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 15 January 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
Tim Allison, Director of Public Health (until 3.30pm)
Ann Clark, Non-Executive Director and NHSH Board Vice Chair (until 3.30pm)
Cllr Muriel Cockburn, Non-Executive
Cllr David Fraser, Highland Council
Julie Gilmore, Nurse Lead and Assistant Nurse Director
Cllr Ron Gunn, Highland Council
Joanne McCoy, Non-Executive
Kaye Oliver, Staffside Representative
Simon Steer, Director of Adult Social Care
Pamela Stott, Chief Officer
Neil Wright, Lead Doctor (GP)

In Attendance:
Gareth Adkins, Director of People and Culture (item 3.1)
Louise Bussell, Nurse Director
Ruth Daly, Board Secretary (item 4.2)
Ruth Fry, Head of Communications (item 3.1)
Kristin Gillies, Head of Strategic Planning, Performance (item 3.5)
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)
Ian Kyle, Head of Integrated Children's Services (item 3.2)
Fiona Malcolm, Highland Council Executive Chief Officer for Health & Social Care (until 2.30pm)
Marie McIlwraith, Community Engagement Manager (item 3.1)
Janice Preston, incoming Non-Executive, observing
Stephen Chase, Committee Administrator

Apologies:
Cllr Christopher Birt, Fiona Duncan, Elaine Ward (F Gordon deputising), Diane van Ruitenbeek.

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 NHSH website.

The meeting was quorate and no declarations of interest were made.

1.2 Assurance Report from Meeting held on 6 November 2024 and Work Plan

The draft minute from the meeting of the Committee held on 6 November 2024 was approved by the Committee as an accurate record.

The Committee
- **APPROVED** the Assurance Report, and
- **NOTED** the Rolling Actions and the Work Plan.

1.3 Matters Arising From Last Meeting

It was noted that item 4.1 would be deferred to the meeting on 5 March 2025.
The Chief Officer provided assurance that in Dr Copeland's absence, that QPS meetings were continuing to be held on a monthly basis and that professional leads had been instrumental in providing robust oversight.

2 FINANCE

2.1 Financial Position at Month 6 and the Financial Year Ahead

F Gordon presented the report and a PowerPoint which summarised the financial position for NHS Highland at Month 8 with further detail presented on the HHSCP position. The forecast year end deficit £49.7m with the assumption that additional action was taken to deliver breakeven ASC position, leaving NHS Highland £21.3m adrift from brokerage limit, although £0.9m better than the target agreed with the Board in May 2024. £11.105m of funding had been confirmed during Month 8 with Multi-Disciplinary Team funding received and further pay award funding confirmed. 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 overspend of £17.771m reported within the HHSCP, and it had been forecast that this would decrease to £5.060m by the end of the financial year based on the assumption that further action would enable delivery of a breakeven ASC position. A £2.819m 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 £2.319m of ASC value and efficiency cost reductions and improvements in the forecast. A continued overspend position was noted around supplementary staffing costs. Further detail was provided in a slide presentation circulated to the members.

The Chief Officer noted that a lot of work had been carried out around value and efficiency to reduce agency and supplementary staffing. Much of this work had been carried out in the Mental Health service, by stabilising the workforce at New Craigs and recruitment to substantive posts. The Senior Leadership Team held a workshop in December to explore remedies for the remainder of the financial year, to examine value and efficiency work streams in community services, and to look begin to articulate financial and cost reduction plans for 2025/26. On the latter point, the Chief Executive and the Director of Finance had set in place a series of finance clinics to assist executive directors. The Chief Officer also noted that in terms of implementing the Joint Strategic Plan there was a need to examine the redesign our services in order to align budgets with cost improvement work and the delivery of transformation plans.

In discussion, it was agreed future iterations of the Finance report could include a breakdown of agency and bank staffing usage.

- Regarding the Home Farm care home, It was noted that agency staffing had reduced over the past few months as recruitment to more substantive positions progressed. It

was commented that there was a level of consistency among agency staff which provided some stability of care for patients, however there were challenges around this regarding encouraging agency staff to move into more permanent roles and that this was a slow process.

