

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

Present:

Thomas Brown, Lead Doctor (GP)
Louise Bussell, Nursing Director
Cllr Muriel Cockburn, Non-Executive
Claire Copeland, Deputy Medical Director
Jennifer Davies, Director of Public Health
Fiona Duncan, Chief Social Work Officer, Highland Council
David Fraser, Highland Council
Arlene Johnstone, Interim Chief Officer for Highland HSCP
Fiona Malcolm, Highland Council Executive Chief Officer for Health & Social Care
Philip MacRae, Non-Executive
Joanne McCoy, Non-Executive
Kaye Oliver, Staffside Representative
Gerry O'Brien, Committee Chair, Non-Executive
Simon Steer, Director of Adult Social Care
Elaine Ward, Deputy Director of Finance (until 3.00pm)
Neil Wright, Non-Executive
Mhairi Wylie, Third Sector Representative (until 2.38pm)

In Attendance:

Natalie Booth, Board Governance Assistant
Rhiannon Boydell, Head of Integration, Strategy and Transformation, HHSCP
Jennifer Davies, Deputy Director of Public Health (from 2.30pm)
Kristin Gillies, Interim Head of Strategy and Transformation (Until 2.30pm)
Andy Grant, Social Worker
Nathan Ware, Governance & Corporate Records Manager
Dominic Watson, Head of Corporate Governance

Apologies: Cllr Christopher Burt and Sarah Compton-Bishop

1.1 Welcome

The meeting opened at 1pm, and the Chair welcomed the attendees. He welcomed A Johnstone in her current role as Interim Chief Officer and expressed congratulations to her for being appointed as the new Chief Officer when P Stott retires at the end of September 2025.

The meeting was quorate.

1.2 Declarations of Interest

There were no declarations of interest.

1.3 Assurance Report from 7 May 2025, Action Plan and Workplan

The draft minute from the meeting of the Committee held on 7 May 2025 was **approved** by the Committee as an accurate record.

The Interim Chief Officer provided a brief update on each item mentioned on the Action Plan:

- Action 7 – Draft Commissioning Strategy. This action was in progress. The Interim Chief Officer had been reviewing operational delivery, and an update was expected at the January meeting. Item will be added to January 2026 agenda and this action closed.
- Action 8 – Strategic Report on National Insurance Contributions. This action was closed. No additional funding had been received from the Scottish Government, and it was agreed that updates would be provided if new information arose.
- Action 9 – Report on Use of Personal Assistants. This action was closed. It had been addressed in previous papers, and it was agreed that future updates on the expansion of Option 2 services would be included within commissioning and neighbourhood care development work.
- Action 10 – Carer's Strategy. This action was in progress. It had been scheduled for the September meeting, where an update with the action plan and timetable would be provided. Item will be added to the September 2025 agenda and this action will be closed.
- Action 11 – Care Governance Update. This action was in progress and an update would be provided at the March 2026 meeting. Item will be added to the March 2026 agenda and this action will be closed.
- Action 15 – On Agenda for the meeting and could be closed.

The Committee

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

1.4 Matters Arising from Last Meeting

There were no matters arising from the last meeting raised.

2 FINANCE

2.1 Annual Delivery Plan 2025/26 Update

Report by Elaine Ward, Deputy Director of Finance and Kristin Gillies, Interim Head of Strategy and Transformation

The Interim Head of Strategy and Transformation provided a presentation to the committee and highlighted the submission of the Annual Delivery Plan (ADP) was in line with national guidance. Key areas of focus had included Care Well, Home First and Last, and Adult Social Care, with deliverables and KPIs set for 2025–26 and 2027–28. Updates were being developed for future performance reviews and IPQR submissions. Additional highlights included work on Primary Care, Urgent and Scheduled Care, and digital transformation, with recent funding supporting virtual care initiatives. She emphasised the need to align various workstreams and systems to maximise efficiency and productivity.

During discussion the following points were raised:

- Members noted that bids for additional funding had been submitted and Hospital at Home was due to begin in December, they questioned whether progress was on track to meet the planned deadlines. The Chief Officer noted that a further update could be provided at the September meeting.
- The Interim Head of Strategy and Transformation noted that a late government request for an improvement plan covering planned and unscheduled care could not be included in the ADP, but the team intended to update deliverables following confirmed funding for hospital at home, frailty, and virtual beds.
- The Deputy Medical Director advised the Hospital at Home progress had depended partly on confirmation of funding, which had recently been received. The model was being developed with a stronger focus on primary and community care which was considered more appropriate for Highland.
- It was noted that the funding was non-recurrent for the Hospital at Home programme which was contingent on delivery. The ADP would be updated accordingly, with further discussions needed to finalise plans across Highland and Argyll and Bute.

