

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 5 November 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
Cllr. Christopher Birt, Highland Council
Thomas Brown, Lead Doctor (GP)
Louise Bussell, Nursing Director
Cllr Muriel Cockburn, Non-Executive
Jennifer Davies, Director of Public Health and Policy
Fiona Duncan, Highland Council Chief Social Work Officer
Helen Eunson, Area Clinical Forum
David Fraser, Highland Council (until 13.57 pm)
Ron Gunn, Highland Council
Arlene Johnstone, Interim Chief Officer for Highland HSCP
Joanne McCoy, Non-Executive
Philip MacRae, Non-Executive
Fiona Malcolm, Highland Council Executive Chief Officer for Health & Social Care
Allyson Turnbull-Jukes, Area Clinical Forum Chair
Simon Steer, Director of Adult Social Care
Elaine Ward, Deputy Director of Finance (until 13.28 pm)
Neil Wright, Non-Executive
Mhairi Wylie, Third Sector Representative

In Attendance:

Natalie Booth, Board Governance Assistant
Rhiannon Boydell, Head of Integration, Strategy and Transformation, HHSCP
Paul Chapman, Associate Director AHPS (North Highland)
Stacey Evans-Charles, Tissue Viability Lead Nurse
Gillian Grant, Interim Head of Commissioning Adult Social Work and Social Care
Michelle Johnstone, Area Manager
Philippa Hurley, Corporate Assistant
Melanie Newdick, Member of the Public Attendee
Dominic Watson, Head of Corporate Governance

Apologies: Ruth McDonald, Jill Mitchell, Kate Patience-Quate and Ian Thomson.

1.1 Welcome

The meeting opened at 13.00 pm, and the Chair welcomed the attendees. The meeting was quorate.

1.2 Declarations of Interest

There were no declarations of interest.

1.3 Assurance Report from 03 September 2025, Action Plan and Workplan

The draft minute from the meeting of the Committee held on 3 September 2025 was **approved** by the Committee as an accurate record.

The Chair asked that the Draft Commissioning Strategy would be added to the Workplan for the January 2025 meeting.

The Committee agreed that actions 20 and 21 on the Action Plan would be closed.

The Committee

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

1.4 Matters Arising from Last Meeting

There were no matters arising from last meeting discussed.

2 FINANCE**2.1 Finance Report – Month 5 2025/206**

Report by Elaine Ward, Deputy Director of Finance

The Head of Finance for HHSCP advised that NHS Highland had submitted a financial plan to the Scottish Government for the 2025/2026 in March 2025. The financial plan submitted to Scottish Government (SG) in March 2025 was not accepted and they indicated that a resubmission was necessary. A revised plan was submitted in June 2025 and accepted by SG detailing a net financial deficit of £40.005 million. The Board had continued working with SG to improve the financial position.

At the end of June 2025 (Month 5), an overspend of £29.144 million had been reported, with projections indicating this could increase to £40.005m by the end of the financial year. The forecast position had assumed further work would enable a breakeven outcome within Adult Social Care (ASC) by 31 March 2026. Within the Highland Health & Social Care Partnership, a year-to-date overspend of £17.347 million had been reported, with forecasts suggesting this could rise to £23.661 million by year-end. This projected overspend included £19.936 million relating to ASC, which the Board had assumed would be brought into financial balance by the end of the financial year.

Further detail was provided in relation to North Highland Communities; Mental Health Services; Primary Care; Adult Social Care; Value & Efficiency; and Supplementary Staffing.

She also highlighted that a meeting with the Scottish Government was scheduled to discuss financial pressures, including unresolved funding for Agenda for Change non-pay elements. Financial planning for 2026–2027 had started, but timelines could change due to the delayed Scottish Government budget announcement in mid-January.

During discussion the following points were raised:

- Committee members expressed concern that delivering the planned savings target was unrealistic and posed a financial risk. The Head of Finance for the HSCP and Chief Officer confirmed that a review of work streams and programmes had been planned to assess delivery, with risks of slippage and limited new ideas highlighted and major transformation noted as potentially necessary.
- Committee members noted the need to determine when to acknowledge the reality of not meeting targets and identify practical steps to maximise what can reasonably be accomplished.
- The Head of Finance for the HSCP noted that the initial plan had required significant early actions, leaving few options for further savings and creating a high delivery risk. A recovery plan was in progress, but achieving the year-end position remained uncertain and depended on assumptions holding true and avoiding unexpected cost pressures.

