Highland Health and Social Care Committee	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/
MINUTE OF HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE	Virtual Meeting Format (Microsoft Teams) **Wednesday 1 July 2026 – 13:00 – 16:00**

Present

Arlene Johnstone, Chief Officer, Highland Health and Social Care Partnership (HHSCP)
Allyson Turnbull-Jukes, Area Clinical Forum
Claire Copeland, Medical Lead
Cllr. David Fraser, Highland Council
Elaine Ward, Finance Lead
Gerard O'Brien, Vice Board Chair (Chair)
Helen Eunson, Area Clinical Forum
Jennifer Davies, Director of Public Health and Policy
Joanne McCoy, Non-Executive Director
Julie Gilmore, Nursing Lead
Kaye Oliver, Staff side Representative
Louise Bussell, Nursing Director
Michelle Johnstone, Head of Communities
Moira Miller, Staff side Representative
Muriel Cockburn, Non-Executive Director
Neil Wright, Non-Executive Director
Paul Chapman, Associate Director AHPS (North Highland)
Cllr Ron Gunn, Highland Council
Ruth MacDonald, Interim Deputy Director of Adult Social Care
Thomas Brown, GP Partner

In Attendance

Rhiannon Boydell, Head of Planning, Performance and Integration
Andrew King, Governance and Corporate Records Manager
Jill Mitchell, Head of Primary Care
Barry Muirhead, Interim Head of Service for Mental Health, Learning Disability and Drug & Alcohol Recovery Services
Ian Thomson, Head of Service; Quality Assurance; Adult Social Care
Nathan Ware, Deputy Head of Corporate Governance

1. STANDING ITEMS

1.1 Welcome and Apologies

The Chair welcomed all to the meeting. Formal apologies were received from: Cllr Christopher Birt, Sarah Compton Bishop, Graham Bell, and Karen Leach. The meeting was quorate.

Andrew King was welcomed to his first meeting as he had recently joined NHS Highland as the Governance and Corporate Records Manager.

1.2 Declarations of Interest

There were no declarations of interest.

1.3 Assurance Report from 5 May 2026 – Action Plan and Workplan

The Committee approved the minutes of meeting of 05 May 2026 and noted the work plan.

The Committee reviewed the action plan and agreed to close Action 33, noting that the issue had been addressed and would continue to be monitored through ongoing work. Members also agreed to close the pharmacy data action, recognising it as an awareness issue that would be covered through updates on the digital analogue transfer programme.

1.4 Matters Arising

There were no matters arising from last meeting discussed.

2. FINANCE

2.1 Finance Update, Year End 2025/2026
Report by Elaine Ward, Deputy Director of Finance

The Finance Lead for the HSCP advised that NHS Highland had submitted a financial plan to the Scottish Government for the 2025/2026 in March 2025. The financial plan submitted to Scottish Government (SG) in March 2025 was not accepted and they indicated that a resubmission was necessary. A revised plan was submitted in June 2025 and accepted by SG detailing a net financial deficit of £40.005 million. The Board had continued working with SG to improve the financial position.

At the end of March 2026 (Year End), an underspend of £0.196 million had been reported. The position had included £10 million of funding from Scottish Government to support the Board position and £5 million contribution from the Highland Council to support the Adult Social Care (ASC) position. Within the Highland Health & Social Care Partnership, a year-end overspend of £23.910 million had been reported. This overspend included the Adult Social Care position.

Further detail was provided in relation to North Highland Communities; Adult Social Care; Value & Efficiency; and Supplementary Staffing.

