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 3 September 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 (until 2.59 pm)
Thomas Brown, Lead Doctor (GP)
Louise Bussell, Nursing Director
Cllr Muriel Cockburn, Non-Executive
Helen Eunson, Area Clinical Forum (until 2.51 pm)
David Fraser, Highland Council
Ron Gunn, Highland Council
Arlene Johnstone, Interim Chief Officer for Highland HSCP
Fiona Malcolm, Highland Council Executive Chief Officer for Health & Social Care
Joanne McCoy, Non-Executive
Philip MacRae, Non-Executive
Simon Steer, Director of Adult Social Care
Elaine Ward, Deputy Director of Finance
Neil Wright, Non-Executive

In Attendance:
Natalie Booth, Board Governance Assistant
Rhiannon Boydell, Head of Integration, Strategy and Transformation, HHSCP (until 3.20 pm)
Paul Chapman, Team Leader
Teresa Green, Service Manager (until 3.27 pm)
Michelle Johnstone, Area Manager
Philippa Hurley, Corporate Assistant
Nathan Ware, Governance & Corporate Records Manager
Dominic Watson, Head of Corporate Governance (until 2.36 pm)

Apologies: Claire Copeland, Jennifer Davies, Fiona Duncan and Kaye Oliver.

1.1 Welcome

The meeting opened at 13.00 pm, and the Chair welcomed the attendees. Apologies were received from C Copeland, J Davies, F Duncan and K Oliver.

The meeting was quorate.

1.2 Declarations of Interest

There were no declarations of interest.

1.3 Assurance Report from 02 July 2025, Action Plan and Workplan

The draft minute from the meeting of the Committee held on 2 July 2025 was **approved** by the Committee as an accurate record.

The Chair reviewed the action plan and proposed to close all actions except for ongoing work on future development sessions. The Chair and Interim Chief Officer will look at potential dates with the committee members for these future development sessions.

It was noted by the Chair that no report has been received for Item 3.4 – Carers Strategy Update, and agreement was made for the Chair and Interim Chief Officer to review and then close this action following a short discussion.

The Chair noted that the Work Plan would be reviewed and amendment for the balance of the year.

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 the last meeting raised.

2 FINANCE

2.1 Finance Report – Month 3 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 3), an overspend of £17.868 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 £10.1 million had been reported, with forecasts suggesting this could rise to £25.4 million by year-end. This projected overspend included £19.933 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.

The Interim Chief Officer for the HHSCP advised actions taken to address service pressures, including plans to repatriate a high-cost out-of-area mental health placement and explore the feasibility of a local low secure unit. The adult social care financial plan had been finalised and progressed through governance, focusing on immediate budget control and long-term transformation. A long-standing consultant vacancy in mental health had been filled, expected to reduce reliance on medical locum staff. The team had successfully converted several locum roles to permanent posts through a supportive and relational approach.

During discussion the following points were raised:

- The Committee Chair highlighted the importance of providing committee members with a high-level overview of ongoing work, particularly the need for both short-term control and long-term transformation.
- Members queried cost variances between communities, management fees, and differences in care home overspends, and suggested a need for shared learning and further clarity.

- Members questioned the projected overspend in primary care management, the apparent reduction in prescribing pressures, the interpretation of locum costs, and the trajectory of financial forecasting graphs.
- The Head of Finance for HHSCP advised there had been cost differences due to in-house care home provision, regional service funding gaps, and recruitment challenges. She committed to providing further detail on primary care management and acknowledged the need to review the financial trajectory graph.
- The Interim Chief Officer for the HHSCP confirmed that work was underway to explore efficiencies in in-house care services, including potential centralisation, as part of the financial plan.

The Committee:

- **NOTED** from the report the financial position at month 3 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 Head of Integration, Strategy and Transformation, HHSCP advised the Integrated Performance and Quality Report (IPQR) executive summary of performance indicators had been updated to reflect the themes of the ADP and the Together We Care strategy. This was to enable clearer alignment between strategic priorities and performance outcomes. RAG ratings had been revised to better reflect performance trajectories rather than solely target achievement, with improvements noted in psychological therapies and delayed discharges. A fully revised version of the IPQR and HSCP KPIs was expected for the next committee meeting, incorporating relevant indicators and forming a three-tier performance framework for strategic, mid-management, and frontline levels.

