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 1 November 2023 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 Director
Philip Macrae, Non-Executive Director, Committee Vice Chair
Tim Allison, Director of Public Health
Cllr, Chris Birt, Highland Council
Ann Clark, Board Non-Executive Director and Vice Chair of NHSH
Cllr, Muriel Cockburn, Board Non-Executive Director
Claire Copeland, Deputy Medical Director
Pam Cremin, Chief Officer
Cllr, David Fraser, Highland Council
Cllr, Ron Gunn, Highland Council
Joanne McCoy, Board Non-Executive Director
Kara McNaught, Area Clinical Forum Representative
Kaye Oliver, Staffside Representative
Wendy Smith, Carer Representative
Simon Steer, Director of Adult Social Care
Elaine Ward, Deputy Director of Finance
Neil Wright, Lead Doctor (GP)

In Attendance:
Ruth Daly, Board Secretary
Paul Chapman, AHP Associate Director, Highland Partnership
Arlene Johnstone, Head of Service, Health and Social Care
Ian Kyle, Head of Integrated Children's Services, Highland Council
Fiona Duncan, Chief Executive Officer and Chief Social Worker, Highland Council
Tracy Ligema, Communications Manager
Fiona Malcolm, Head of Integration, Highland Council
Nathan Ware, Governance and Assurance Co-ordinator
Stephen Chase, Committee Administrator

Apologies:
Kate Dumigan, Michelle Stevenson, Catriona Sinclair, Julie Gilmore, Tracey Gervaise.

1 WELCOME AND DECLARATIONS OF INTEREST

The meeting opened at 1pm, and the Chair welcomed the attendees and advised them that the meeting was being recorded and would be publicly available to view for 12 months on the NHSH website.

The meeting was quorate.

1.2 DECLARATIONS OF INTEREST

J McCoy made a declaration in connection with item 3.6 that she had a role within MySelf Management who had carried out funded work in the past and were currently working in partnership with Technology Enhanced Care, but noted that having applied the guidance she felt that the circumstances were too remote from the item under discussion to be interpreted as a conflict of interest.

1.3 Assurance Report from Meeting held on 30 August 2023 and Action Plan

The draft minute from the meeting of the Committee held on 30 August 2023 was approved by the Committee as an accurate record.

Regarding the Rolling Actions, the committee agreed that the Staff Experience item be closed as further consideration is needed around staff involvement and engagement with the committee. The Chair will meet the Chief Officer to consider a suitable way forward.

The Committee
- **Approved** the Assurance Report
- **Noted** the Action Plan.

1.4 Matters Arising From Last Meeting

There were none.

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

2 FINANCE

2.1 Year to Date Financial Position 2023/2024

The report of the position to month 6 was circulated ahead of the meeting for which an overspend of £7.521m was reported within the HHSCP. The overspend was forecast to increase to £15.135m by the end of the financial year.

The Deputy Director of Finance spoke to the report and noted the different format designed to give a better visual representation of the content.

1. Two of the ongoing main risks for the partnership were supplementary staffing and prescribing and drug costs. It was noted that there was only two months of prescribing information in the system and that their described position within the forecast was entirely based on estimates. There was a risk around this because it was known that the number of scripts had been much higher than in previous years, however NHSH was in the same position as all the other boards and was currently trying to work through the situation.
2. The SLA uplift had not yet been fully agreed for the current financial year. This was expected to come through in the following week or so. The expectation was that that would be higher than the baseline uplift that boards had received and therefore some pressure could be created there.
3. Delivery of savings had continued to be a big risk. There were a few mitigations to improve the position and there had been reduced support and sustainability package requests.