The Committee:

- **NOTED** from the report the financial position at month 5 and the associated mitigating actions, and
- **ACCEPTED limited** assurance.

3. PERFORMANCE AND SERVICE DELIVERY

3.1 Integrated Performance and Quality Report

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

The committee agreed not to take assurance on the IPQR at this meeting due to the late submission of the paper and members' limited time to review it, with a deeper discussion planned for January.

The Chief Officer for Highland HSCP apologised for the delay, citing system alignment issues as the cause.

The Committee agreed to defer this item to the January 2026 meeting.

3.2 HHSCP Urgent & Unscheduled Care – Winter Pressures

Report by Arlene Johnstone, Chief Officer for Highland HSCP

The Chief Officer spoke to the circulated paper which provided an update on urgent and unscheduled care work, noted winter pressures had extended across seasons and outlined priorities for cross-system initiatives. Key developments had included the Inverness Hospital at Home model with eight community beds due by December, expanded patient pathways through the Flow Navigation Centre and out-of-hours teams, and the transition of discharge-to-assess from pilot to a permanent model. Cultural change and risk management remained central to ensuring safe discharge practices and system-wide confidence.

In discussion, the following points were raised:

- Committee Members raised concerns about scaling up Hospital at Home and Discharge-to-Assess pilots before formal evaluation. The Chief Officer highlighted that a detailed benefits realisation and evaluation report would be brought to a future meeting, as current expansion is driven by Scottish Government funding and national guidance, with local data still being gathered
- Committee Members noted national strategies may not always translate effectively to remote and rural areas, and that supporting data is important. They also highlighted the need for clarity on risk management at discharge and assurance that system processes operate as intended
- Committee Members highlighted concern on the availability and measurement of locality-level data, the use of additional government funding, and the need for clarity on where and how resources had been applied.
- The Chief Officer suggested providing a briefing to Committee Members on system-wide spending prior to the January meeting.
- The Committee Chair queried the extent of anticipatory care plan use across North Highland and whether data sharing was operating effectively to ensure clinicians had full patient information. The Associate Director AHPs confirmed that full solutions were not yet in place due to complex IT systems, but work was underway to improve information sharing and record access, with action plans focused on frailty and collaboration with the ambulance service.
- The Committee agreed that a briefing on the current use and accessibility of anticipatory care plans and emergency care records across North Highland would be requested.

The Committee:

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| <ul style="list-style-type: none">– NOTED the report.– ACCEPTED moderate assurance from the report. |
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3.3 Mental Health Service Assurance Report

Report by Arlene Johnstone, Chief Officer for Highland HSCP

The Interim Head of Mental Health Services spoke to his presentation on strategic highlights. He noted the development of the Together Stronger strategy and the creation of a three-year delivery plan. A joint inspection of adult mental health services had commended the partnership for strong leadership and early intervention, while identifying five areas for improvement, such as integrated outcomes and workforce planning. Work had progressed on ADHD referral pathways, bed reconfiguration at New Craigs Hospital to increase acute capacity, and the expansion of the Distressed Interventions Programme. Additionally, digital transformation initiatives and patient

safety improvements had been implemented, resulting in positive outcomes and reduced reliance on agency nurses.

In discussion the following points were raised:

- Committee Members queried delays to the ADHD Level 3 pathway and their impact on patients. The Interim Head of Mental Health Services confirmed development was ongoing with wider input and that all patients had been updated after the September screening.
- Committee Members raised concerns about medication management needing specialist initiation and monitoring and asked if primary care would be involved. The Interim Head of Mental Health Services acknowledged this was complex and noted that future pathway work would include discussions with primary care.
- Committee Members queried the status of the autism service. The Interim Head of Mental Health Services confirmed a pilot autism assessment was underway with promising results. Full evaluation was pending and plans included expanding pathways beyond mental health professionals to skilled partners.
- Committee Members welcomed Distress Brief Intervention (DBI) expansion and asked about training for primary care and queried where the updated 2025 mental health strategy could be accessed online. The Interim Head of Mental Health Services confirmed DBI expansion was planned, with possible inclusion in prisons. Training for primary care would be explored, and the updated strategy would be published once finalised.
- Committee Members queried whether adding 12 acute beds was sufficient after 24 had closed and raised concerns about relocating the assessment and treatment unit. The Interim Head of Mental Health Services confirmed 36 beds should meet current need and stated the Mental Welfare Commission had reviewed and accepted the reconfiguration plans.
- Committee Members highlighted unmet demand in ADHD Level 3–4 services, unclear shared-care processes, and gaps in specialist monitoring. The Interim Head of Mental Health Services explained monitoring delays followed workforce instability but confirmed a new ADHD Advanced Nurse Practitioner would improve capacity, while noting risks linked to a very small specialist team.
- Committee Members raised concerns about workforce dependency, ADHD monitoring oversight, external placement costs, and progress toward local low-secure provision, and asked about business-case timelines and training improvements. The Interim Head of Mental Health Services confirmed scoping for a business case was underway, with an outline due year-end, and reported that statutory training gains resulted from consistent tracking and managerial focus.

The Committee:

- **NOTED** the position,
- **ACCEPTED moderate** assurance that

3.4 Chief Social Work Officer Annual Report 24/25

Report by Fiona Duncan, Chief Social Work Officer

The Chief Social Work Officer spoke to the circulated report and highlighted the annual statutory report for 2024–25 set out how social work and social care services in Highland were delivered and highlighted key activities, developments and challenges. It showed that statutory duties across adult and children's services functioned well and that multi-agency work supported quality assurance, learning and improvement. The report also noted strong inspection outcomes, ongoing workforce and capacity pressures, and continued progress in service redesign and locality-based models.

In discussion, the following points were raised:

- Committee Members asked whether the rise in children using SDS was a planned change or a reaction to reduced third-sector availability. The Chief Social Work Officer confirmed it was planned, linked to restarting short breaks after COVID, aligning children's and adults' SDS to improve transitions, and updating third-sector contracts to ensure appropriate support.

- Committee Members queried how children's services were coping with a reported 44 per cent vacancy rate. The Chief Social Work Officer explained the rate had reduced to 22 per cent through a "grow-your-own" trainee scheme, new support-worker roles, and redesigned staffing models that allowed the service to maintain delivery despite workforce pressures.
- Committee Members queried planning progress for the increased prison population at the new prison and the impact it will have on healthcare and social work duties. The Chief Officer confirmed planning was well advanced with a business case underway, active work with the Scottish Prison Service, and national discussions on transferring social care responsibilities to local authorities.
- Committee Members raised concerns about the care home contract, requested benchmarking, sought clarity on engagement for the corporate-body work, and highlighted limited female provision at HMP Inverness. It was confirmed that benchmarking would be provided, engagement would follow Board and Council agreement, planning would begin in the new year, and female remand capacity existed.

The Committee:

- **NOTED** and **DISCUSSED** the update.

The Committee took a Break between 2.40 pm until 2.50 pm

3.5 Inspection Results

Report by Arlene Johnson, Chief Officer for Highland HSCP.

The Interim Head of Commissioning Adult Social Work and Social Care (Interim Head of CASWASC) explained that the report consolidated previous assurance updates to give a full twelve-month overview of registered care services across Highland. She noted that Highland had 146 registered services, most of which were externally commissioned, and outlined how inspection gradings, feedback meetings and RAG monitoring informed oversight and support for providers. She reported that most services had been graded very good or better in at least one inspection area, with only a small proportion rated two or below, and emphasised that providers remained responsible for addressing regulatory concerns, with the partnership offering support where appropriate.

