Administrator  
Stephen Chase, Committee Administrator  
Nathan Ware, Governance & Corporate Records Manager

#### Apologies:

Cllr Ron Gunn.

## 1 WELCOME AND DECLARATIONS OF INTEREST

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

The meeting was quorate.

J McCoy noted that she had considered making a declaration in relation to section 7.7 of the Chief Officer Report (item 3.5) and having applied the objective test declared her interest but felt that it did not interfere with the business of the committee.

The Chair expressed thanks on behalf of the committee to outgoing members, Ann Clark, who was stepping down from the Board from April, and Neil Wright as GP representative to take up a non-executive role on the Board (the GP Subcommittee would nominate a replacement in due course); and S Chase who would be replaced as committee administrator by N Booth from the next meeting.

The Chair noted that D van Ruitenbeek had resigned from the committee and that therefore the committee had no current lay representation. He noted that he would discuss the matter of recruitment of new lay representatives with the Board Chair.

*The Chair requested that item 3.3 be taken ahead of 3.1, and that item 4.1 be considered ahead of 3.5.*

## **1.2 Assurance Report from Meeting held on 15 January 2025 and Rolling Actions**

The draft minute from the meeting of the Committee held on 15 January 2025 was approved by the Committee as an accurate record.

It was noted that there was only one rolling action and that this would be closed in item 4.1.

### **The Committee**

- **APPROVED** the Assurance Report, and
- **NOTED** the Rolling Actions.

## **1.3 Matters Arising From Last Meeting**

## **2 FINANCE**

### **2.1 Financial Position at Month 9 and the remainder of the 2024/25 Financial Year**

The Head of Finance for HHSCP presented the report and a PowerPoint which summarised the financial position for NHS Highland at Month 9 with further detail presented on the HHSCP position. The forecast year end deficit £45.1 million with the assumption that additional action was taken to deliver breakeven ASC position. The forecast is £4.6 m better than the revised brokerage limit set by Scottish Government and £5.5 m better than the target agreed with the Board in May 2024. £1.102 m of funding was confirmed in Month 9, which had included an adjustment to the Mental Health Outcome Framework funding and Tranche 2 of ADP funding.

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

A year-to-date (Month 9) overspend of £19.963 m was reported within the HHSCP, and it had been forecast that this would decrease to £5.060 m by the end of the financial year based on the assumption that further action would enable delivery of a breakeven ASC position. A £3.042 m overspend had been built into the forecast to acknowledge the continuing pressures around prescribing and drugs. A high risk was noted around the assumed delivery of £2.319 m of ASC

value and efficiency cost reductions and improvements in the forecast. Further detail was provided in a slide presentation circulated to the members around North Highland Communities; Mental Health Services; Primary Care; Adult Social Care; Cost Reduction/Improvement Target; Value and Efficiencies; HHSCP Supplementary Staffing.

In discussion, the following topics were discussed:

- The Chair noted a £3.5 million increase in the forecast for North Highland communities from month 9 to month 12. This was due to higher social care costs from ASC packages and sustainability payments and increased primary care costs from unaccounted invoices. It was noted that month 10 showed a slowdown, therefore there were no major concerns.
- Members asked about the strategy for managing the rise in National Insurance costs for Commission services without extra funding, stressing the need for a collective approach and clarity on the timing and decision process. The HSCP were reviewing their financial plan with the Scottish Government to address the National Insurance increase, but it was still early days with no commitment for extra funding yet.
- The Chief Officer for the HSCP advised that there had been national meetings and discussions about the impact of increased costs on the sector, including talks with the cabinet secretary and ongoing discussions about the National Care Home contract, but complete information and assurances were still pending.
- The Chair noted that the funding situation from the Scottish Government was still fluid, requiring a strategic approach to handling National Insurance requirements for providers, with plans to address these issues at the next committee meeting and the third sector programme board next week.

**The Committee:**

- **NOTED** from the report the financial position at month 9 and the associated mitigating actions, and
- **ACCEPTED** limited assurance.

