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MINUTE of HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE Virtual Meeting Format (Microsoft Teams)	**14 January 2026 13.00 pm**

Present

Cllr. Christopher Birt, Highland Council
Thomas Brown, Lead Doctor (GP)
Louise Bussell, Nurse Director
Claire Copeland, Medical Lead
Jennifer Davies, Director of Public Health
Fiona Duncan, Highland Council Chief Social Work Officer
Cllr. David Fraser, Highland Council
Helen Eunson, Area Clinical Forum
Arlene Johnstone, Chief Officer, Highland Health and Social Care Partnership (HHSCP)
Julie Gilmore, Nurse Lead
Ian Kyle, Highland Council
Joanne McCoy, Non-Executive
Moira Miller, Staffside representative
Gerard O'Brien, Vice Bord Chair (Committee Chair)
Kaye Oliver, Staffside representative
Dr Neil Wright, Non-Executive
Mhairi Wylie, Third Sector Representative

In Attendance

Gareth Adkins, Director of People and Culture
Natalie Booth, Senior Corporate Administrator
Rhiannon Boydell, Head of Integration, Strategy and Transformation, HHSCP
Paul Chapman, Associate Director AHPS (North Highland)
Gavin Davidson, Senior Administrator
Gillian Grant, Interim Head of Commissioning Adult Social Work and Social Care
Frances Gordon, Head of Finance for Highland HSCP
Michelle Johnstone, Area Manager
Laura Neil, Associate Director of Quality and Clinical Governance
Addy Massey, Corporate Administrator
Ruth MacDonald, Head of Service - Social Work Services
Marie McIlwraith, Community Engagement Manager
Nathan Ware, Deputy Head of Corporate Governance

Apologies: Ron Gunn, Philip MacRae, Fiona Malcolm, Nicki Sturzaker, Elaine Ward

1.1 Welcome and Apologies for absence

The meeting opened at 13.00 pm, and the Chair welcomed the attendees. The meeting was quorate.

Moira Miller was welcomed to her first meeting as she joined the committee to take up one of the vacant staff-side posts, strengthening staff-side representation.

The committee also formally thanked Mhairi Wiley for her significant contribution as the third sector interface representative, noting that this was her final meeting before moving to a new role.

1.2 Declarations of Interest

There were no declarations of interest.

1.3 Minutes of Previous Meetings and Action Plan

The Committee approved the minutes of meeting of 05 November 2025 and noted the action plan and work plan.

The Chief Officer for the Highland HSCP noted closure of three actions and the briefing on the current use and accessibility of anticipatory care plans and emergency care records across North Highland would be included in the March 2026 meeting Chief Officer Report.

1.4 Matters Arising

There were no matters arising from last meeting discussed.

2. Finance

2.1 Finance Report – Month 7 2025/2026

The Head of Finance 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 October 2025 (Month 7), an overspend of £35.241 million had been reported, with projections indicating this could increase to £40.005m by the end of the financial year. The forecast position had assumed further work would enable a breakeven outcome within Adult Social Care (ASC) by 31 March 2026. Within the Highland Health & Social Care Partnership, a year-to-date overspend of £20.474 million had been reported, with forecasts suggesting this could rise to £24.129 million by year-end. This projected overspend included £20.758 million relating to ASC, which the Board had assumed would be brought into financial balance by the end of the financial year.

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:

- Progress on the Adult Social Care (ASC) Finance Plan. The Chief Officer Highland HSCP noted that all ASC finance plan workstreams had been initiated to strengthen grip, control and cost-containment measures, although the expected impact had not yet been realised.
- Need for Additional Measures. It was highlighted that some planned changes required policy, procedural and structural adjustments, and that “emergency measure” discussions had begun to identify further actions to reduce the overspend.
- Operational Savings Requirement. The committee reiterated that the key priority was delivery of operational savings linked to ASC, including the Board’s share of the value and efficiency programme and the 3% savings target.
- Frontline Operational Context. Members discussed the pressures created by winter demand, staff shortages and hospital flow, and queried how budget control could be achieved. It was noted that while frontline care should remain unchanged for service users, the organisation was not operating on a “business as usual” basis and several grip and control measures were already in place.
- Timescales for Action. It was confirmed that immediate measures were underway, while the timelines for more significant actions would depend on policy requirements and governance processes. ASC financial recovery was identified as a high priority over the coming months and years.

- Financial Reporting and Data Consistency. Concerns were raised regarding the absence of month eight data in the slide pack, with members asking that the most up-to-date financial information, including value and efficiency delivery by area, be provided at future meetings to ensure consistent reporting across committees.
- Overall Financial Position. The committee noted the position remained broadly in line with expectations, with the recurring savings challenge continuing to represent a significant risk as the Board prepared for future 3 per cent savings requirements.