In discussion, the following points were raised:

- Committee Members queried how a proposed pre-inspection audit of commissioned services would work, how it would be funded, and asked for further detail as they felt it was a valuable idea. The Interim Head of CASWASC explained that larger providers already used internal quality-assurance teams and that NHS Highland planned to pilot an internal pre-audit model using an external consultancy to improve inspection readiness.
- The Director of Nursing supported the need for additional internal assurance and noted that this work aligned with the Care Home Collaborative, emphasising the importance of support alongside clear expectations for providers.
- Committee Members asked how the proposed pre-audit approach would link with other commissioned services, including GP enhanced services and geriatrician input, stressing the need for joined-up quality assurance. The Interim Head of CASWASC confirmed that care-home oversight involved multiple teams and stated that NHS Highland was working to streamline links across partners under a national mandate focused on collaboration.
- Committee Members highlighted the need for stronger and more frequent communication with the public about care quality, noting recent negative publicity and concerns about differences between independent and in-house services. The Interim Head of CASWASC acknowledged the concern, emphasised that poor care was a minority but had high impact, and confirmed plans for a communication strategy to build confidence in the overall quality of Highland services.
- Committee Members asked for assurance that robust processes, training and support were in place to enable staff to raise concerns confidently. The Interim Head of CASWASC confirmed that commissioned providers were contractually required to meet safer-staffing and induction standards, and that monitoring processes identified concerns when expectations were not met.

- The Chief Officer explained that internal services used existing routes such as the Guardian Service, Speak Up and line-management processes, supported by a working group improving access to training and oversight in in-house care homes.
- The Director of Adult Social Care highlighted ongoing work to reduce variation across care homes and care-at-home services, linking enhanced services, geriatrician involvement and collaborative approaches to achieve more consistent, system-wide support and assurance.
- Committee Members asked how the organisation gathered “soft intelligence” during the year—such as concerns from visitors, staff observations or complaints—to identify issues between inspections. The Nursing Director advised that the collaborative was exploring ways to capture soft intelligence more systematically, including staff feedback, resident-experience work and triangulated information from providers and commissioning teams.
- The Interim Head of CASWASC confirmed that RAG meetings and existing networks already captured real-time intelligence but acknowledged that further strengthening was needed through collaborative work.
- Committee Members suggested improving governance links by aligning care-home intelligence with existing NHS quality and patient-safety systems, proposing that the topic return to a future committee meeting. Members agreed and supported joint work with the Clinical Governance Committee.
- The Nursing Director noted the appointment of a new Associate Director of Quality and Clinical Governance, highlighting an opportunity to strengthen assurance processes and better align governance across committees.

The Committee:

- **NOTED** the report and the overview provided in respect of Care Inspectorate gradings from 1 October 2024 to 30 September 2025, regarding commissioned and delivered (in house) care home, care at home and support services.
- **NOTED** as to the arrangements in place for awareness of the quality of registered care home, care at home and support services being delivered or commissioned.
- **NOTED** that most of the provision in Highland is graded Very Good (grade 5) or better for one or more Care Inspectorate Key Question area.
- **ACCEPTED moderate** assurance relation to as to the arrangements in place for awareness of the quality of registered care home, care at home and support services being delivered or commissioned.

3.6 Chief Officer’s Report

Report by Arlene Johnstone, Chief Officer for Highland HSCP

The Chief Officer explained that the Scottish Government was reviewing national dental workforce capacity and that NHS Highland was waiting for the outcome to support local access work. She stated that the Care Home Collaborative team received permanent funding and the Sutherland Care at Home improvement notice was resolved. She also outlined progress on the Adult Social Care finance plan, the development of the Highland Care Model, the winter vaccination programme, and recent staffing changes.

The Director of Adult Social Care highlighted the Care Inspectorate’s latest findings for Castle Hill related to an inspection carried out on 2 October and that NHS Highland continued to work with the operator and the inspectorate to safeguard residents and support improvement. He noted that enforcement action would be reviewed on 17 November and that NHS Highland was considering its contractual position with the operator.

The Chief Officer and Nursing Director expressed their gratitude to Simon for his long service, personal support and commitment to people, and offered their best wishes ahead of his retirement.

The Committee:

- **NOTED** the final report

4 COMMITTEE FUNCTION AND ADMINISTRATION

The Committee Chair advised the Committee were to defer recruitment of lay members until a decision is made on the transition to a body corporate, but to revisit if the process is delayed.

5 AOCB

There were no items of AOCB discussed.

DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 14 January 2026** at **1pm** on a virtual basis.

The Meeting closed at 3.38 pm