4. NHSH had received a non-recurrent VAT rebate, and additional Scottish Government funding for sustainability and new medicines.
5. The Health and Social Care position had deteriorated from month 5 and there was a year-to-date overspend of £7.5 million, which was forecast to increase to £15 million by the year end. The main reason for that deterioration from months 5 to 6 is the revisiting of savings.
6. Savings slippage had now been built into the forecast year end position.
7. An increase had been seen in the cost of independent sector packages.
8. The cost improvement programme was described (p.11 of the report) which showed 10.6 million target within the partnership.
9. At the end of month six, slippage of about £4.3 million had occurred against cost improvement programmes and it was forecast that slippage would increase to £6.5 million at the end of the year.
10. An assurance of progress table had been added to the report and it was explained that was presented fortnightly to the Efficiency and Transformation Governance group. This showed 39 schemes relevant to the partnership on the tracker.
11. The Efficiency and Transformation Governance group were now meeting fortnightly with operational and support areas reporting back on plans and providing updates and progress. Three working groups had been established to address workforce, prescribing and digital that work across the whole system to see how savings could be generated within those areas.
12. The partnership had been asked to submit a financial recovery plan to Scottish Government and the outcome of which was to show that a year-end financial position of no worse than an overspend of £55.5 million could be delivered.
13. The actions within the recovery plan had been regulated and at this stage there was an assumption of full delivery and this had been built into the year end position of £55.975 million overspend. More pieces of work around additional savings were planned to address further reduction in locum and agency spend on the back of some progress seen in the Acute sector.
14. Annual leave accrual had been under review following the flexibility shown by Scottish Government around COVID. However, in the current year the same level of flexibility was not expected which would allow NHSH to reduce some of the annual leave accrual from last year in the position.

During discussion,

1. It was agreed that a matter raised by W Smith would be considered in AOCB (see item below).
2. It was noted that there was a focused piece of work on Care Home capacity that would be taken to the next Joint Officers Group after which information could be brought to the committee. This work would look at spend and hours over a number of years to map that with pay awards.
3. It was noted that the lead officers of the partnership would be meeting to agree on the need for a financial workshop to bring forward medium to longer term proposals about commissioning and recognising some of the challenges within the quantum such as significant overspend on agency staff and sustainability payments. Significant risk around very high cost learning disability packages was also noted due to issues such as housing for patients that remained vacant due to staff recruitment issues.
4. Work to address and provide contingencies for the critical staffing levels within Care Homes was discussed. It was noted that there was a medium-term plan around the acquisition of Mains House, and around community redesign work with a keen eye on quality and safety.
5. The difficulties for staff working in isolation for clients with learning disabilities was noted especially in terms of the need for colleague support in the middle of a staffing crisis.
6. The usage of staff in day centres was discussed. Discussion was had around the perception by some that staff within day services were not fully utilised. The Chief Officer offered to meet with W Smith to discuss the issue further outwith the meeting.

7. The Chair recommended that the committee receive a fuller update at a future date on Learning Disabilities with a focus on how services are provided. The update is to include how day services had been redesigned to provide support to users.
8. The Chair asked that more space be given in the agenda for discussion of the Finance update at the January meeting with a view to considering the financial position for the year ahead.

The Committee:
– **NOTED** the report and accepted **limited** assurance.

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Engagement Framework Assurance Report

The report provided an overview of the progress made over the last 12 months towards implementing the ambitions of the Engagement Framework and highlighted progress of the implementation plan, progress with initial indicators, the main themes from colleague and stakeholder feedback, and the next steps and future focus.
A moderate level of assurance was offered to the committee from the report.

In addition, it was noted that the next steps would involve training and support at senior levels through face-to-face engagement, to grow local engagement with community groups, and to develop the Highland 100 panel.

More work was still to be done to finalise the governance arrangements for the framework and an oversight group was to be established. The report was due to also be presented to the Clinical Governance Committee on 2 November.