The Committee is **discussed** and **noted** the Highland HSCP financial position at month 7 and associated mitigating actions and accept **limited** assurance.

Performance and Service Delivery

3.1 Integrated Performance and Quality Report

The Head of Integration, Strategy and Transformation, HHSCP highlighted work underway to develop a consistent set of KPIs at strategic and tactical levels with operational indicators to follow, aiming to create a uniform information pack for use across services and committees. Work at service level was due to finish at the end of the month and would include trajectories once available. The executive summary showed mixed performance with red, amber and green ratings linked to national targets, and local targets were planned for future reports. It was highlighted that improvement work continued to address the concerns of the vaccination uptakes for children through the working group. A further update was provided for ASC; Unmet Needs; and Delayed Discharge.

During discussion, the following points were raised:

- Development of KPI Targets. Members noted that services were finalising their key performance indicators and trajectories, with work due to complete at the end of January to support clearer measurement of improvement.
- Setting Realistic and Evidence-Based Targets. It was confirmed that benchmarking data, national datasets and research evidence were being used to shape targets that were stretching yet achievable, with regular review planned by the senior leadership team.
- Phased Approach to Avoid Over-Complexity. The Chief Officer highlighted the risk of paralysis when tackling system-wide measurement issues and emphasised the need to focus first on agreed KPIs for the IPQR before expanding to wider population-level and preventative indicators.
- Preventative Activity and System Outcomes. Members discussed the importance of understanding the impact of preventative services, including those commissioned from the third sector, and noted the risk of misdirecting future investment without better visibility of system-wide outcomes.
- Data Quality and Consistent Definitions. Concerns were raised about the reliability of data and variation in reporting practices, and assurance was given that clear definitions, standard operating procedures and improved use of systems were being implemented.
- Vaccination Delivery Model. An update was provided on negotiations to implement the new hybrid vaccination model, with a proposed three-month lead-in period for GP practices and confirmation that work was underway on wider delivery elements.
- Care Home Data and Waiting Lists. Members requested improved reporting on care-home waiting lists, with a future update proposed due to the complexity of tracking placements across in-house and independent sector providers.
- Population Health and Commissioning. The Committee discussed the need for better data on need and outcomes to guide future commissioning decisions, highlighting prevention, long-term conditions and system-wide impact as priority areas for development.

Following the discussion, the Committee:

- **Considered** the progress made with the development of KPIs across the HSCP to be managed within a performance framework.
- Accepted **limited** assurance and **noted** the continued and sustained stressors facing both NHS and commissioned care services.
- **Considered** further indicators that are required to support the assurance for the Highland Health and Social Care Partnership

3.2 Highland HSCP Rick Register

The Head of integration, Strategy and Transformation, HHSCP introduced the paper and highlighted movements in the Level 2 risk register, noting one new risk, several changes in risk ratings, and highlighting key themes including workforce availability, financial sustainability, care-home capacity and information technology.

During discussion, the following points were raised:

- Workforce Availability Risk. Members noted that workforce availability remained a long-standing high risk and sought clearer information on mitigation plans, expected timelines, progress milestones and when these actions were likely to reduce the overall risk level.
- Adult Social Care Financial Risk. Similar requests were made for transparency on Adult Social Care financial containment and transformational plans, with members asking when these actions would realistically influence the financial risk rating.
- CareFirst System Replacement. Concerns were raised about the Highland Council–led CareFirst replacement, with members seeking assurance that the new system would interface effectively with NHS systems and support reporting, commissioning and data needs across services.
- Use and Purpose of the Risk Register. The Chief Officer noted that the register aimed to provide assurance on identified risks and mitigations rather than detailed operational updates and advised that broader operational information might be more appropriate for future Chief Officer reports or development sessions.
- Clarity of Mitigations and Tracking Progress. Members reported difficulty linking risks to their associated mitigations and asked for clearer presentation and regular updates to support monitoring of progress and impact.
- System-Wide Workforce Impact. It was recognised that workforce shortages underpinned and influenced multiple risks across the HSCP, and members stressed the need for redesign and efficiency rather than assumptions about new staffing availability, given the demographic challenges facing the Highlands.
- Enhanced Service Risks. Concerns were raised regarding risks linked to the diabetes enhanced service, and assurance was provided that the issue was captured on the appropriate risk register and scheduled for discussion at a forthcoming committee.
- Future Development Session. The committee agreed that a development session on the practical use of the risk register, mitigations and assurance processes would be beneficial, and confirmed that no risks required further escalation at this stage.