During discussion, the following points were raised:

- 2025/26 Financial Position. The committee noted that NHS Highland had delivered its financial position for 2025/26, with the annual accounts recently signed off. Members recognised the successful delivery of savings during the year.
- Focus on Operational Pressures. It was highlighted that greater focus would be required during 2026/27 on operational overspends and unfunded pressures, including emergency care services, chronic pain, sexual health, mental health and primary care, with assurance sought on how these would be managed.
- Financial Governance and Savings Delivery. The Chief Officer advised that governance arrangements had been strengthened through enhanced oversight and accountability arrangements. While progress had been made, it was noted that further work was required to develop sufficient savings plans to meet future targets.
- Supplementary Staffing and Safe Staffing. Members discussed the financial and operational impact of supplementary staffing within care homes and highlighted the importance of balancing financial recovery with safe staffing requirements. It was noted that work was ongoing to review staffing establishments and reduce reliance on supplementary staffing.
- Care Home Workforce Challenges. Members were advised that some of the highest supplementary staffing costs were associated with care homes that had transferred from the independent sector to NHS Highland, reflecting ongoing workforce instability within these services.
- Financial Reporting Clarifications. Clarification was provided regarding the Adult Social Care funding contribution from Highland Council and the reporting of primary care costs. It was noted that the reported primary care overspend largely related to locum expenditure rather than management costs.

- Transformation and Service Redesign. Members discussed the contribution of Hospital at Home, discharge without delay and wider transformation programmes to future service sustainability. It was agreed that a future report would be brought to the committee to provide a comprehensive update on these workstreams and their impact on service delivery and financial recovery.

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Following discussion, the Committee **noted** the Highland HSCP financial position at Year End 2025/2026 and associated mitigating actions and accepted **Limited** assurance.

3. PERFORMANCE AND SERVICE DELIVERY

3.1 Integrated Performance and Quality Report

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

The Head of Integration, Strategy and Transformation, HHSCP advised that the performance report had been revised to present the executive summary by KPI rather than by slide, supported by a new six-month trend indicator and an increasing number of agreed performance targets. It was noted that a new Minor Injury Unit indicator had been added and that updated GP satisfaction and unmet need trend data had been included in response to previous committee requests. Clarification was provided on community discharge without delay performance, highlighting that while most patients were discharged without delay, those who entered delay often remained within the system for longer periods. An update was also provided on work to develop more meaningful community pharmacy measures, with Pharmacy First Plus data currently under consideration.

During discussion, the following points were raised:

- Performance Reporting and Assurance. Members welcomed the revised executive summary and use of trend data. Discussion focused on ensuring performance information was meaningful, supported understanding of service delivery and provided assurance on outcomes. It was noted that work was underway to develop local KPIs, targets and a four-tier performance framework to strengthen oversight and performance management.
- Data, Benchmarking and Digital Integration. Members highlighted opportunities to improve digital integration and data sharing, particularly within pharmacy services. Clarification was sought on antibiotic prescribing performance and members requested additional benchmarking data, including information from Argyll and Bute, to support comparison and assurance.
- Community Service Performance and Workforce Challenges. Members welcomed improvements in Community Mental Health Team performance and noted that more robust data recording had strengthened reporting accuracy. Recruitment challenges within Care at Home services were also discussed, with workforce pressures continuing to affect service delivery.
- Commissioning and Service Development. Members requested an update on the development of the Commissioning Strategy and Market Facilitation Plan to understand progress and how the work would support future service delivery.
- Integrated Care Pathways and Service Outcomes. Members discussed the importance of understanding how services were contributing to wider system objectives, including the impact of Minor Injury Units on unscheduled care demand and the uptake of Self-Directed Support. It was noted that supporting narrative and contextual information were required to understand whether performance reflected service effectiveness, individual choice or wider system factors.
- System Pressures and Future Assurance. Members acknowledged the ongoing pressures facing services and noted that continued development of performance reporting and assurance arrangements would support more effective oversight of system performance.

Following discussion, the Committee:

- **Considered** the progress made with the development of KPIs across the HSCP to be managed within a performance framework.
- **Noted** the ongoing target setting and KPI development in some areas.
- Accepted **Limited** assurance and to **noted** the continued and sustained stressors facing both NHS and commissioned care services.