1. In discussion the following areas were noted,
2. Membership of the Highland 100 was discussed and assurances were sought around equality and inclusiveness of access beyond digital means of engagement. It was noted that though the membership covered a broad base there was a desire to go further especially in the area of addressing protected characteristics and this would necessarily require the use of different means of engagement based on preferences among those groups and individuals.
3. It was confirmed that there was no fixed period of membership for the Highland 100 as it was felt that it would have a natural lifecycle of engagement from its members with a need to refresh membership on a semi-regular basis based around data protection requirements to ask participants if they still wanted to be involved.
4. All staff had been contacted for the staff survey and those who engaged were self-selecting.
5. It was noted that metrics from a global perspective were not yet possible as engagement work had been largely project based however the work was largely on plan and there was a risk of rushing to conclusions with findings at an early stage.
6. A wider roll out of Care Opinion was under consideration but it was noted that there were some grey areas as Highland had a different set up than the standard model and it was not yet clear if some areas were included within the overall subscription. There was active discussion with Care Opinion on these matters.
7. Triangulation of information was also an area for future consideration. Colleagues in the Feedback team had been looking at improving response rates and there was a need to consider how best to display the information from Care Opinion in a way that was most meaningful for services and to find out what learning and improvement had taken place as a result.
8. The Chief Officer noted that she had been working with her senior leadership team to introduce development sessions on the back of the Internal Audit on Community Planning Partnerships and engagement with communities.

The Committee:

- **NOTED** the report and the current position in terms of compliance with legislation policy and the board objectives, and
- **Agreed** to accept **moderate** assurance.

3.2 Care Governance Framework Update

The report had been circulated ahead of the meeting and had been provided to update stakeholders on risks, actions undertaken and future planning to ensure that there were robust governance processes in place for the Partnership that could be used purposefully for audit, action and development. It had been recognised that governance in its broadest terms jointly across health, social work and social care could be problematic to streamline. This had been recognised by the Integrated Joint Board's (IJB) across Scotland and had been an unresolved issue for the Highland Health and Social Care Partnership. During 2023 there had been specific work undertaken to understand the extent of the issue and to work towards potential improved ways of working to have robust processes in place. The SBAR related to the work required for the social work and social care elements of the Partnership to be aligned with other areas of service delivery.

The Deputy Medical Director spoke to the report and thanked her co-author, Ruth MacDonald for taking forward the work with her and Mirian Morrison. The mock-up dashboard was noted for September and October, as was weekly engagement with day-to-day work on quality, patient safety and governance.

During discussion,

1. The Deputy Director of Nursing noted the unique position of NHS Highland where there are care homes managed within the NHS structure and suggested that there be note made of governing structures to include the nurses working in these care homes.
2. On a related note, a slight concern was expressed about the implications for integration of Health and Social Care practice. It was commented that the assumption of absorption of social work and social care governance into NHS governance systems had seen a break on a level of integration and that therefore discussions now ongoing about a governance system that fully recognised the different roles and responsibilities of health and social care would be a positive for ongoing integration.
3. On a related note, a slight concern was expressed about the implications for integration of Health and Social Care professional practice. It was commented that the assumption of absorption of social work and social care governance into existing NHS Clinical Governance systems had underpinned this concern. Therefore, discussions are now in place about a governance system that fully recognises the different roles and responsibilities of health and social care in a manner positive for ongoing integration.
4. With regard to medication errors, the Director of Adult Social Care noted that he would investigate if this was due to increased number of errors or better reporting of errors and return the information for circulation to the members.
5. It was decided that the role of the HHSCC as distinct from the Clinical Governance Committee in providing assurance to the Board on Care Governance was yet to be fully determined and would be explored further noting that this was an evolving area.
6. The Chair agreed to have further discussion with the Deputy Medical Director and the Chief Officer as to when the next update to the committee should come.

The Committee:

- **NOTED** the report,
- **ACCEPTED moderate** assurance from the report, noting that there would be a fuller discussion at a forthcoming development session.