In discussion, the following points were raised:

- Members reiterated concerns about the use of green in RAG ratings for indicators not meeting targets, suggesting the use of directional arrows to better reflect performance trajectories. The Head of Integration, Strategy and Transformation, HHSCP confirmed that the Strategy and Transformation Team would review the colour coding approach as part of the IPQR revision.
- The Committee Chair stressed the importance of clear visuals and raised questions about available care home beds, oversight of care at home allocations, the delayed discharge improvement plan, and including pain service data in the IPQR.
- Member raised accessibility concerns about the IPQR's visual elements, noting that similar colours and small font sizes made interpretation difficult, especially for those with visual impairments.
- The Interim Chief Officer for the HHSCP acknowledged the feedback and confirmed that pain service data was available but not currently included in the committee-specific IPQR. She welcomed further discussion on data inclusion and confirmed that the delayed discharge improvement plan had mixed results, with further review underway.
- Members advocated for the inclusion of more public health and primary care data in the IPQR, such as smoking cessation, alcohol interventions, and hypertension monitoring, to better reflect population health priorities.
- The Nursing Director suggested a coordinated approach across committees to determine which data should be reported where and how frequently, to avoid duplication and ensure focus.
- The Director of Adult Social Care explained that care home bed figures referred to those available under the national contract, though some were inaccessible due to staffing and operational issues. The CM2000 system now provides better oversight for care at home services, revealing some inconsistencies. Audits and structural changes are in progress to improve waiting list management and resource allocation, with efforts focused on addressing the 2,800-hour shortfall in care at home provision.

The Committee:

- **CONSIDERED** the performance identifying any areas requiring further improvement and in turn assurance of progress for future reports.
- **NOTED** the report and **ACCEPTED limited** assurance and noted the continued and sustained stressors facing both NHS and commissioned care services.
- **CONSIDERED** further indicators that are required to support the assurance for the Highland Health and Social Care Partnership.

3.2 Highland Health and Social Care Partnership Annual Report

Report by Arlene Johnstone, Interim Chief Officer for Highland HSCP

The Head of Integration, Strategy and Transformation, HHSCP advised the Annual Performance Report was a statutory requirement for the Health and Social Care Partnership, produced under the integration function. The final draft had been prepared for approval by the Joint Monitoring Committee, after which it would be published on both the NHS Highland and Highland Council websites, and submitted to the Scottish Government. The report was written by service staff, highlighting both successes and challenges across integrated services, including children's services, and included performance data, national benchmarking, and alignment with the ADP and Together We Care strategy themes. A short window for comments remained before final publication.

In discussion, the following points were raised:

- Members raised concerns about the lack of dental services in Wester Ross, noting that residents had to travel to Dingwall or Inverness. They suggested NHS Highland consider purchasing a former dental practice in Gairloch to improve access. The Chair asked the Interim Chief Officer for the HHSCP to follow up on the dental premises issue outside the meeting.
- Members highlighted the success of the MSK Day and its impact on GP referrals, questioning how such initiatives could be sustained. They also noted the potential link between MSK services and chronic pain services and asked for clarity on community engagement structures. The Interim Chief Officer for the HHSCP explained the governance structure, confirming that district planning groups fed into the Strategic Planning Group and were equivalent to locality planning groups in other areas.
- Members raised concerns about discrepancies in the report, particularly regarding staffing in drug and alcohol services and uptake of enhanced diabetes services. He noted that many practices had not signed up to the revised diabetes service, leading to increased referrals to secondary care.
- Members agreed with concerns about the report's tone, stating it appeared overly positive and did not reflect public perception or the severity of financial overspends. They also questioned whether the children and young people section was sufficiently detailed.
- The Committee Chair acknowledged the feedback and suggested the report might need further balance between celebrating successes and recognising challenges, especially in children's services. The Head of Integration, Strategy and Transformation, HHSCP confirmed she would review the discrepancies raised and update the narrative accordingly.
- The Nursing Director recommended viewing the report through an integration lens, noting that nursing contributions were underrepresented and suggesting a more holistic approach to capturing achievements and challenges.
- Members emphasised the clinical importance of diabetes management, especially in remote and rural areas, and linked it to broader health inequalities.

The Committee:

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

3.3 Vaccination Improvement Plan Update

Report by Arlene Johnstone, Interim Chief Officer for Highland HSCP

The Head of Integration, Strategy and Transformation, HHSCP spoke to the circulated paper that outlined the implementation of a hybrid vaccination delivery model, developed following a 2024 options appraisal. The model aimed to improve access and uptake of vaccinations. A phased implementation plan was in place, beginning with stakeholder engagement and agreement of service specifications via the LMC. Specifications for preschool and adult services had been drafted and were awaiting final LMC approval. Strong governance and stakeholder representation were reported, with contributions from public health, GP practices, pharmacy, eHealth, finance, and transformation teams. Communications and engagement efforts included an internal hub and a dedicated group to manage FAQs and feedback.