- It was noted that there was a paper in development by the Senior Leadership Team for the Executive Directors Group that would eventually be seen by the committee regarding transformation work and the market in which the services operate.
- It was noted that the uplift from Scottish Government for Adult Social Care was ringfenced and it formed part of the Board's overall budget setting for Adult Social Care in terms of inflationary pressures against.
- In response to the potential impact on the care sector of incoming increases to National Insurance, work was underway to assess the feedback and consider the numbers from providers regarding the specific pressures in relation to both NHS Highland and Highland Council's budget setting processes. This formed part of ongoing work to address sustainability among providers and rising costs in areas such as Learning Disability packages.

The Committee:

- **NOTED** from the report the financial position at month 8 and the associated mitigating actions, and
- **ACCEPTED** limited assurance.

3.1 ENGAGEMENT FRAMEWORK ASSURANCE REPORT

The Director of People and Culture introduced the report as its sponsor and the Head of Communications provided a brief overview of the report, which noted that, it was NHS Highland's statutory duty to involve and engage people in decisions and outcomes that affect them and that the report set out a three-year plan for NHS Highland. Progress towards embedding the Engagement Framework and Highland 100 panel was noted, as was progress with the development of the Customer Management System.

The Community Engagement Manager added that it was important to acknowledge that the local teams tasked with delivering care ought to be the first point of call for in leading the engagement work, and that they would lead the response to patient feedback and Care Opinion in order to demonstrate the organisation's responsiveness to patient needs and to ensure that patients were kept informed of decision making.

In discussion, the importance of District Planning Groups was noted and that there was a keenness to align their work with hubs for engagement. The Engagement team had been working with the Strategy and Transformation team to approach embedding engagement work with staff to assist its progress and reach across the organisation.

- It was noted that responses to the Highland 100 survey were purposely low as part of a 'soft rollout' of the survey to ensure the questions were appropriately targeted for the full rollout of the survey.
- It was noted that Engagement HQ was widely used by other public sector bodies including Highland Council. The tool had been chosen after due consideration of the needs of NHS Highland as a suitable way of managing the network of contacts and organise programmes by themes and topics.

- Regarding Care Opinion, it was commented that this was well used by clients in response to their care experiences with the Mental Health Service. However, other feedback was generally received via the NHS Highland feedback process. It was noted that Care Opinion had moved under the remit of the Feedback team and that the Medical Director and Nurse Director were working with the team to develop Care Opinion further to make it easier for patients to access on the ward (for example, with QR codes).
- The importance of embedding this work within senior leadership teams and training and development programmes was emphasised in order to build staff confidence in the use of the systems and carrying out engagement work with patients more broadly.

The Committee:

- **NOTED** the report and recommendations.
- **ACCEPTED** moderate assurance from the report.

3.2 CHILDREN AND YOUNG PEOPLE SERVICES MID-YEAR REPORT

The Head of Integrated Children's Services introduced the report which provided an update on the work undertaken by the children's services planning partnership over the last few months and its statutory requirement in delivering the Highland Integrated Children's Services Plan 2023-26. It was noted that although the report had been mooted as a mid-year report it had additional commentary which accounted for the work in progress towards the full year. It was commented that significant headway had been made to progress priorities and ideas for change detailed in the plan. The report highlighted the continued progress made with particular attention to the completion of the children and young people's participation strategy. The final participation strategy had been approved by the Community Planning Partnership Board in December, and strategy development was led by the Third Sector organisation Inspiring Voices and had been designed to ensure the meaningful and equitable participation of children and young people. Input had been gathered from almost 800 children and young people across Highland. An implementation plan was in development and would be brought to a future meeting. The report also detailed work undertaken by the board on the delivery of the 'Getting It Right for Every Child' (GIRFEC) project. The newly formed multi-agency GIRFEC Group had met for the first time the preceding day.

It was also reported that Scottish Government had approached the partnership to provide input at a national strategic level in response to the work of the Planet Youth programme. The invitation was predicated on recognition that the Highland Joint Strategic Needs assessment developed to identify priorities within the integrated plan and performance management was considered to be sector leading. The support of Carolyn Hunter-Rowe of Public Health Scotland was acknowledged in developing the joint strategic needs assessment.

During discussion, clarity was provided regarding the data for MMR vaccinations where there appeared to be a discrepancy with reporting elsewhere in areas such as the IPQR. The Director of Public Health noted that the MMR vaccine was given twice and had two outcome measures, MMR1 and MMR2. The IPQR (item 3.5) showed MMR1 measured at 24 months and MMR2 at 5 years, however the children's report used MMR1 at 5 years. It was added that MMR1 would always be higher than MMR2 since the second vaccination could only be taken after having had MMR1.

