

NHS Highland

Highland Health and Social Care Committee Annual Report

To: NHS Highland Audit Committee

From: Gerry O'Brien, Chair, Highland Health and Social Care Committee

Subject: Highland Health and Social Care Committee Report 2024/25

1 Background

In line with sound governance principles, an Annual Report is submitted from the **Highland Health and Social Care Committee** to the Audit Committee. This is undertaken to cover the complete financial year, and allows the Audit Committee to provide the Board of NHS Highland with the assurance it needs to approve the Governance Statement, which forms part of the Annual Accounts.

2 Activity April 2024 to March 2025

The Highland Health and Social Care Committee met on six occasions during 2024-25. Development sessions formed an important element of committee development opportunities and *** were held during financial year 2024-25. The minutes from each Committee meeting have been submitted to the appropriate Board meeting for assurance purposes. Membership and attendance are set out in the table below.

Membership and Attendance from 01 March 2024 to 31 March 2025

MEMBER (Voting)	6/3/24	8/5/24	10/7/24	4/9/24	6/11/24	15/1/25	5/3/25
Gerry O'Brien, Chair	✓	✓	✓	✓	✓	✓	
Philip Macrae, VC	✓	✓	Apol	✓	✓	✓	
Ann Clark	✓	✓	✓	✓	✓	✓	
Joanne McCoy	Apol	✓	✓	✓	✓	✓	
Muriel Cockburn	✓	✓	✓	✓	✓	✓	
Pam Stott, CO	✓	✓	✓	✓	✓	✓	
Tim Allison, Dir of Public Health	✓	✓	✓	✓	✓	✓	
Claire Copeland, Medical Lead	✓	✓	-	✓	-	-	
Cllr David Fraser	✓	✓	-	✓	Apol	✓	
Cllr Chris Birt	✓	✓	Apol	✓	Apol	Apol	
Cllr Ron Gunn	Apol	-	-		Apol	✓	
Simon Steer, Dir of Adult Social Care	✓	-	✓	✓	✓	✓	
Elaine Ward, Deputy Dir of Finance	Apol Sub Frances Gordon	✓	✓	✓	✓	Apol Sub Frances Gordon	
Julie Gilmour Nurse Lead	✓	✓	✓	✓	✓	✓	
IN ATTENDANCE (Stakeholders)							
Kaye Oliver (Staffside representative)	✓	✓	✓	✓	✓	✓	

Diane Van Ruitenbeek (Public/Patient rep)	✓	✓	Apol	✓	✓	Apol	
Michelle Stevenson Public/Patient Rep Until 31 May 2024	Apol	✓	N/A	N/A	N/A	N/A	N/A
Wendy Smith Carer Rep Until 31 May 2024	-	-	N/A	N/A	N/A	N/A	N/A
Mhairi Wylie (Third Sector Rep)	Apol	✓	✓	✓	✓	-	
Neil Wright (Lead Doctor)	✓	✓	✓	✓	✓	✓	
Catriona Sinclair (Area Clinical Forum)	-	-	-	-	-	-	
Kara McNaught (Area Clinical Forum)	-	-	✓	✓	-	-	
Fiona Malcolm (Highland Council Executive Chief Officer for Health and Social Care)	Apol	✓	✓	Apol	✓	✓	
Fiona Duncan (Highland Council Chief Social Work Officer)	✓	✓	✓	Apol	✓	Apol	

During the period covered by this report the Committee Chair was Gerry O'Brien and Philip Macrae was Vice Chair. At the end of May 2024, the terms of appointment lapsed for one of the Committee's Public/Patient representatives and the Carer representative. Further recruitment exercises were held but with no suitable candidates having been identified. Efforts continue with further consideration being given as to how these roles can be filled.

2.1 Post Pandemic

The long-lasting changes arising from the 2020 pandemic continue to impact on the business of the Committee and delivery of services with reports regularly describing the long-lasting impact of the pandemic. The Committee has been particularly concerned to understand the impact on users, carers and our workforce and the changes necessitated by measures to reflect revised delivery requirements and in many instances the change in behaviours of service users and workforce in 2024 and beyond.

2.2 Service Planning and Commissioning

The Committee considered various aspects of the planning, commissioning and co-ordination of services across Highland Health and Social Care Partnership including: Commissioned Care at Home services, Care at Home Collaborative Group, Primary Care Improvement Plan implementation, Mental Health Services, Children's and Young People's Services, progress with the commissioning of services from the Third Sector, Carer's Strategy implementation and implementation of a new strategy for Self-Directed Support services for adult social care. Common themes across all these reports were the impact of the cost-of-living crisis, rising energy costs and continued recruitment and retention difficulties. The absence of an agreed commissioning strategy for services continues to hinder the introduction of revised commissioning arrangements. Following agreement of the Joint Strategic Plan 2024-2027 in January 2024, it is essential that commissioning arrangements are reviewed and revised within that strategic context. The Committee noted on several occasions' issues arising from the utilisation of the National Care Home Contract as a basis for commissioning care home services. The construct of the contract appears to be unsuitable for most care homes across North Highland leading to increased sustainability issues for service providers.