The Committee:

- **NOTED** the NHS Highland financial plan for 2025/2026, and
- **ACCEPTED substantial** assurance.

2.2 Finance Report – Month 12 2024/2025 Year End position & 2025/2026 Financial Plan Summary

Report by Elaine Ward, Deputy Director of Finance

The Head of Finance for HHSCP advised they were not going to provide a summary for Month 12 2024/2025 but presented slides to introduce the 2025/2026 Financial Plan Summary. 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 cost reduction and improvement programme retained three percent recurring efficiency assumption, with an additional £10.2 million of recurring actions included. Further detail was provided in relation to Adult Social Care; Value & Efficiency Schemes Proposal; 15 Box Grid; Risks; and Targets.

It was noted that the cost reduction schemes had detailed plans being developed and moved into delivery. A Month-3 report was expected to be presented to the committee to provide a full update on progress against the cost reduction and improvement programme.

During discussion the following points were raised:

- The Chair highlighted funding received in relation to employer National Insurance contributions was for directly employed staff only, with no funding for other staff groups. He noted this as a key financial risk alongside the wider funding gap and the need for operational budgets to break even.
- The Head of Finance for HHSCP advised funding allocation short fall risks were being monitored at both Board and National levels.
- The Chair sought clarity on the approach to delivering the 3% efficiency target and managing in-year budgets, and the Chief Officer confirmed that Heads of Service had been asked to submit delivery plans, which would be collated and overseen through a central framework.
- Members raised concerns about the savings section of the report, noting that the "Time to Care" initiative had been paused due to significant challenges, and there were ongoing uncertainties regarding the Tara project and the effectiveness of the voice recognition software.

The Committee:

- **NOTED** from the report the financial position at month 12 and the associated mitigating actions, and
- **ACCEPTED limited** assurance.

3. PERFORMANCE AND SERVICE DELIVERY

3.1 Highland Health and Social Care Partnership - Integrated Performance and Quality Report (IPQR)

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

The Head of Integration spoke to the circulated report and confirmed that while discussions were still ongoing, progress had been made in refining the data presented. She noted the executive summary indicated a relatively stable position and highlighted delays predominantly sat in delayed discharges, but they were showing signs of improvement. A previously noted peak had reduced significantly, with figures dropping from 198 to as low as 179 in recent weeks. She added that this trend aligned with earlier predictions that the spike would decline over time.

There had been a major update in how adult social care figures were presented which consolidated multiple bar charts into a single, clearer overview. This new format included familiar metrics such as long-stay placements and care-at-home clients now presented more accessibly. Additional data on occupancy, average length of stay, and service hours were now more prominent. It was noted new reporting had been added to show the relationship between delayed discharges and delays linked to care homes and care-at-home services to help improve clarity.

During discussion the following points were raised:

- Members asked for clarification on why some metrics that were not meeting their targets were still rated green. They felt that such metrics should be marked amber or red, even if performance was improving, and suggested that directional arrows might be a more appropriate way to show progress.

- Members asked when the care home commissioning strategy and related elements would be delivered, highlighting that December had previously been mentioned as a target for the strategy and whether the other elements such as the market facilitation plan would align with that timeline.
- The Interim Chief Officer explained that the work was ongoing but complex and added that a Chief Executives meeting had been scheduled to help clarify timelines. She suggested that December would be a more realistic point to provide a fuller update. The Interim Head of Strategy and Transformation added that whilst the strategy might be presented in December, implementation would likely align with the new financial year to ensure the right steps were in place.
- Members observed an increase in Self-Directed Support (SDS) alongside a decline in care at home clients and sought clarity on whether this was due to people choosing SDS or whether it reflected staffing shortages. The Director of Adult Social Care explained it was difficult to identify and whilst a rise in SDS figures is positive, it was important to ensure underlying unmet need was properly supported in the community.
- Members highlighted they were keen to ensure committee received an update on unmet need once the reporting metric was defined and accurately measured and suggested an update by December.