### **3. PERFORMANCE AND SERVICE DELIVERY**

#### **3.1 Self-Directed Support Assurance Report**

I Thompson noted that the strategy aimed to transform adult social care by aligning with SDS standards, fostering strong relationships between social workers, unpaid carers, and those needing support, and providing flexible access to resources. It emphasised creating tailored care plans and support solutions based on individual needs, promoting a learning culture, worker autonomy, and integrating community supports. The strategy also called for reevaluating policies and procedures to ensure systems supported workers and individuals effectively. This involved promoting local models of care, integrating community activities, and ensuring that systems acted intelligently and supportively, creating a supportive environment for quick decision-making and realistic resource information.

S Steer highlighted that the committee received moderate assurance due to the significant changes needed in adult social care, stressing the need for a major shift in service delivery. Efforts focused on monitoring service satisfaction, financial spending, and infrastructure support to improve decision-making speed and ease, with the strategy representing a fundamental change in practice requiring honest reporting and resource allocation

In discussion,

- The Chair questioned the ability to change the commissioning strategy, highlighting the need to rethink option two and remove barriers limiting effectiveness. He emphasised addressing unregulated staff like personal assistants and clearly outlining changes to improve resource utilisation and service delivery.
- Significant apprehension around SDS as a commissioning model within the third sector was highlighted, requiring substantial work to build confidence over the next few years. SDS should be seen as an enabler rather than a barrier, with efforts underway to shift this perception and use it effectively.
- It was noted that addressing issues would require more than one session and emphasised presenting the work as a programme linked to the strategic plan.
- The need for diverse relationships in adult social care beyond option three and registered services was highlighted, proposing a new model of eligibility for accessing community supports through advice and guidance.
- Incremental changes like third sector organisations offering option two services were suggested to better tailor care and strengthen community support.
- The importance of offering all four options of self-directed support for a more engaged commissioning landscape was emphasised, highlighting the need for a balance between safety and flexibility.
- The need for equal access to services, especially in rural areas where accessing services was explained as a significant challenge.
- S Steer emphasised the importance of ensuring equity across different populations and geographical areas in commissioning activities, noting that the strategic health needs assessment is being finalised by early February, with further work on commissioning intentions and care strategies expected by June.

**The Committee:**

- **NOTED** the report and recommendations.
- **ACCEPTED** moderate assurance that purposeful work is being undertaken to ensure compliance with Self Directed Support legislation and policy.

### 3.2 Carers Strategy Update

The committee received an update on the unpaid carers' work, focusing on the refreshed carers' strategy, which was in draft and being shared with key stakeholders. This strategy, developed with carers, aimed to support the whole system approach for SDS, recognising unpaid carers as vital to the community and ensuring they had access to services, support, and information. The committee was moderately assured and informed that a clear framework for the strategy's outputs would be presented later.

M Keir noted the strategy, developed over a year, highlighted that unpaid carer in the Highlands provided vital support worth an estimated £694.5 million annually, yet less than 8% accessed support, indicating a critical service gap. The objectives included increasing carer awareness, expanding respite care, and enhancing partnerships for tailored support. The plan involved proactive engagement, early intervention, training, and creating a care-centric approach by involving carers and using their feedback. Additionally, it aimed to better utilise funding for respite services, raise awareness of various respite options, and strengthen partnerships to improve access to support.

In discussion,

- The committee noted the need for clarity on percentages in the report and suggested including examples of current work to illustrate the strategy's vision.
- They recommended creating an easier-to-read version for unpaid carers, celebrating achievements while acknowledging future ambitions.
- Insights from carers on broader issues like employment and housing were raised, emphasising the importance of addressing these factors through a population health lens.
- The strategy's link with the employability strategy was suggested, with questions on how changes would be implemented and funded.
- The importance of community awareness alongside carer awareness was highlighted, aiming for meaningful change beyond a healthcare-centric approach.
- The interaction between the adult carer strategy and the young persons' carers strategy was emphasised, maintaining connectivity between the two.
- The need for accessible and fit-for-purpose services, including flexible respite care options, was highlighted.