- It was noted that an important part of the Highland Council's delivery plan was to maximise opportunities within different geographic areas in terms of childcare and staffing and that this was a live issue for the Joint Officers Group.
- Congratulations were expressed by the Committee to I Kyle and his team for achieving GOLD accreditation from the UNICEF BFI multi-disciplinary designation committee.
- Discussion was had about the best indicators to measure childhood obesity rates and alternatives to BMI, however it was noted that currently BMI was the most effective measure in spite of its shortcomings. It was commented that the performance management framework made reference to the annual Lifestyle Survey undertaken with children in P7S2 and S4 and that this may be an area worth reporting on further to give a fuller picture. It was also noted that Highland Council had a well-established schools and nutrition group with a focus on the quality of food provided to children, and that there was also a small Council committee exploring ultra-processed foods care which included contributors from the HHSCC membership.

The Committee:

- **NOTED** the work under undertaken by the Children's Services Planning Partnership towards delivering the 2023-26 plan, and the Integrated Children's Services Board's performance Management Framework.

3.3 JOINT STRATEGY IMPLEMENTATION UPDATE

The Chief Officer provided an overview of the paper which was written by R Boydell with in response to the strategy work carried between the Chief Officer and Highland Council Executive Chief Officer for Health & Social Care.

The report was presented for Assurance that the implementation of the Joint Strategic Plan was being progressed, and for discussion regarding further detail required for future meetings prompted by the is high level overview provided in the report of the implementation of the Joint Strategic Plan. F Malcolm invited members to contact her if they had any questions regarding the report and the implementation plan as she had to leave the meeting early.

During discussion, it was commented regarding Day Services, that the strategic intent around different client groups was being developed in response to specific needs with the example given of some adults with learning disabilities offered increased daytime opportunities other than those limited to building-based daycare and to move away from a statutory approach toward design, delivery and commissioning of services towards design shaped by engagement with clients.

- Regarding District Planning Groups, it was noted that the key contact would be district managers who would engage with stakeholder groups within communities, and that each district would have its own particular emphasis due to the differing geographical and population demands.

The Committee:

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

3.4 COMMUNITY SERVICES RISK REGISTER

The Chief Officer provided an overview of the paper and noted that it was brought annually to the committee, and gave information about level 2 risk registers within the partnership. The two highest risks pertained to staffing challenges and the potential interruption to commissioned services in salaried general practice services, and also staffing challenges in NHS dental care which had seen an impact on access to services.
Eight further high risks related to workforce, Information Technology, compliance, equipment, service delivery, and to reputational risk. Two Medium Risks related to engagement concerning service redesign and a lack of standardised community engagement, and reputational risk of vulnerability to staff, services and public due to a lack of clear governance arrangements in Social Work. One low risk related to medical clinical leadership associated with long absences and delays.

In discussion, the Chair commented that with each iteration of the report a consistent risk picture was beginning to be seen. It was commented that the offer of moderate assurance was due to risks which were held outwith NHS Highland with the partnership which was overseen by the Joint Monitoring Committee, but that there was confidence that the most important areas of risk were recorded and cited in the report.

The Committee:
- **NOTED** the report.
- **ACCEPTED** moderate assurance from the report.

The Committee took a Break between 2.50-3pm

3.5 IPQR for HHSCP

The Interim Head of Strategy and Transformation introduced herself and presented the IPQR report. A review of the performance framework and transformation was planned during the Interim Head's secondment. Not all areas had allocated performance ratings and it was acknowledged that further work was required to ensure the ratings were established. Specific updates were also provided for Vaccinations, Drug & Alcohol Waiting Times, Adult Social Care, Adult Protection, Care at Home, Delayed Discharges, Community Hospital Length of Stay, Psychological Therapy Waiting Times; Community Mental Health Teams, and Chronic Pain.

The need for agreed performance targets was highlighted and the status of vaccinations; alcohol waiting times and adult social care indicators was noted. Self-Directed Support and care at home were noted as requiring improvements and emphasised the importance of performance ratings to support measurement and reporting. The ongoing efforts to improve delayed discharge were highlighted and the impact they had on hospital flow. There had been improvements in psychological therapies and ongoing work in community mental health and chronic pain management was noted.