3.3 Children and Young People Services Mid-year Review

The SBAR noted that working within the legal framework of the Public Health Bodies (Scotland) Act 2015, The Highland Council had been commissioned to deliver a number of child health services on behalf of NHS Highland. These services were delivered within the Lead Agency Model of integration, articulated within the partnership agreement with outcomes and performance measures outlined in the integrated children's service plan. The committee was asked to consider the delivery of the delegated functions as part of the Lead Agency Model.

The Chair of the Integrated Children's Services Planning Board noted that the report highlighted for committee members what some of the delegated functions were within Child Health Services as delivered on behalf of the NHS by the Highland Council as part of the lead agency model. The report set out the range of services delivered by the Highland Council and highlighted some significant changes since 2020 particularly in relation to the delegated functions within Child Health and a refocus in line with a number of local and national drivers all set out to better meet and improve outcomes for Highlands families. Some of the key system pressures were acknowledged in the report and the mechanisms in place to support the workforce with a brief description of the current escalated risks identified within the service.

During discussion, the following areas were addressed,

1. It was noted that there was a 'balance scorecard' as agreed with NHS Highland as a mechanism to measure Key Performance areas for the delegated services to ensure functions are met. The focus paper to be presented at the next JMC would be based on the balance scorecard.
2. Work to address the challenges around recruitment were noted with the aim of creating strong packages to attract the best candidates for some of the specialist roles, and there had been some successes with recruitment via the Advanced Nurse Training programme.
3. The need to avoid too much of a silo response to Childrens Services was noted with a need to counterbalance this with an examination of how services join up.
4. The issue of developing the structure of reporting on quality was raised and it was noted that this is a live debate with further work to be done.
5. Issues around IT, connectivity and better communications between Highland Council and NHS Highland systems was discussed. It was noted that some progress had been made but that this was still a live issue. The Head of eHealth at NHS Highland had recently noted some significant progress which was awaiting confirmation of timescales and an agreement on funding.
6. The Deputy Lead Nurse noted that there was ongoing work and discussion around the whole integrated approach and outcomes for children and young people especially in terms of oversight of professional practice. She noted that a professional assurance framework for all nurses, midwives and allied health professionals had recently been launched with very clear performance indicators around professional practice and safe quality care and that the team will work with the leads in Highland Council to help inform the future iterations of that report.

The Chair thanked I Kyle and noted that the next iteration would be the annual report in approximately 6 months.

The Committee:

- **Noted** the report and accepted **moderate** assurance.

3.4 Chief Social Worker Annual Report

The Annual Report by the Chief Social Work Officer, Highland Council, for 2022/23 was presented to the Committee for information. The report had previously been provided to

Members of Highland Council with information as to the range of activities that had been carried out over the past year – thus meeting its statutory duties and responsibilities – whilst highlighting the opportunities and challenges moving forward.

It was noted that the Committee had no role in the report and that it was presented for discussion.

The Chief Social Worker spoke to the paper and noted that it had followed the updated template as provided by the Chief Social Work Officer Advisor for Scottish Government thus fulfilling Highland Council's statutory requirements. The report ensured professional oversight of social work practice and service delivery which included professional governance, leadership and accountability for the delivery of social work and social care services, whether provided by the local authority, the Health Board or purchase through the Third Sector or independent sector. The Highland Council as lead agency of Children's Services, has delegated functions for Child Health Services, which include health visitors, school nurses, specialist nurses and allied health professionals. It also retained the functions of justice services and the Mental Health Officer service.

1. It was noted that demand had risen across the board for services and staffing and that vacancies in staffing were an indication of unmet need.
2. A joint inspection for Children at Risk of Harm had taken place in the past year and covered a period of six months. While there were significant actions stemming from the inspection, the partnership had produced an action plan and the inspection confirmed those areas for action already identified by the partnership.
3. There had been some recruitment successes through 'grow our own' training programmes in both the Highland Council and NHSH but there was a need to address the recruitment of experienced staff to increase the robustness of the service.
4. In order to address concerns and risks within the system there was now a strategic plan for Adult Social Care in place for final sign off and an Integrated Children's Plan.
5. The Chief Social Worker encouraged colleagues to get in contact.