3.2 Transformation Plans 26/27 and beyond

Report by Arlene Johnstone, Chief Officer for Highland HSCP

The Head of Service; Quality Assurance; Adult Social Care advised that the Highland Care transformation programme is focused on developing new care models that are more strengths based, flexible and person centred, while also reshaping services to provide greater choice and support within communities. He noted that traditional service models continue to face workforce pressures and that work is underway with communities and partners to develop alternative approaches, preventative services and redesigned care pathways.

An update was provided on the work of the joint NHS Highland and Highland Council Transformation Board, including the implementation of a Community Led Support approach with the National Development Team for Inclusion (NDTI), the development of a commissioning strategy and a range of transformation projects across Highland. He acknowledged that the programme remains at an early stage and that greater pace, alignment and collaboration across partners will be required to deliver the scale of change needed.

During discussion, the following points were raised:

- Strategic Commissioning Plan Progress. Members received an update on the Strategic Commissioning Plan and noted that it had completed consultation and governance processes. Work was underway to produce a more accessible version of the document to support wider understanding and engagement.
- Market Facilitation Plan Development. It was noted that the Market Facilitation Plan remained in development and would continue to progress alongside implementation activity, with work already underway to support its delivery.
- Implementation and Assurance. Members sought greater clarity on how the strategic intentions would be implemented in practice and requested additional information to support the Committee's assurance role in overseeing this significant programme of change.
- Communication and Engagement. Members emphasised the importance of effective communication and stakeholder engagement to support successful delivery of transformational change and ensure a shared understanding of the proposed direction of travel.
- Co-production and Place-Based Commissioning. Discussion highlighted the need for services, communities and partners to work together to design and deliver change, with place-based commissioning identified as a key approach to future implementation.
- Governance Arrangements. It was noted that assurance and oversight for adult social care transformation is provided through governance routes across NHS Highland and the Highland Council.
- Future Development Session. Members supported the proposal to hold a future development session to provide a more detailed discussion on commissioning, transformation activity and governance arrangements.

Following discussion, the Committee **considered** the content of the report and accepted **moderate** Assurance.

3.3 Primary Care Services Update including Primary PCIP & Primary Care Strategy
Report by Arlene Johnstone, Chief Officer for Highland HSCP

The Head of Primary Care provided an overview of investment across primary care services including prescribing, community optometry, pharmacy and general practice. Progress had been made in expanding enhanced services, strengthening clinical leadership arrangements and reducing vacancy levels and locum expenditure within Board-managed practices. An update was also provided on the Primary Care Improvement Plan and the development of a new five-year Primary Care Strategy, alongside work to increase participation in and awareness of the Pharmacy First Plus service.

During discussion, the following points were raised:

- Primary Care Funding and Oversight. Members sought clarification on new GP funding arrangements and the associated monitoring requirements introduced by Scottish Government. It was noted that work was underway to develop streamlined reporting processes, assess capacity requirements and work with other NHS Boards to ensure a consistent approach to funding administration and assurance.
- Community Link Workers. Members highlighted the value of the Community Link Worker programme and requested sight of the annual report to better understand the impact on patients and outcomes. It was agreed that the report would be circulated to members.
- Community Pharmacy Services and Governance. Members discussed governance arrangements for community pharmacy prescribing services and the ongoing development of Pharmacy First Plus. It was noted that workforce qualifications could influence service availability and that performance data should be considered alongside local context. Members also explored opportunities for greater collaboration between community pharmacy and social care services.
- Primary Care Strategy and Future Models of Care. Members discussed the development of a future Primary Care Strategy which would bring together local needs assessments, workforce planning, national policy developments and future service models across primary care. It was noted that this work aligned with wider developments in remote and rural healthcare, population health, integrated care and place-based service delivery.
- Board-managed Practices and Workforce Sustainability. Members considered the future role of Board-managed practices and highlighted the importance of engaging with patients, communities and stakeholders before determining long-term arrangements. Workforce sustainability, premises, continuity of care and place-based care were identified as key strategic considerations.
- Future Committee Oversight. Members supported further discussion on the developing Primary Care Strategy and agreed that future reports should include a formal assurance rating to support the Committee's oversight role.