**The Committee:**

- **NOTED** the report.
- **ACCEPTED** moderate assurance that the strategy is complete, and that there is a requirement for it to have further socialisation and feedback from stakeholders in the HHSCP and with community stakeholders.

### 3.3 DPH Annual Report and Service Planning Update

The Deputy Director of Public Health emphasised health inequalities were significant, often stemming from avoidable factors. These disparities were measured in various ways, including life expectancy and healthy life expectancy which revealed stark differences between the least and most deprived areas and genders. Financial insecurity was a primary driver and impacted quality of life, disability, and premature death. While health services played a role, their contribution was small compared to factors like income security and living conditions. Addressing these would have the most significant impact on health equity. She highlighted NHS Highland was committed to tackling these issues and by considering all conditions of life, they could effectively reduce health inequalities and improve overall health outcomes.

In discussion,

- The committee valued the report on population health, noting the significant issue of years of life lost in the Highlands due to ischemic heart disease. Improving the Highland diet was deemed crucial, with a need to update outdated dietary guidelines to reflect current science. A joint post between the health service and local authority for Tim's successor was suggested to enhance public health efforts.
- Access to fresh food and proper cooking education in schools, especially in rural areas, was highlighted as crucial for healthy diets.
- Members questioned concrete ways the Community's directorate could contribute to implementing the report's recommendations. The joint strategic needs assessment provided essential data for the joint strategic plan, emphasising engagement with district planning groups and sector partners to improve service delivery and access.
- It was suggested that next year's work plan include specific reports on the progress of implementing the board's recommendations, with more frequent discussions agreed upon as beneficial.

- Addressing health inequalities requires political bravery and resource reallocation, even if unpopular. Resources should be directed to those in need rather than those capable of challenging decisions. Robust commissioning practices focused on impactful demographics were emphasised over non-essential activities.

**The Committee:**

- **NOTED** the update.
- **ACCEPTED** substantial assurance that the requirement for the publication of the report has been met.

**The Committee took a Break between 2.44pm and 3pm**

### 3.4 IPQR for HHSCP

R Boydell discussed the executive summary performance indicators, noting improvements in SDS, waiting times for psychological therapies, and chronic pain. Care homes saw reduced longer stays and increased activity. However, delayed discharges and outpatient waits for the health and social care partnership were areas of concern. The number of delayed discharges decreased from 220 to 196 in the following month's data. Additionally, the Community Assessment Day by musculoskeletal physiotherapy significantly reduced waiting lists for physiotherapy, with findings to be applied to other services.

Members highlighted issues with SDS options one and two due to a lack of preferred services and suggested an indicator for budgets spent or recouped to show struggles in employing personal assistants. The Chair questioned how to measure SDS effectiveness, particularly option one, to avoid returning unspent money. The Chief Officer for the HSCP proposed discussing SDS development in a session, focusing on carers' experiences and choice, and acknowledged recruitment challenges for personal assistants, suggesting strategies for future changes.

Members inquired about delayed discharges due to guardianship and the complexity of the system, asking for a date for more data on wait lists post-Morse system move. The Chief Officer for the HSCP explained work on guardianship needs, monthly reports, and delays due to court closures, highlighting efforts to prioritise assessments and prevent hospital admissions. There was no confirmed date for the Morse system move. The Chair suggested emailing the date once available, with the committee agreeing to note the report and accept limited assurance.

**The Committee:**

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

### 3.5 CHIEF OFFICER'S REPORT

The Chief Officer spoke to the report and noted:

- North Skye Actions: Efforts continued as per the Sir Lewis Ritchie report, with wider engagement to deliver the Joint Strategic Plan.
- Lochaber Projects: The Single Point of Access Project was in place, with progress on the Belford Hospital build, Falls Workstream, and Local Care Model.
- Digital Service Tender: A joint tender was issued for a digital service supporting recovery, focusing on rurality and access inequalities.
- Joint Inspection: An inspection was carried out by Care Inspectorate and Healthcare Improvement Scotland on partnership effectiveness for adult services.