The Committee **considered** the report, accepted **moderate** assurance, and identified any matters that require further assurance or escalation to NHS Highland Board.

3.3 Children and Young Peoples Services Report 25/26

I Kyle presented an update on delivery of the 2023–2026 Integrated Children's Services Plan, confirming statutory requirements were being met and highlighting strong progress, including a new multi-agency strategic group, a revised child's plan being piloted, and workforce training to support consistent GIRFEC practice. He noted improvements in mental health and well-being through aligned funding, a needs-led locality model, and strengthened support for children affected by substance use. Work on The Promise had progressed through clarified responsibilities and the development of a specialist health team, while children's rights and participation continued to gain influence and had received national recognition. The whole-family well-being programme was advancing, with the Family Links project offering valuable insight.

He also referred to the performance framework containing detailed measures used to monitor progress and noted that detailed data queries would be picked up offline. Planning had begun for the 2026–2029 plan and was supported by a joint strategic needs assessment to provide refreshed evidence on need, inequalities and required system change. This ensured the next plan would be informed by robust analysis and meaningful engagement with children and young people.

During discussion, the following points were raised:

- Delivery of The Promise. Members received assurance that a local Partnership Promise Board and delivery plan were in place, aligned to national expectations, and a recent Council report was offered for further reference.

- Vaccination Indicators and Interpretation. The committee noted that different reports presented varying views of vaccination performance due to the use of different indicators, and members stressed the need to consider the full vaccination picture and avoid reliance on single metrics.
- Use of Data and Performance Measures. It was highlighted that previous frameworks contained an unmanageable volume of indicators, and members discussed the need to balance meaningful oversight with manageable reporting that focused on the most relevant measures.
- Public Health Trends. Members welcomed the increase in breastfeeding rates and noted the positive implications for child and maternal health.
- Data Gaps and System Issues. Concerns were raised about missing or delayed datasets, and assurance was given that updated information could be provided quarterly and that system-related delays were being addressed.
- Future Reporting and Comparability. Members requested comparator data in future reports to support trend analysis and noted the value of more regular performance updates to the committee.
- Support for Plan Development. Assurance was given that NHS colleagues were actively contributing to the development of the next Integrated Children's Services Plan, with strong engagement across delivery groups.
- Data Sharing Across Agencies. The committee noted ongoing challenges in information sharing between health and council services, and assurance was if partnership data-sharing agreements existed, with further discussion offered offline.

Following discussion, the Committee:

- **Noted** the progress made in delivering the Integrated Children's Services Plan 2023–2026.
- **Endorsed** the continued implementation of delivery group action plans and improvement programmes.
- **Supported** alignment of funding streams and strategic priorities to sustain improvements.

3.4 Engagement Framework Assurance Report 24/25

The Community Engagement Officer presented slides to the Committee highlighting NHS Highland's new engagement online platform 'The Engagement Hub' and the range of benefits associated with the platform.

The presentation highlighted the following:

- The Engagement Hub continued to develop as NHS Highland's main platform for community-wide engagement, offering a range of tools to support participation, improve accessibility, and strengthen relationships with communities and partners.
- Fifteen projects were launched during the year, attracting over 6,300 visits and 435 direct engagements, with higher engagement levels seen in projects where views directly informed decisions, and lower levels for strategic consultations.
- The Hub supported staff by providing planning templates, training materials and oversight processes, although challenges remained around staff awareness, confidence, and the perceived time required to manage projects.
- Priorities for the coming year included increasing organisational awareness, expanding collaborative projects, improving governance and data-handling processes, establishing an advisory panel, and mapping engagement channels through a new short-life working group.

During discussion, the following points were raised:

- Commitment to Increasing the use of the Engagement Hub. The partnership confirmed its intention to embed the Engagement Hub more fully into everyday practice, ensuring it became a routine and integrated part of engagement activity rather than a standalone process.
- Growth in Engagement and Remaining Limitations. Members recognised progress made through the Hub but noted that overall engagement numbers remained low when compared with the population size, particularly in relation to protected and vulnerable groups.
- Future Representation and Recruitment. Concerns were raised about how representation from vulnerable groups would be secured, with members asking whether future recruitment could be subdivided by topic or need to ensure relevant voices were captured.