The Chief Officer welcomed the report for its breadth and the clear outlining of integration agreements.

In discussion, the following areas were addressed,

1. The importance of a whole family well-being approach as supported by additional SG funding was noted in order to enable Adult and Children's Services to work more effectively together. It was commented that supporting adults who support a child as parent/carer was as important as supporting the child in question in order to identify particular issues for support. A paper was due to be presented to the JMC on some of the work underway to address these issues to align the whole family model with the other work in the community and existing pilots within NHS Highland to maximise opportunities for effective joint working.
2. The impact of unmet need was noted in terms both of those in need and the additional burden on existing staff and that there is a need to find a way to assess this.
3. The success of the Home to Highland programme was noted both for its benefit to a large number of children and the added benefit of financial improvements in the system.
4. The need to address the transition between Children's Services and Adult Services was also noted.

The Committee:

- **Noted** the report.

[The Committee took a rest break from 3.00 to 3.11]

3.5 Primary Care Improvement Plan

The Assurance Report was circulated to the committee ahead of the meeting and provided a summary of planning and progress achieved on the project to date and forecast for the coming period. The report covered the period to 31 October 2023. In line with commitments made in the MOUs (1 & 2), HSCPs and NHS Boards will place additional Primary Care staff in GP practices and the community who will work alongside GPs and practice staff to reduce GP practice workload. Non-expert medical generalist workload needs should be redistributed to the wider primary care multi-disciplinary team ensuring that patients have the benefit of the range of expert advice needed for high quality care.

The Specific priority services to be reconfigured at scale were: Pharmacotherapy, FCP MSK, Community Link Workers, Primary Care Mental Health, Vaccinations, CTAC, and Urgent Care.

The report was offered for noting in the absence of the Primary Care Manager and the Deputy Medical Director who had had to leave the meeting early. The Chief Officer offered to take any questions raised away for considered answers.

During discussion, the following points were raised,

1. A practice view was given by N Wright who noted how well the approach had worked at his practice for areas such as pharmacotherapy, self-referral to physiotherapy, and the increased equity of service that a hub formation had provided. Community link workers had also been a positive influence where they had been available.
2. Despite a preference by some GP colleagues that vaccinations would be better kept in practice the national model did not allow for this but the benefit was that more time had been freed up to spend with more complex patients.
3. The Director of Public Health spoke about the outcomes of the new model of Board-led provision for vaccinations. It was acknowledged that cost of vaccination delivery at GP surgeries was lower at a local level but in terms of volume of delivery it was expected that the new model would be more effective overall. Figures were approximately on trend for the first quarter with what they had been before the transition to VTP but more work was need to ensure the figures rise. However, there was still some dissatisfaction with the new model with issues around scheduling for COVID and Flu vaccinations with some people having to travel longer distances.
4. The issue of communications between GPs and Public Health was raised: it was noted that there were regular newsletters with a health improvement emphasis and that this was often focussed on areas of deprivation in conjunction with community link workers for signposting and directing people to appropriate services and support. However, this had been a mixed picture of success due to the lack of a comprehensive community link worker base and further work was needed to improve.
5. The Chief Officer noted in response to a question that a detailed response to potential slippage and key risks in terms of the PCIP would be provided following the meeting.
6. The Chief Officer also noted that detail of the evaluation process for the PCIP could be provided after the meeting with the minute, if appropriate for the committee.

The Chair noted that he would discuss with the Chief Officer as to when it would be appropriate to have the next update on PCIP come to the committee.

The Committee:
– **NOTED** the and accepted **moderate** assurance report.