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 Transformation Overview 2025/26

Report by Arlene Johnstone, Interim Chief Officer for Highland HSCP

The Head of Integration, Strategy and Transformation, HHSCP spoke to the circulated report and provided an overview of the transformation programme and outlined how the workstreams had aligned with the Joint Strategic Plan and the Joint Strategic Needs Assessment. She highlighted the governance structure for the Assurance Groups, Strategic Transformation Assurance Group (STAG), Value & Efficiency, Unscheduled Care, and Adult Social Care. It was noted that under each Assurance Group was different workstreams that each had their own working groups taking forward various elements of redesign. She also highlighted how transformation work within the HSCP aligned with the wider health and social care system. An Unscheduled Care Group had been formed to provide oversight and assurance linking to the STAG workstreams and the connection to the Portfolio and broader system-wide initiatives.

During discussion the following points were raised:

- The Chair emphasised the importance of district-level engagement in shaping strategic plans and targets. They highlighted the need for clear feedback mechanisms to avoid key elements being overlooked in a complex system.
- The Head of Integration, Strategy and Transformation, HHSCP advised the District Planning Groups met quarterly in alignment with the Strategic Planning Group. Using standard agendas to shape and prioritise local plans based on relevant workstreams, which were then fed back into the strategic planning process to support two-way influence and oversight.
- Members queried whether ongoing group activities were regularly reviewed for alignment with strategic priorities and whether outdated projects were being challenged. The Chief Officer confirmed that a review was underway to assess current structures and delivery, with clearer links between strategy, delivery, and performance reporting expected by year-end.
- Following a query regarding how learning from district groups and local plans were shared wider to ensure learning. The Chief Officer advised that a workshop was being organised through the Strategic Planning Group, exploring alignment between the Joint Strategic Needs Assessment and the existing plan to identify any outstanding actions required for full implementation.

The Committee:

- **NOTED** the report.
- **ACCEPTED moderate** assurance in that transformation work is occurring, is managed, monitored, connected and has oversight.

3.3 Learning Disability Services

Report by Arlene Johnstone, Interim Chief Officer for Highland HSCP

A Grant provided an overview of learning disability services in NHS Highland and highlighted the range of support available, including community nursing teams, specialist medical staff, and a joint transition social work team for young adults.

He noted that while around 1,200 people in Highland were known to have a learning disability and there were likely 200–300 more who were not yet connected to services. A key focus of the service has been the delivery of annual health checks for people with learning disabilities and by utilising a nurse-led model, 326 checks had been offered, with 224 completed. He advised these checks often led to referrals to other services, such as dietetics, audiology, and speech and language therapy.

He also discussed efforts to improve employability for people with learning disabilities, referencing a successful pilot shop in Invergordon run by the Isobel Rhind Centre, where 72% of attendees were actively involved.

Members praised the work that had taken place, particularly the pilot shop in Invergordon and other community initiatives.

The Committee:

- **NOTED** the progress achieved in delivering Annual Health Checks to people with a Learning Disability and implementation of the DSR locally with real results in relation to Cluster development solutions.
- **SUPPORTED** the actions to enable individuals with a learning disability to lead full and active lives in their own homes in community settings with opportunities to contribute as well.
- **NOTED** the risks associated with the provision of support to individuals with complex needs and the work which has been progressed in this area to support complex transitions out of hospital and the preventative work which is also occurring.
- **ACCEPTED moderate** assurance.

3.4 Primary Care Services Update, including an update on the current position on the Primary Care Improvement Fund

Report by Jill Mitchell, Head of Primary Care

The Head of Primary Care spoke to the circulated report highlighting it was divided into three sections covering community optometry, dentistry, and general practice. Key developments included the rollout of the Community Glaucoma Pathway and the OpenEyes electronic patient record system, both progressing well. Dental recruitment and access remained a priority, with concerns were highlighted in Skye, West Ross, and Caithness, alongside efforts to reduce the paediatric General Anaesthetic Provision waiting list.

She advised that in general practice, GP recruitment had improved significantly, reducing reliance on locums, and several enhanced service contracts had been reintroduced. Progress was also noted in the Primary Care Improvement Fund, with funding supporting services aligned to the care closer to home agenda.

During discussion the following points were raised:

- The Chair queried the impact of delays in transitioning to the new Vision system, and the Head of Primary Care confirmed that the pause caused disruption and affected planned IT improvements for board-managed practices.
- Following a question regarding how the paediatric GA waiting list compared to national trends, and the Head of Primary Care explained that it was not included in national reporting, making comparisons difficult, but noted that staffing and bed availability were key limiting factors.
- Members requested further details on the new commissioning process for enhanced services and its potential impact, and the Head of Primary Care explained that while services were optional for practices, the board took

responsibility where needed, with most services agreed except for diabetes which remained under discussion with acute colleagues.