In discussion,
- Members emphasised the need for further discussion on measuring changes, particularly in home care, and sought updates on delayed discharges. The Chief Officer for Highland HSCP highlighted efforts across various systems to reduce delayed discharges, she mentioned a 90-day improvement programme, and discussed care home capacity and end-of-life care improvements.

- Members inquired about waiting lists and the timeline for moving from Track Care to Morse, with the Interim Head of Strategy and Transformation advised she would speak with e-health to determine timeframes.
- Members stressed the importance of monitoring status and setting clear targets, noting longer hospital stays post-COVID and the need for stretch targets. The Interim Head of Strategy and Transformation discussed meeting national targets and emphasised the need for specific KPIs and a performance management culture within the board.
- Members requested care at home and SDS data to be broken down by hours as well as clients, noted the importance of manageable data.

The Committee:

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

3.6 CHIEF OFFICER'S REPORT

The Chief Officer spoke to the report and noted that,

- The Scottish Government's outcome and decision on vaccine options appraisal would be received imminently. Once received the process
- Negotiations were ongoing for enhanced primary care services for diabetes and care homes.
- The Meridian organisation provided support to measure staff productivity, focusing on time and tasks. The project was nearing completion, and an update had been provided to the HHSCP Senior Leadership Team. A further meeting is scheduled with Deputy Chief Executive to review the outputs and plan the next steps. The Meridian report will be presented to the committee once the work is clear, with the project transitioning to a "Time to Care" workstream to fully realise its benefits and opportunities.
- The North Coast redesign project has completed Stage 3 with the design team, and the next step is to present the paper to the executive director's group for approval to move to Stage 4 on 27th January. Further updates would be provided in due course.
- The need to develop the workforce plan and predict future residential care needs was highlighted, considering the implementation of our joint strategic plan and potential changes in care models. This work involved many variables and uncertainties, causing some anxiety about the future.
- The Macintosh Centre in Lochaber successfully reopened in November following a recruitment process, with significant local engagement. The transition to take over the running of the care home was expected to be completed by the end of the financial year. Despite a pause in capital funding by the Scottish Government, work on the Lochaber care model continued, with renewed funding allowing progress and ongoing community engagement.
- The Dalmore respite centre was temporarily suspended due to recruitment challenges. Although several staff were interviewed and offer letters sent out, a full staffing complement to secure future opening arrangements had not yet been achieved.
- The update on internal audit actions for adult social care highlighted that the audit of nine district decision-making teams was completed to ensure adherence to standard operating procedures, which were improved through quality and improvement work. Challenges remained with planned delayed discharge and the discharge app, which were still being addressed alongside urgent and unscheduled care strategies.

- A trial of care home allocation processing in Inverness had begun, with plans to roll it out Highland-wide. The audit recommendations for primary care and complex care packages were on track, and several staff awards and recognitions were noted.
- The National Care Service discussions led to a proposal for a steering group to be considered by the NHS board, with efforts to ensure clear communication between agencies.

The Committee:
- **NOTED** the report.

4.1 CARE GOVERNANCE FINAL REPORT

Item deferred to March meeting.

4.2 ANNUAL REVIEW OF TERMS OF REFERENCE

The Board Secretary highlighted the Committee last considered its Terms of Reference in January 2024. The last revision included clarification of the role of the Committee. The current version had been in operation since it was agreed at NHS Highland Board in March 2024. There were no further changes proposed to the Committee's Terms of Reference and the Committee confirmed the existing Terms of Reference as shown in Appendix 1 to the report for onward agreement by the Audit Committee and approval at the Board in March 2025.

In discussion, members queried the committee's ability to provide assurance on community planning under the Community Empowerment Act. Members suggested accepting the terms of reference as unchanged for now and addressing any necessary revisions during a comprehensive review later. Concerns were noted about the review of community planning partnerships, suggesting the board should address any deficits. The Chief Officer emphasised the importance of community engagement and planning, suggesting that assurance could be provided through the implementation of the joint strategic plan and raising relevant points to the board.

The Committee:
- **NOTED** the report,
- **ACCEPTED** substantial assurance, and
- **CONFIRMED** the existing Terms of Reference for onward agreement by the Audit Committee and the Board.

4 AOCB

There was none.

5 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 5th March 2024** at **1pm** on a virtual basis.

The Meeting closed at 15.41 pm