- Budget and Resource Constraints. It was highlighted that engagement ambitions were constrained by the limited £20,000 budget, with £17,500 already committed, raising concerns about the Hub's capacity to support meaningful growth and transformation.
- Quality and Nature of Engagement. Members observed that much of the current activity remained consultative rather than collaborative and discussed the need to align future work more clearly with recognised engagement frameworks such as Arnstein's Ladder and the NHS engagement matrix.
- Short-Life Working Group and Wider Collaboration. Assurance was given that a short-life working group was being established to strengthen engagement culture, improve structures, and make better use of existing mechanisms such as Community Planning Partnerships and patient-experience workstreams.
- Staff Skills, Confidence and Cultural Change. It was noted that staff confidence in undertaking engagement varied, and members recognised the importance of shifting organisational culture so that engagement became embedded, supported and valued across services.
- Reporting Frequency. The committee reflected on the early-stage development, data limitations and resource pressures, and requested a further update later in the year once progress from the short-life working group was available.

After **examining** and **considering** the content of the report and the Committee accepted **moderate** assurance.

The Committee took a break from 14.57 pm until 15.10 pm.

3.5 Draft Adult Social Care Commissioning Strategy and Intentions

The Chief Officer for Highland HSCP explained that the first draft of the partnership's commissioning strategy had been developed by the senior leadership team and was presented in draft for final comment and discussion before being presented to the Joint Monitoring Committee for approval.

The Interim Head of Commissioning explained that the draft Adult Social Care Commissioning Strategy for 2026–2029 had been produced to meet the clear need for an updated strategic framework. She noted that the document set out commissioning intentions based on the Joint Strategic Needs Assessment and wider statutory requirements, and that it described the challenges facing services, the priorities for change, and the initial market messages for providers. She confirmed that further detail would be developed through supporting plans and that additional work was required to strengthen the content.

The Chief Officer clarified that the committee was being asked to provide feedback on whether the draft commissioning strategy clearly set out NHS Highland's commissioning approach and whether it would enable independent providers and the public to understand the organisation's future intentions.

During discussion, the following points were raised:

- Purpose and Early Stage of the Strategy. Members recognised the draft commissioning strategy as an important first step in defining the partnership's commissioning intentions and agreed it should focus primarily on outcomes rather than service volumes.
- Separation of Strategy, Planning and Procurement. It was highlighted that commissioning, procurement and market facilitation needed to be distinguished more clearly, with future supporting documents expected to provide greater detail on how commissioning intentions would be delivered.
- Clarity and Accessibility of the Document. Members noted the document was difficult to digest and requested a clearer structure, stronger narrative flow and versions tailored for different audiences, including independent providers, staff and the public.
- Level of Detail and Use of Data. Concerns were raised about the lack of context around key figures, such as assessment waiting lists, and members asked for clearer explanations of the scale of need and intended investment shifts.
- Role of the Third Sector and Preventative Services. The committee emphasised that third sector contributions and preventative activity were not sufficiently reflected, and that these should be incorporated more explicitly to support a whole-system commissioning approach.
- Registration, Quality and Provider Responsibilities. Members highlighted the need to reference responsibilities held by NHS Highland as both a provider and commissioner of registered services, including expectations around quality assurance, governance and regulatory compliance.

- Workforce and Integration Considerations. It was noted that commissioning decisions would have significant workforce implications, and members requested clearer alignment with integration work, workforce planning and financial recovery to help understand cumulative impact.
- Future Development and Supporting Plans. Members accepted the document as a starting point but noted that further enabling plans—such as the market facilitation plan, procurement plan and workforce plan—would be essential to complete the commissioning framework.

Following discussion, the Committee **noted** the draft strategy and accepted **moderate** assurance.

3.6 Chief Officer's Report

The Committee Chair introduced the report, and it was agreed that the paper would be **noted** by the Committee. No further comments were raised regarding the report.

4. Committee Function and Administration

4.1 Annual review of Terms of Reference

The Deputy Head of Corporate advised that the report formed part of the annual review of the committee's terms of reference following updates to the Code of Corporate Governance. He invited members to highlight any further adjustments and noted that changes could be made at any point during the year if required.

The Committee Chair advised that he had contacted the Deputy Head of Corporate Governance about several amendments to the terms of reference, including removing the agenda format, clarifying the committee's role in community planning oversight, and deleting the reference to establishing a strategic commissioning group. He confirmed these points would be discussed and agreed offline before being added to the final document. He also invited members to submit any further changes before the paper progressed to the Audit Committee in March.

The Committee:

- **Reviewed** the Terms of Reference and highlighted required change.
- **Noted** that the Terms of Reference will be submitted to the Audit Committee and the Board for approval in March 2026 and included in the updated Code of Corporate Governance thereafter.

5. Any Other Competent Business

6. Date of next meeting – Wednesday 4 March 2026 at 1pm

The meeting closed at 15.59 pm.