2.3 Scrutiny of Performance

2.3.1 Service Delivery

The Committee has received assurance reports on particular areas of service delivery including mental health services, learning disability services, children's services and a range of reports covering adult social care services and Primary Care Services. The question of assurance on Clinical and Care Governance in relation to areas within the committee's remit is now close to being resolved with significant work having been undertaken by Highland Health and Social Care Partnership Quality and Patient Safety forum which is multi professional and now reflects care governance in line with the Vincent Framework. The Committee received regular updates on the vaccination programme option appraisal and was pleased with the recent decision by the Scottish Government to permit the development of a locally delivered service for adults. At each meeting the Committee received an exception report from the Chief Officer focusing on current service issues, developments in relation to local care home discussions, the National Care Service, significant capital developments underway, and celebration of team and individual staff awards and achievements and recognition for service delivery.

Although an undoubted success story, the implementation of the Medical Assisted Treatment standards for addiction services highlighted once again the geographical issues facing services and the problem of ensuring that transport issues are not permitted to prevent full access to services. We heard through a number of service reports the vital importance of listening to the voices of carers and ensuring that solutions and services are truly co-designed and implemented appropriately.

2.3.2 Finance

The Committee received regular reports on the financial position of services within its remit. The 24/25 financial position was extremely challenging with the opening financial plan supported by the requirement for NHS Highland to deliver a savings target of £84.091m in order to deliver against a brokerage cap of £28.4m and an opening financial deficit in Adult Social Care of £17.5m. Across NHS Highland delivery of recurring savings has been a challenge with a total forecast delivery of £17m across North Highland and Adult Social Care. Additional expenditure pressures arose during the year in relation to locum and agency costs, particularly in Primary Care and Mental Health, rising costs associated with care home, care at home and a significant increase in the number and associated cost of care packages for individual clients. Prescribing costs, driven by volume of prescriptions and drug costs presented a significant challenge in year. The forecast outturn position at month 09 sits at an overspend of approximately £4.6m and this position assumes a degree of non-recurring support, £18.3m, from The Highland Council in relation to the delivery of Adult Social Care. Progress on the transformational change required to return to a sustainable financial position can only be achieved through the implementation of the Joint Strategic Plan and implementation of a new Health and Social Care Partnership Commissioning Strategy addressing continued financial pressures in adult social care.

3 Corporate Governance

The committee undertook a self-assessment exercise in January 2025 and the results and resulting actions will be reflected in our 25/26 work plan and operational methodology. Terms of Reference have been reviewed and no significant changes have been made although there may be changes arising from the self-assessment exercise.

4 External Reviews

None

5 Key Performance Indicators

The agreed workplan for the year attempted to group key service issues together to allow committee members the opportunity to explore areas in more detail at individual meetings. Following implementation in 22/23 we have been able to make use of the Highland Health and Social Care IPQR for all the year. This report has graphically illustrated the unmet need in our Adult Social Care Services

with the report regularly showing a shortfall of circa 2,800 hours per week in Care at Home services, utilisation of available Care Home beds at 94%-95% and a steadily increasing number of Hospital Delayed Discharges, sitting at 225 at January 2025. These stark figures mask the collective efforts of our staff to deliver health and care services in an extremely challenging environment. On a more positive note, we have seen a steady increase in Self Directed Support Option One, with current performance now at 15% of all clients. However, there must be a sense of caution when looking at this figure as it may well be a manifestation of no other options being available. Currently the IPQR concentrates primarily on adult social care indicators, further development work is required in areas such as mental health, primary care and community services and this will be a major thrust of 25/26 work.

Performance against the Psychological Therapies target has been encouraging in the first half of the year with an increase to 87% in those receiving services within the 18-week target. Performance against the NDAS target is significantly below required levels. This area continues to be a major focus for scrutiny.

A report on performance for the 24/25 year will be published in July 2025. The 23/24 Performance Report showed improvement is required in the following areas: delayed discharges, capacity within Social Work services to undertake legal duties of assessment and review and timescales for accessing drug and alcohol services.

6 Emerging issues for 2025/26

It is likely that workforce issues of recruitment, retention and staff wellbeing will be critical to NHS Highland's ability to manage the competing priorities of post pandemic service recovery and improving outcomes for our population. The extreme financial pressure across the entire health and care system will inevitably mean discussions will need to take place about new models of integration and service delivery. As the vaccination programme moves to a locality-based model the committee will closely monitor performance level as well as the more qualitative aspects of patient experience. Implementation of Delayed Discharge actions will be closely monitored although it must be noted that the wide ranging system issues resulting in delayed discharges will be monitored across the full range of Board governance committees.

7 Conclusion

Gerry O'Brien, as Chair of the Highland Health and Social Care Committee has concluded that the systems of control within the respective areas within the remit of the Committee are operating adequately.

Gerry O'Brien, Chair

Highland Health and Social Care Committee

DATE 3 March 2025