- New Craigs Hospital: Significant pressures were experienced; exploration of redesigning the Critical Pressure Escalation Process was underway.
- Recruitment Success: Positive impacts were seen on patient discharge, reopening of beds and care facilities.
- Community Appointments: Beds were increased at Invernevis House and the MSK Community Physio Appointment Day was successful.
- Medical Practice Transformation: Alness and Invergordon Medical Practice recruited nine GPs.
- Time to Care Group: Weekly meetings were held to improve care productivity and support systems.
- QNIS Development Programme: A colleague was selected for the third consecutive year; Barry Muirhead was to be elected as Cochair of the National Mental Health Group.
- Tender Process: An alternative to tender wavering was needed to increase capacity.
- Governance and Marketing: These needed to be aligned with the Commissioning Strategy, with updated service specifications due by June.
- Service Specifications: Discussions took place on enhanced service specifications for diabetes, care homes, and urology.
- National Care Service: The integration model was reviewed as the Lead Agency Model needed dissolution.
- Steering Group Development: The development of a steering group with NHS Board and Highland Council was proposed.

The Chief Officer reiterated the importance of coproduction, community and partnership engagement, and staff retention in remote rural areas.

#### **The Committee:**

- **NOTED** the Chief Officers report.

## **4 COMMITTEE FUNCTION AND ADMINISTRATION**

### **4.1 Care Governance Final Report**

C Copeland emphasised the collaborative effort behind the paper, highlighting significant work since autumn 2023, the embedding of a new system for recording and investigating issues, and the need for further refinement in governance practices. R MacDonald discussed integrating social work and social care governance into the clinical governance framework, noting improvements in language and reporting processes, the establishment of a multi-agency group, and the importance of retaining learning from adverse events.

In discussion,

- Members sought clarification on whether the new system, InPhase, would incorporate learnings from Datix to ensure user-friendliness for social work and social care staff, and expressed interest in hearing from frontline staff about workplace safety. The Committee were reassured that InPhase would allow for necessary adaptations and improvements, highlighting positive outcomes like reductions in falls and medication errors, and emphasising the importance of creating a safe space for learning rather than blame.
- Members reflected on the cultural shift in using Datix, noting positive progress in reporting adverse events and suggesting a review of the impact of these changes. F Duncan emphasised the need to balance data with broader governance and narrative for

comprehensive assurance. C Copeland highlighted the framework's blend of data and narrative to assess effectiveness and the importance of capturing team discussions for a culture of learning and safety.

- The Chair expressed appreciation for the progress made over the past 15-16 months, proposed closing the original action item related to concerns from 18 months ago, and suggested incorporating care governance into future reports, emphasising the importance of ongoing assurance and noting substantial progress.

**The Committee:**

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

#### **4.2 Committee Workplan 2025-26**

The Chair noted the draft committee workplan was presented with the expectation of making addendums throughout the year. He highlighted the challenge was to avoid continuously adding to it as this would be impractical. A discussion with the Chief Officer for the HSCP would be held to tweak the workplan to maximise efficiency. The first draft for 2025-2026 was provided for consideration.

**The Committee:**

- **APPROVED** the Committee Workplan for 2025-26.

#### **4.3 Committee Annual Report 2024-25**

The Chair highlighted the annual report for 2024-2025, which would be submitted to the Audit Committee in May as part of the overall assurance process for the board, leading to the Chief Executive signing the annual assurance statement. A discussion on this will be held at the next committee meeting or a future development session.

**The Committee:**

- **APPROVED** the Committee Annual Report for 2024-25.

### **5 AOCB**

D Fraser inquired about the letter on the hubs and whether it would be discussed, noting emails received the previous day. The Chair confirmed that the issue would be addressed at the third sector programme board meeting next week, with ongoing internal discussions to conclude and respond accordingly.

#### **DATE OF NEXT MEETING**

The next meeting of the Committee will take place on **Wednesday 7th May 2025 at 1.00 pm** on a virtual basis.

**The Meeting closed at 15.54 pm**