Following discussion, the Committee **considered** the content of the report.

3.4 Learning Disability Services Assurance Report
Report by Arlene Johnstone, Chief Officer for Highland HSCP

The Interim Head of Service for Mental Health, Learning Disability and Drug & Alcohol Recovery Services provided an update on progress across learning disability services since July 2025. Progress had been made in delivering annual health checks, strengthening support through the Dynamic Support Register and supporting the return of an individual from a long-term out of area hospital placement through multi-agency working and specialised local care. An update was also provided on community-based services, highlighting improved engagement and service developments alongside ongoing challenges relating to specialist housing, increasing demand and workforce sustainability.

During discussion, the following points were raised:

- Annual Health Checks Delivery and Capacity. Members discussed the limited capacity to deliver annual health checks within the available funding envelope and noted that current activity may not be fully reflected in reported figures, with some health check activity undertaken by learning disability teams not being consistently captured in existing data systems.
- Workforce Recruitment and Career Progression. Members raised concerns about workforce sustainability and the reduction in career progression opportunities within services. It was noted that recruitment challenges had increased as organisations were drawing from the same workforce pool.
- Innovative Recruitment Models. Members welcomed the successful use of career grade posts to address recruitment difficulties within psychiatry services. It was reported that reprofiling vacancies had improved applicant interest and resulted in successful recruitment.
- Co-production and Staff Engagement. Discussion highlighted the value of co-production in service development and recognised the importance of sharing positive examples of collaborative working. Staff-side representatives offered support in promoting key messages and engaging with the wider workforce.
- Housing Provision for People with Learning Disabilities. Members emphasised the importance of developing sustainable community housing options for people with complex needs. Cluster housing models were highlighted as providing effective support for service users and staff, and it was noted that partnership work with Highland Council was underway to explore future housing developments.

The Chief Officer for Highland HSCP advised that the Coming Home programme supported people with complex needs to live in their own communities rather than in hospital or out of area placements. She reported that national work had strengthened collaboration between health and social care services, housing partners and local authorities and highlighted recent success in supporting individuals to return to Highland from long-term placements. Significant challenges remained due to housing shortages and workforce pressures and emphasised the need for a more strategic approach to developing sustainable local support and crisis response arrangements.

Following discussion, the Committee **considered** the content of the report and accepted **moderate** Assurance.

3.5 Care Governance Update

Report by Ruth MacDonald, Interim Deputy Director of Adult Social Care

The Interim Deputy Director of Adult Social Care provided an update on the progress made to strengthen governance across social work and social care services. Improvements had been embedded in areas including incident reporting, case reviews, workforce governance and statutory reporting, with enhanced oversight now in place for care homes and the registered workforce. An update was also provided on the replacement of the CareFirst system with Mosaic and the continuing work required to strengthen partnership governance arrangements across health, social care and social work.

During discussion, the following points were raised:

- Social Care Governance and Assurance. Members welcomed the significant progress made in strengthening social care governance and workforce development. It was recognised that governance arrangements, reporting processes and data quality had improved considerably, providing greater assurance and enabling more effective oversight across services, while acknowledging that further development remained ongoing.
- Supporting an Integrated Health and Social Care System. Members emphasised that governance arrangements should support staff and services as well as provide assurance. Discussion highlighted the importance of fostering a whole-system approach, identifying system-wide issues and ensuring social care colleagues felt connected to and supported by governance processes.
- Integrated Reporting and Governance Structures. Members discussed opportunities to further integrate reporting across health, community and care services, including areas such as falls reporting. It was

also suggested that the membership and reporting routes of the Clinical and Care Governance Committee should be considered as part of the forthcoming committee self-assessment process.

- Partnership Working and Governance Development. Members noted the value of sharing learning and good practice across organisations and sought further information on governance developments within Highland Council. It was reported that an integrated governance approach was being explored and tested within the Council.