- Following a request for details on commissioned services, the Head of Primary Care explained that the board had moved to a new commissioning model based on item-of-service fees, work was underway to assess activity levels, financial implications, and impacts on secondary care.
- Members agreed to a future development session focused on enhanced services in general practice, highlighting the complexity and opportunities within the current commissioning framework.
- The Committee Chair queried whether the Primary Care Improvement Fund was progressing with the delivery of the intended outcomes. The Head of Primary Care highlighted progress within Pharmacotherapy and First Contact Physiotherapy; Community Support Workers; Community Mental Health Services; Vaccination Services; Community Treatment and Care; and Seatac.
- Committee Members were advised that Scottish GP representatives at the BMA had entered a formal dispute with the Scottish Government over GMS contract funding, amid concerns that well-funded demonstrator sites may not have delivered the expected outcomes.

The Committee:

- **NOTED** the update.
- **ACCEPTED moderate assurance** from the report.

The Committee took a Break between 2.51pm and 3pm

3.5 Sutherland Care at Home

Report by Arlene Johnstone, Interim Chief Officer for Highland HSCP

The Director of Adult Social Care spoke to the circulated report and highlighted:

- The planned Care Inspectorate visit in April identified significant deficits in the Sutherland Care at Home service, resulting in an Improvement Notice initially set to expire on 27 May but extended to 13 July due to the need for full compliance.
- An oversight group had continued to monitor progress against a detailed action plan. Key areas of focus included medication training and practice, staff support, management, systems compliance, administration, and staffing levels. He noted significant progress had been made across all areas, with most actions either fully completed or on track. One outstanding issue—out-of-hours care—was not a formal requirement but had moved from amber to green status.
- The Chief Officer maintained twice-weekly oversight to ensure rapid escalation of any issues, which had been instrumental in maintaining momentum and responsiveness.
- Assurance visits by the Adult Social Care team had been strengthened, with longer, more detailed engagements across operational teams. Lessons from the Sutherland experience were being applied more broadly, including improvements to the CM2000 system for remote oversight and standard documentation compliance.
- HR and finance processes had been refreshed to ensure clarity around staffing complements across teams.
- It was noted that while internal confidence was high, the outcome of the Care Inspectorate's final assessment could not be predicted and there was no margin for error as any missed actions could jeopardise compliance.
- It was confirmed that a close-out report would be brought to the Committee in September, allowing time to reflect on the inspection outcome. The Director of Adult Social Care added that an additional report on broader changes to social care assurance mechanisms, including governance and internal service review processes would be presented alongside the Sutherland report in September.

During discussion the following points were raised:

- Members asked whether the Director of Adult Social Care was providing moderate assurance that everything that could be done was being done or assuring the Committee that actions were being taken. The Director of Adult Social Care confirmed that the assurance being offered was everything reasonably possible was being done, resulting in a moderate assurance being provided. He highlighted it was not a reflection of uncertainty in effort, but rather a recognition that the outcome of the Care Inspectorate's assessment could not be predicted.
- Members queried what the impact would be if full compliance was not achieved, and what contingencies were in place, including timescales and implications of potential deregistration. It was noted if the Care Inspectorate deemed compliance insufficient, they could pursue emergency cancellation of registration. In such a case, NHS Highland would need to identify an alternative provider or extend the remit of an existing one. He emphasised that NHS Highland was currently the only provider in the area and that options were limited. However, the relationship with the Inspectorate remained collaborative, not adversarial.

- Members sought clarity around the sustainability of the current level of support and intervention in Sutherland was, and what the implications were for other areas. It was acknowledged the current level of resource such as redeploying professional staff and care response teams was not sustainable long-term. He added that recruitment and planning were underway to stabilise the service and develop a sustainable support model. However, he cautioned that this had come at the cost of reduced support to other pressured services.
- Members referred to upcoming changes in assurance and governance structures and asked how these would reflect on both Sutherland and NHS Highland as a whole. The Director of Adult Social Care confirmed a report would be brought to the Committee in September, covering both the Sutherland close-out and broader governance developments. He stated that work was ongoing to standardise systems, processes and service expectations across NHS Highland, despite current resource constraints.

The Director of Adult Social Care added that lessons from Sutherland were already being applied across other services. Rather than self-inspecting, teams were being encouraged to reflect on whether similar issues existed in their areas. This approach aimed to foster open dialogue and proactive improvement without creating a punitive environment.

The Committee:

- **NOTED** the update and
- **ACCEPTED moderate** assurance.