3.6 Technology Enhanced Care Overview

The report and accompanying presentation provided an overview and update for the provision of Technology Enabled Care (TEC) in Highland. Historically, TEC in Highland had

operated as a hosted service not directly linked to the separate EHealth or RD&I functions. The report suggested that TEC would need to be considered as part of a suite of integrated, innovative digital solutions to meet the needs of people in NHS Highland hospitals and communities.

The paper noted that Digital solutions, applied thoughtfully and appropriately, could help to: maintain independence of individuals for longer, expedite discharge from hospital, reduce the need for long term residential care, reduce the size and complexity of care at home packages, prevent the development or exacerbation of long-term conditions, support patient activation and self-management and promote lifestyle and behaviour change which in turn could help to reduce hospital admissions, reduce the need for GP appointments, and the length of stay in hospital. Digital solutions could be applied in an integrated way to support training, assessments, reviews, reablement etc in ways that Highland had not yet explored or implemented.

T Ligema gave an overview of the full presentation material that was circulated with the report, noting the three key workstreams of Telecare, Near Me and Connect Me and their usage and opportunities for better use of available technologies in care.

During discussion, the following issues were raised,

1. The Chair asked where the opportunities and challenges raised in the report and presentation fit into current thinking in terms of Horizons 1-3.
2. The Chief Officer commented that in working directly with the digital infrastructure team, T Ligema had brought many insights to the senior leadership team and attends the weekly Senior Leadership Team meeting.
3. The Chief Officer commented that the Senior Leadership Team had become aware recently of the low take up in Highland of Near Me and that this had led to incorporating the workstream into urgent and unscheduled care, work delivering Care At Home and managing Delayed Discharges.
4. It was noted that work culture is one reason for the variable uptake among clinicians of some kinds of technology. The Chief Officer offered to bring a report or development session to the committee on leadership work to address these issues for assurance, especially in connection with the joint strategy.
5. The issue of users of TEC such as Telecare who do not make proper use of the support available was discussed in terms of education and acknowledging what kinds of technology are most appropriate and user friendly for different groups.
6. It was noted that Highland had been a pioneer in terms of the adoption of Near Me and that it was disappointing to see a fall in use in terms of the national average.
7. The issue of cost variance across different areas was raised.
8. The pending issue of analogue switch off was raised in terms of the lack of digital access across all parts of Highland and that this included people from vulnerable groups. It was noted that there was a requirement from energy companies to provide a battery as back up to counter power outages but that such batteries only lasted for an hour whereas outages in parts of Highland can last days. The Chair agreed to discuss the issue with the Chief Officer outwith the meeting to ensure the Board is properly cited on the matter and that in collaboration with Highland Council colleagues the issues could be properly addressed.
9. The related issue of emergency planning was raised in terms of capacity for Near Me usage if there is a sudden demand during an emergency. It was noted that there were facilities such as waiting rooms and group facilities on Near Me which were not currently used and could assist with issues of capacity. Surveys of patients who had used the service had been very positive, however it was acknowledged that should be a matter of offering choice (e.g. face-to-face or remote video consultation) to ensure that patients were not disenfranchised by one particular model and that clinicians can assess when it is clinically safe and appropriate to use a particular system.
10. It was asked if projected savings would cover the costings to push plans for TEC forward, given the lack of costings in the report. It was answered that there were some things

which could be implemented at minimal cost but that a larger piece of work was needed to analyse cost benefits.

11. It was commented that anecdotal evidence demonstrated that Near Me was not offered as routine by clinicians, and that while it was not appropriate to offer video consultations some areas such as more routine outpatient follow up appointments may be suitable in some cases and save patients from travelling.
12. It was noted that there was work underway with the Telecare team to consider an individual risk assessment basis to ensure that patients are properly supported by a suitable number of responders.
13. The need to review the policies around support packages such as Telecare was noted to ensure the effectiveness of support infrastructure and responsiveness.

The Chair thanked the committee for the discussion and noted that the item was very likely to return to the committee in more than one format.

