Agenda Item 3.6

NHS Highland
Highland Health & Social Care Partnership

Meeting	**Highland Health & Social Care Committee**
Meeting Date	**1st July 2026**
Title	**Chief Officer Assurance Report**
Responsible Exec/Non-Exec	**Arlene Johnstone, Chief Officer**
Report Author	**Arlene Johnstone, Chief Officer**

1. Purpose & Introduction

To provide assurance and updates on key areas of Adult Health and Social Care in Highland.

The Partnership continues to operate within a challenging environment characterised by sustained demand for services, workforce pressures and financial constraints. While these pressures remain significant, progress continues across key transformation programmes, including vaccination services, digital telecare, commissioning and service redesign. These programmes are intended to support long-term sustainability, improve outcomes and strengthen delivery of care closer to home. Risks continue to be actively managed through established governance and oversight arrangements.

2. Strategic & System Updates

2.1 Hybrid Vaccination Model update

Governance, workforce engagement and implementation planning continue to be supported through the Vaccination Hybrid Model Working Group and associated sub-groups.

Childhood Vaccinations
Engagement has taken place with all seven GMS practices and 15 Board-managed practices to support readiness for the new Childhood Vaccinations model. Feedback is informing the transition implementation plan, which will be supported by public and stakeholder communications.
Staff engagement continues through Working Group updates, leadership briefings and weekly drop-in sessions, with questions informing the Programme FAQs.
Implementation remains on track, with workforce engagement continuing to support a safe transition.

Adult Vaccinations
Negotiations with the LMC continue and remain focused on securing arrangements that support delivery of the Winter 2026 programme.

Visit to Vaccinations Services
Preparations are underway for a July visit to Vaccination Services by Scottish Government and

Public Health Scotland colleagues. The visit will be supported by Fiona Davies, Chief Executive, members of the Executive team, myself, and senior members of the Immunisation Strategic Group.

2.2 Digital Transformation / Switchover

The digital telecare switchover programme continues to progress, with the majority of telecare users now supported through digital solutions.

Digital telecare units send alarm calls to the Highland Hub using either mobile connectivity (GSM) or, where broadband is available, via a client's home internet connection. The units primarily use mobile connectivity and use roaming SIM cards to connect to the strongest available network.

Less than 1% of telecare users (33 individuals) are currently unable to use a standard digital solution due to connectivity constraints, including limited mobile coverage or lack of broadband access. Of these, 22 are known to have broadband available and will be supported through internet-connected digital solutions. Seven individuals are currently known not to have broadband available and will continue to receive analogue services. A small number of users are awaiting final assessment of their connectivity arrangements.

Individual risk assessments have been completed for all affected users and mitigation plans are in place. These include:

- use of broadband-connected digital units where available;
- retention of analogue services where digital solutions are not currently feasible;
- ongoing testing and monitoring of connectivity and service continuity;
- identification and prioritisation of higher-risk users through operational and business continuity arrangements; and
- continued partnership working with communications providers, BT and the Scottish Government Digital Office.

Based on current plans, all eligible users are expected to transition well in advance of the January 2027 switchover date, and mitigation arrangements remain in place for all users affected by connectivity challenges.

2.3 Engagement HUB Update

The Engagement Hub continues to support engagement with staff, communities and stakeholders across a range of Partnership programmes. Membership has continued to grow, with more than 430 members now registered, and eight active engagement projects currently underway. Work has also been undertaken with Healthcare Improvement Scotland to strengthen staff capability in planning, delivering and evaluating effective engagement activity.

2.4 Adult Social Care Transformation

Work continues on the development of the Adult Social Care Commissioning Strategy and associated transformation programme. This work will provide the framework for how the

Partnership commissions, shapes and supports adult social care services over the coming years, with a focus on sustainable models of care, market resilience and improved outcomes for people and communities. Progress is also being made in developing the supporting Market Facilitation Plan and advancing transformation initiatives that promote prevention, strengthen community capacity and support a shift towards more person-centred, home and community-based care. These programmes form an important part of the Partnership's wider sustainability and financial recovery agenda and will continue to be developed through engagement with providers, partners, staff and local communities.