3.6 Sir Lewis Ritchie – Final Progress report on the Independent Review of Skye, Lochalsh and South-West Ross Out- Of-Hours Service

Report by Arlene Johnstone, Interim Chief Officer for Highland HSCP

The Nursing Director spoke to the circulated report to advise Sir Lewis Ritchie had submitted his final report and would attend a Board Development session in August to discuss it further. She confirmed that substantial assurance had been received regarding the report's submission and content, following engagement with Sir Lewis. However, only moderate assurance could be given in relation to the ongoing implementation of recommendations from the previous report. It was noted that the Lewis Ritchie Steering Group would continue under the same name, reflecting the community's preference for continuity. Two new co-chairs had been appointed, and the group was scheduled to meet the following week.

The Committee formally recorded its thanks to Sir Lewis Ritchie for his significant personal contribution in producing the final report and acknowledged the importance of building on the improved relationship with the community.

During discussion the following points were raised:

- The Nursing Director acknowledged that while trust had been built with parts of the community, concerns remained. It was noted that the Board would continue to engage through the continuation of the Sir Lewis Ritchie Steering Group, despite it sitting outside formal governance structures.
- The need for the Sir Lewis Ritchie Steering Group to integrate effectively with district and strategic planning structures, without disrupting existing governance arrangements was noted by Committee Members.
- Members queried whether support for the group would set a precedent for other areas. The Nursing Director advised different engagement models had been established based on different needs and circumstances of localities. Arrangements reflected long-standing community involvement and would continue alongside efforts to build trust through district planning groups.

The Committee:

- **NOTED** the final report,
- **ACCEPTED substantial** assurance that report identified the current position and the actions and **moderate assurance** that the Board will continue to make progress in line with the outcomes.

3.7 Chief Officer's Report

Report by Arlene Johnstone, Interim Chief Officer for Highland HSCP

The Interim Chief Officer spoke to the circulated report and advised that preparations were well underway for the national switch from analogue to digital telecare systems, with 50% of users already upgraded and full completion expected by March 2026.

Community-led wellbeing hubs in Sutherland and Caithness continued to be supported, with ongoing discussions to ensure their sustainability. The redesign of services on the North Coast had progressed, with approval from the Council allowing the project to move into the next phase of planning and delivery.

She also celebrated the success of Chelsea Main, a support worker in the forensic mental health service, who had been named the 2025 Nursing Support Worker of the Year. On inspections, the Chief Officer noted the joint inspection of adult services had concluded its fieldwork phase, with inspectors praising the high level of engagement and highlighting strong examples of early intervention, shared purpose among staff, and effective partnership working. She noted there were areas of improvement identified, particularly around information sharing for unpaid carers.

It was noted the New Craigs handover to NHS Highland was on track, with no risks identified alongside a smooth transition plan for staff and patients.

During discussion the following points were raised:

- The Committee Chair reflected on the North Coast redesign, suggesting it was an opportunity to assess whether planned benefits were being realised and to identify any unintended consequences. They also highlighted the importance of effectively signposting support for unpaid carers, noting some staff who were carers themselves were unaware of available resources.
- Committee members had raised concerns about the shift to digital services, particularly during power cuts, and had asked whether learning from other boards could support contingency planning. The Interim Chief Officer confirmed that business continuity plans had been activated during a previous network outage and were under review, noting the need for shared learning considering the national digital switch-off.
- Committee members queried the impact of the digital outage in early June on services reporting into the Community, noting it had not been mentioned in the report. The Interim Chief Officer advised there was no significant impact, as teams had responded effectively using business continuity plans, reverting to paper-based processes where necessary, and the network had been restored by mid-afternoon.
- Members suggested digital switch-off and related learning become a standing item on District Planning Partnership agendas to support shared experience across Highland. The Interim Chief Officer noted she would review the suggestion and ensure wider engagement with the District Planning Partnership.

The Committee: <ul style="list-style-type: none">– CONSIDERED the Chief Officers Report and– IDENTIFIED matters requiring further assurance / escalation.

4 COMMITTEE FUNCTION AND ADMINISTRATION

4.1 Temporary Revision to Terms of Reference

Report by Nathan Ware, Governance and Corporate Records Manager

The Chair spoke to the circulated report and explained the proposed changes were intended to ensure quoracy was based on the actual number of members, rather than an unrealistic target that did not account for existing vacancies.

The Committee: <ul style="list-style-type: none">– Approved the proposed changes, and– ACCEPTED substantial assurance.
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5 AOCB

DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 3 September 2025** at **1pm** on a virtual basis.
The Meeting closed at 4.52 pm