The Committee:
- **NOTED** the report and
- accepted **moderate** assurance.

3.7 IPQR Dashboard Report

The Chair invited questions from members on the IPQR to be sent to the Committee Administrator in advance of the minutes for consideration and answers. Due to time overrun The Head of Strategy was not able to be present for this item, hence the submission of questions.

The Chief Officer gave a brief summary of the report which noted the ongoing pressures in Adult Social Care, but also drew attention to more positive news around Care at Home, capacity in Care Homes and a reduction in waits for psychological therapies and a growth in SDS.

1. Question received outwith the meeting:
   "What changes are going to be introduced as a result of the most recent development session on the IPQR, in particular what is the thinking about how the committee uses the non-reportable wait information?"

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

3.8 Chief Officer's Report

The Chief Officer noted the major redesign programmes which had included a recent workshop for the Caithness Redesign and further engagement work with general practice. Regarding the Skye project, the final delivery group meeting following the Sir Lewis Ritchie report and recommendations had been held and work would now be taken forward by the district team with weekly meetings.

The Joint Monitoring Committee had recently met and it was noted that there would be work undertaken to establish a joint risk register to make the shared risks more explicit for the JMC and the partnership.

The Chief Officer noted that three of the nursing teams within the partnership had received recognition from the Scottish Mental Health Nursing Forum Awards, and that two nurses were due to receive the Queen's Nursing Institute for Scotland Award which carries much prestige within the profession, at a ceremony in Edinburgh.

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

4 COMMITTEE FUNCTION AND ADMINISTRATION

4.1 Governance Blueprint Improvement Plans Update

The Board Secretary noted that the Board had undertaken an assessment earlier in the year with regard to Scottish Government's Blueprint for Good Governance. It was noted that oversight sits with the Board but HHSCC and Clinical Governance have informal oversight of three of the 17 actions and report on progress in these areas to the Board.
A full formal six month update will go to the Board at the end of January.

The Chair noted that the committee would keep revisiting the Governance Blueprint and that it had spoken about some of the items of relevance earlier in the meeting.

The Committee
- **noted** the update, and
- accepted **moderate** assurance from the report.

4.2 Review of Committee Terms of Reference

The Board Secretary outlined the Board requirement of governance committees to review their Terms of Reference, and noted the suggestions to reconsider the membership of the committee.

In discussion,
1. Cllr Fraser suggested that the matter be deferred until the role of the JMC is reflected in the Terms of Reference following consideration by the officers of the JMC, NHSH and THC.
2. The committee agreed to revisit the Terms of Reference at its next meeting following the area of suggested discussion as noted above.

The Committee
- **agreed** to revisit the Terms of Reference at the January 2024 meeting.

4.3 Committee Work Plan

The Chair invited members to send him suggestions for the 2024 workplan which will be formulated soon.

The Committee
- **noted** and **agreed** the Work Plan for 2023-24 in its current form.

5 AOCB

1. W Smith raised the matter of the Carers Short Break Fund but had had to leave the meeting early. The Chief Officer noted that she had emailed the information to W Smith and shared information in the committee Team channel later in the meeting. The Carers Short Break Fund would reopen on Monday 6 November 2023 with a rebranded scheme following feedback from carers during the recent Carers Roadshow. The fund will now be called the Carers Wellbeing Fund and there would be two information sessions held via MS Teams, the first had been held on 31 October with another to be held on Thursday 2 November at 10am. The Chief Officer thanked K McNaught for assistance with the information.

2. A committee Development Session was scheduled for Wednesday 29 November at 1pm via Microsoft Teams. The proposed themes were Sustainability, and Committee Self-evaluation. It was noted regarding the Committee Self-evaluation, that the survey is due to be circulated around 13 November for a fortnight with the findings to be discussed at the development session.

6 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 17 January 2023** at **1pm** on a virtual basis.

The Meeting closed at 4.29pm