Parallel workstreams were progressing on digital recording and pharmacy supply routes, dependent on the finalised model. A slight delay had occurred due to further LMC queries, with feedback expected mid-September. The preschool specification was due by the end of September, and the digital solution was expected in October and emphasised the importance of finalising the specification before wider rollout.

In discussion the following points were raised:

- Members welcomed progress on developing a delivery methodology but raised concerns about declining immunisation uptake across Scotland and the UK. They requested area-specific uptake data for various immunisations to be presented at the next meeting.
- The Interim Chief Officer for Highland HSCP noted that while delivery was NHS Highland's responsibility, influencing uptake fell under public health. They emphasised the importance of recognising this as a shared responsibility.
- The Committee Chair stressed the need for coordinated efforts to improve both delivery and uptake. He supported the request for uptake data and proposed inviting appropriate contributors to discuss influencing factors at a future meeting.
- Members raised concerns regarding IT solutions for recording vaccinations in patient records. The Head of Integration, Strategy and Transformation, HHSCP responded that a local solution was being developed, dependent on the final delivery model. Two multi-stakeholder workshops were scheduled to map the pathway and identify a suitable system.
- The Committee Chair concluded by expressing support for a sustainable long-term solution and suggested a further update be scheduled post-Christmas, once delivery models and participation levels were confirmed.

The Committee:

- **NOTED** the position, key enablers and timeline for delivery.
- **ACCEPTED moderate** assurance that actions were underway to secure the LMC agreement, finalise digital solutions and confirm supply chain logistics with MHRA.

The Committee took a Break between 2.29 pm and 2.38 pm

3.4 Carers Strategy Update

Report by Arlene Johnstone, Interim Chief Officer for Highland HSCP

The Chair noted that the Carers Strategy was discussed in the March 2025 Committee meeting and reminded the Committee, further clarity was needed on its implementation, particularly regarding timelines, engagement reach, and lessons learned from the previous strategy.

Members highlighted the March minute noted the need for updates on meaningful change, community awareness, budget pressures, ambition, timelines, and the strategy's reach to unseen and young carers, as well as its alignment with Scottish Government workstreams. It was agreed that the Interim Chief Officer for Highland HSCP would share a briefing note to committee members ahead of the next meeting summarising recent activity linked to the Carers Strategy intended outcomes.

The Committee:

- **NOTED** the update.

3.5 Highland Drug & Alcohol Recovery Service (DARS) Summary Report

Report by Teresa Green, Service Manager for Drug & Alcohol Recovery / Prison & Police Custody Healthcare & SARCS

The Service Manager presented the annual report, noting its alignment with national strategies including the MAT standards, the National Mission on drug-related fatalities, and the Rights, Respect and Recovery framework. She highlighted service developments and ongoing challenges across NHS Highland's drug and alcohol services. She explained that alcohol remained the most common referral reason, creating operational challenges due to differing service targets. Staffing shortages, particularly in Ross-shire, Lochaber, and Skye, continued to affect delivery. She confirmed recruitment efforts were ongoing, with digital platforms being explored to improve access.

She reported that performance monitoring focused on waiting times, strategic alignment, and substance-related fatalities. Data to March 2025 showed increased referrals and limited rural capacity. Inverness had improved following recruitment, with temporary support offered to rural patients. She noted strong performance across most MAT standards, with further work underway to improve access to psychological therapies. A new digital service, "With You," had been commissioned to provide Tier 2 psychological support, particularly in areas with limited provision.

There was a 19% reduction in substance-related fatalities in Highland, from 26 in 2023 to 21 in 2024, though alcohol-related mortality remained slightly above the national average. She outlined innovative projects including the Inclusion Health Project and the Trigger Checklist initiative in Caithness A&E, both showing early positive outcomes. She concluded by confirming the service remained within budget and highlighted future priorities: increasing prescriber access, expanding trauma-informed care, and scaling successful harm reduction initiatives.

In discussion, the following points were raised:

- The Committee Chair requested an update on non-dependent substance use services. The Service Manager confirmed that the commissioned provider "With You" had been engaged to deliver support across Highland, with targeted work already underway in Lochaber. She highlighted their expertise in digital delivery and support for individuals, families, and carers, including those facing digital exclusion.
- The Service Manager acknowledged ongoing recruitment challenges, particularly in Eastern Mid Ross, and noted that while staff turnover was not unusually high, attracting applicants remained difficult. "Grow your own" approaches with newly qualified nurses were being explored.
- Members raised questions around equity of access and same day prescribing under MAT standards. The Service Manager explained that while NHS Highland submitted evidence for national assessment, local delivery in areas like Lochaber relied on Inverness-based support due to the absence of prescribers. She confirmed that digital prescribing solutions were being explored, with the aim of enabling daily access to specialist support and same-day prescribing, even in remote areas.
- The Service Manager also confirmed that "With You" had been provided with local contacts and were exploring use of community facilities such as health centres to improve digital access. Members welcomed the update and acknowledged the progress made in improving service reach and equity across Highland.