3. Operational, Performance & Delivery

3.1 Discharge without Delay

The Highland Health and Social Care Partnership continues to participate in the national Discharge Without Delay (DwD) Collaborative, working alongside the Scottish Government and the Centre for Sustainable Delivery to improve patient flow and reduce delays in discharge from hospital. The programme focuses on a number of nationally agreed priorities including Home First/Discharge to Assess, Planned Date of Discharge processes, Integrated Discharge Teams, frailty pathways and community hospital flow.

Recognising the sustained pressures associated with delayed discharge across the system, the Partnership has strengthened local governance arrangements through a dedicated DwD Delivery Group, which provides oversight of performance, improvement activity and implementation of national workstreams. Current priorities include standardising discharge processes, strengthening discharge planning arrangements and progressing the development of Integrated Discharge Team arrangements to support more timely and coordinated discharge from hospital.

This work forms an important part of the Partnership's wider response to delayed discharge and system flow pressures and will continue to support delivery of care in the most appropriate setting, while improving outcomes and experience for people and their families

3.2 Chronic Pain Service

Physiotherapy waiting lists remain under pressure due to workforce capacity challenges, although Clinical Assessment and Diagnostic (CAD) activity has contributed to reductions in waiting times. Work is continuing with acute services to review pathways and identify opportunities for sustainable improvement, including the development of more consistent Highland-wide approaches to assessment and intervention.

3.3 Registered Services

Since the previous reporting period, 15 Care Inspectorate inspections have concluded across commissioned and in-house registered services, with average grades across all service types remaining at Grade 4 (Good).

Home Farm Care Home remains subject to an Improvement Notice relating to leadership, staffing and aspects of the care environment. Seaforth Care Home and Home Farm Care Home have both recently undergone inspection, with feedback indicating areas requiring improvement. Improvement activity at both services remains a priority focus for the Partnership. Enhanced oversight arrangements are in place, with progress monitored through established governance structures and regular review of action plans. Work continues to address the areas identified by the Care Inspectorate and provide assurance that the required improvements are delivered within agreed timescales.

The Committee will receive further updates through established care governance and performance reporting arrangements.

3.4 Coming Home

The successful discharge of an individual from long-stay hospital care into a community-based setting marks an important milestone in delivery of the Scottish Government's Coming Home agenda. The transition was enabled through effective partnership working across health, social care, housing and third-sector partners, ensuring support arrangements were tailored to the individual's needs and aspirations.

This achievement demonstrates the Partnership's continued commitment to supporting people to live within their own communities wherever possible, while promoting independence, inclusion and improved outcomes through person-centred support.

4. Staffing Updates

Work continues across the Partnership to strengthen leadership capacity and support workforce sustainability in key service areas. Recent appointments and role developments across Community Services, Adult Social Care, Mental Health and Learning Disability Services, and Primary Care are helping to improve operational leadership, support service transformation and enhance resilience within local teams.

Within Community Services, interim leadership arrangements have been implemented in Badenoch and Strathspey, while changes to management arrangements in Skye are intended to provide greater focus across both community hospital and community service delivery. Three community nurses have also secured places on the Queen's Nursing Institute Scotland leadership programme, supporting the development of future nursing leadership capacity.

Within Adult Social Care, recent changes to Principal Officer roles have strengthened leadership arrangements across social work, care homes and care at home services, while also supporting delivery of the wider transformation programme.

Mental Health and Learning Disability Services have strengthened leadership capacity within Drugs and Alcohol Recovery Services through the appointment of Team Leads in West Highland and Mid & East Ross/Nairn. These appointments support improved local leadership, service coordination and delivery of Medication Assisted Treatment (MAT) Standards. In addition, four Specialty Doctors have successfully progressed to Specialist grade, further strengthening clinical leadership and supporting workforce retention within the Division.

Within Primary Care and Community Services, recruitment to Clinical Director and Primary Care

Manager posts has further strengthened the senior leadership team and will support delivery of professional governance, service development and transformation priorities across the Partnership.