Following discussion, the Committee **considered** the content of the report and accepted **moderate** Assurance on activity across Community Service.

3.6 Chief Officer's Report

Report by Arlene Johnstone, Chief Officer for Highland HSCP

The Chief Officer provided updates on the development of the hybrid vaccination model, including progress towards the delivery of childhood vaccinations through participating GP practices and ongoing discussions regarding adult vaccination arrangements. An update was also provided on the digital transformation switchover, which indicated that digital connectivity had been sufficient for most Highland residents, alongside progress in adult social care transformation and plans to bring further detail on discharge without delay to a future meeting. The Chief Officer further highlighted improvement works underway at Home Farm Care Home following an improvement notice, as well as recruitment successes and the securing of Queen's Nursing placements.

During discussion, the following points were raised:

- Home Farm Governance and Assurance. Members discussed the Care Inspectorate improvement notice relating to Home Farm and sought assurance that appropriate governance, escalation and oversight arrangements were in place to support timely improvement activity. It was noted that concerns raised by the regulator related primarily to leadership and staffing arrangements rather than the quality of care provided to residents, and that work was underway to understand whether any learning could be identified in relation to escalation processes and information flow through existing governance structures.
- Service Sustainability and Resilience. Members discussed the challenges facing social care services and the importance of maintaining resilient and sustainable provision. Assurance was provided that business continuity arrangements were in place across services, supported by wider strategic commissioning work to help ensure service stability and continuity of care.
- Workforce Pressures and Improvement Activity. Members acknowledged the pressures associated with staffing and service delivery within care settings and noted the ongoing actions to strengthen leadership, staffing arrangements and service resilience. Discussion recognised the importance of addressing emerging risks at an early stage to support both staff wellbeing and the continued delivery of high-quality care.
- Winter 2026 Vaccination Programme. Members sought assurance regarding arrangements for delivery of the forthcoming vaccination programme. It was reported that discussions with primary care representatives remained ongoing and that established in-house arrangements would provide continuity of service should alternative delivery models not be agreed.
- Post-Infection and Associated Complex Chronic Syndromes (PACS) Service. Members welcomed an update on the development of the PACS service, which will replace the previous long COVID service. It was noted that recruitment and governance processes were progressing, with further communication and engagement planned to support implementation and awareness across primary care and community services.
- Future Assurance and Reporting. Members agreed that no matters required escalation to the NHS Highland Board. It was noted that key themes from the discussion would be reflected in routine Board reporting, and members requested a future update on the arrangements in place to support service resilience and continuity across community and social care services.

Following discussion, the Committee **considered** the content of the report and identified any matters that require further assurance or escalation to NHS Highland Board.

4. CORPORATE GOVERNANCE

4.1 Committee Self-Assessment

Report by Dominic Watson, Head of Corporate Governance

The Deputy Head of Corporate Governance presented the proposed revised committee self-assessment approach. He noted that the questionnaire had been redesigned to encourage more meaningful feedback and identify areas for improvement, with draft proposals being considered through the governance committee cycle before a development session and completion of the assessment.

The Chair emphasised that the self-assessment should promote meaningful discussion on how the Committee could improve its effectiveness and encouraged members to provide feedback and suggestions for improvement directly to the Deputy Head of Corporate Governance.

The Deputy Head of Corporate Governance highlighted that the revised process aimed to encourage shared responsibility for improvement and ensure the self-assessment added value rather than becoming a tick-box exercise.

The Committee **considered** the relevant condensed question set and **approved** for use in a self-assessment exercise, **approve** the approach to identify stakeholder group for each Committee and complete survey based on questions, and undertake a discussion facilitated by an Executive or Non-Executive not associated with the Committee.

5. ANY OTHER COMPETENT BUSINESS

No Items of AOCB were raised.

DATE AND TIME OF NEXT MEETING:

Wednesday 1 September 2026 at 13:00 via Microsoft TEAMS

The meeting closed at: 15:52 pm