The Committee:

- **NOTED** the report and
- **ACCEPTED moderate** assurance relation to DARS compliance with national alcohol / drug related policy.

3.6 Police Custody Healthcare (PCH) / Sexual Assault Referral Centre (SARCS) Forensic Medical Examiner (FME) Service Summary Report

Report by Teresa Green, Service Manager for Drug & Alcohol Recovery / Prison & Police Custody Healthcare & SARCS

The Service Manager provided an overview of the police custody healthcare and sexual assault referral coordination (SARC) services, highlighting the development of a new service model aimed at improving efficiency, clinical leadership, and financial sustainability. She explained that the service had historically faced year-on-year overspend and was placed on the risk register. A value and efficiency workstream were established in April 2023 to address this. The new model, endorsed through NHS Highland governance structures, proposed a nurse-led service supported by a 24/7 forensic medical examiner (FME) rota.

She outlined the statutory obligations to provide custody healthcare and SARC services, noting increased activity at sites such as Burnett Road and Caithness. The model aimed to centralise referrals through a single point of access in Inverness, enabling triage and remote assessment where appropriate. This hub-and-spoke approach would allow for more consistent service delivery across Highland, including remote areas. Job descriptions had been developed, and recruitment was underway to reduce reliance on costly locum FMEs. The model also supported career progression for nurses and increased clinical leadership, with portfolios covering areas such as mental health and children and young people. Financially, the model projected a positive variance of £385k, which could offset costs for remote and rural service level agreements.

The Committee Chair noted the reduction in drug-related deaths and acknowledged the strategic and financial improvements.

The Committee:

- **NOTED** the final report,
- **ACCEPTED moderate assurance** that NHS Highland is committed to delivering a high-quality, trauma-informed, and financially sustainable custody and SARCS healthcare service.

3.7 Chief Officer's Report

Report by Arlene Johnstone, Interim Chief Officer for Highland HSCP

The Interim Chief Officer informed the committee that the SDS Option 1 Payment Card issue remained unresolved but confirmed that work was underway with the external provider to ensure backup plans and additional resources were in place to support SDS service users. The Sutherland Care at Home Service had a revised timeline for the improvement programme, with the Care Inspectorate agreeing to a final inspection deadline of 28 September 2025. Weekly meetings ensured progress on the action plan. A new registered manager was appointed, expected to start by the end of September 2025. The electronic medication audit system was confirmed to proceed by eHealth; a paper system still operated but a long-term plan was being developed to meet inspectorate requirements. The Interim Chief Officer initiated a rapid review workshop, focusing on governance and quality improvements for in-house care at home services. A Senior Responsible Officer would meet fortnightly and report back to SLT, centralising work. A formal update was expected in 8–9 months.

Updates on carers' services included ongoing efforts with targeted groups, such as staff carers, tying in with staff wellbeing work. The Interim Chief Officer reported that the Joint Inspection of Adult Services concluded favourably, the report highlighting good service, compassion, and commitment, especially around mental health and unpaid carers. SLT would provide regular reporting to support the improvement plan. The Hospital at Home pilot funding and initiation for Inverness had been confirmed, with a phased rollout planned over winter. Committee members received an overview of Care Inspectorate activity and service quality. Funding for the Care Home Collaboration had been secured from the Scottish Government for a longer-term initiative, with independent care home representatives and staff exploring ongoing improvements in care home experiences.

In discussion, the following points were made:

- Members sought assurances due to concerns around the SDS payment failure card issue and how the external provider is working to address this. The Director of Adult Social Care provided moderate assurances that this is being addressed with the external provider and mitigations are being put in place to manage the team handling calls and to reduce the backlog to prepare for anything happening like this in the future.
- Members queried how Hospital at Home pilot is organised, how impact is measured and its governance. The Director of Adult Social Care advised learning from shorter term pilots identified the roll out to Inverness and a programme board is set up to monitor and govern the programme across primary, acute and community services. It was agreed that this will be an iterative process as the programme rolls out nationally. The Chair agrees it is multi-faceted as it continues.
- The Chair did not identify any issues to escalate to the Board.

The Committee:

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

4 COMMITTEE FUNCTION AND ADMINISTRATION

No Committee Function and Administration items were discussed.

5 AOCB

There were no items of AOCB raised.

DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 5 November 2025** at **1pm** on a virtual basis.

The Meeting closed at 15.59 pm