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 6 May 2026 – 13:00 – 16:00**

Present

Gerard O'Brien, Vice Board Chair (Chair)
Arlene Johnstone, Chief Officer, HHSCP (Vice Chair)
Allyson Turnbull-Jukes, Director of Psychology
Claire Copeland, Deputy Medical Director
Fiona Duncan, Highland Council – Health and Social Care
Gillian Grant, Team Leader, Contractor Services
Helen Eunson, Professional Lead Nurse, Mental Health and Learning Disabilities (13:00 – 14:00)
Jill Mitchell, Head of Primary Care
Joanne McCoy, Non-Executive Director
Katy Styles, Associate Director of Strategy, Planning and Transformation
Kaye Oliver, Day Care Officer, HHSCP
Michelle Johnstone, Area Manager, North and West Operational Unit
Neil Wright, Non-Executive Director
Paul Chapman, Team Lead, Physiotherapy
Rhiannon Boydell, Mid-Ross District Manager
Ruth MacDonald, Head of Service, Adult Social Care
Ron Gunn, Councillor
Thomas Brown, GP Partner

In Attendance

Doug Hutchison, Clinical Psychologist/Clinical Lead, PNIMHT
Frances Gordon, Interim Finance Manager
John Lyon, Clinical Dental Director
Megan Spratt, Corporate Administrator
Sharon Hammell, Area Manager, South and Mid Operational Unit

Note: Minutes transcribed by Lynsey Bailey, Committee Secretary, PSD Scotland

1. STANDING ITEMS

1.1 Welcome and Apologies

The Chair welcomed all to the meeting. Formal apologies were received from: Elaine Ward, Helen Eunson (after the first hour), Moria Miller, Muriel Cockburn and Philip MacRae.

1.2 Declarations of Interest

No declarations of interest or transparency statements were made in respect of any agenda items.

1.3 Assurance Report from 4 March 2026 – Action Plan and Workplan

Members discussed the assurance report from the previous meeting on 4 March 2026, noting some inaccuracies where comments from the January meeting were incorrectly included. It was agreed that these would be corrected post-meeting and the report would then be approved virtually.

DECISION: To not approve the assurance report as presented.

ACTION: To correct the report, addressing the inaccuracies identified, and recirculate for virtual approval

1.4 Matters Arising

The committee reviewed the action plan, addressing several key items:

- Scheduling a development session with Clinical Governance representatives to discuss social care integration with NHS quality and patient safety systems.
- Merging the briefing on anticipatory care plans and emergency care records into broader service updates, recognizing the complexity and multi-agency involvement.
- Planning a development session on risk register mitigations and assurance processes.
- Closing the engagement hub update to await further reporting at the end of the calendar year.
- Confirming ongoing discussions related to the social care Act implications and scheduling relevant sessions accordingly.

DECISION: To close or progress the actions as outlined, with a draft work plan for the year ahead to remain a living document, adaptable to emerging priorities.

2. FINANCE

2.1 Finance Update, Month 11 & 2026/2027 Update
Report by Elaine Ward, Deputy Director of Finance

Members were taken through the finance report for month 11 of the fiscal year 2025-26. The partnership reported a planned overspend capped at £40 million as agreed with the Scottish Government, which included an additional £10 million support from the government and £5 million from Highland Council towards adult social care pressures. The year-to-date position showed a £48.9 million overspend, with adult social care contributing significantly at £20.8 million overspend. Despite these pressures, the partnership successfully delivered over £7 million in savings in health services and £2.6 million in adult social care, with some savings being non-recurring. Notable cost drivers included supplementary staffing and high-cost out-of-area placements, especially in mental health services. Members acknowledged the achievement of savings targets as a positive milestone and discussed ongoing management of unfunded posts, which would be reviewed regularly to ensure sustainability and budget alignment.

DECISION: To note the Month 11 position and mitigating actions, taking limited assurance.

3. PERFORMANCE AND SERVICE DELIVERY

3.1 Integrated Performance and Quality Report
Report by Rhiannon Boydell, Head of Integration, Strategy and Transformation

Members discussed the Integrated Performance and Quality Report (IPQR) for May, highlighting an increase in key performance indicators (KPIs) especially in primary care and community services. Adult social care KPIs had shifted to percentage measures for consistency. Work on KPIs related to delayed admissions and discharges was ongoing, with a discharge without delay group re-established to refine data and trajectories. Members requested trend data on unmet needs and national benchmarking comparisons to contextualize local performance. Their discussions also covered stabilization actions in care at home services, support for

Self-Directed Support (SDS3) providers, and clarification of technical terms such as "fail-safe" activity in vaccinations. Members noted the absence of community pharmacy data in the IPQR and agreed to explore including it in future reports due to its relevance to unscheduled care and primary care services. Satisfaction data for primary care, though currently based on 2023-24 surveys, was expected to be updated in the next meeting.

DECISION: To note the KPI development progress, taking limited assurance,

DECISION: To note the sustained pressures, and consider whether any indicators should sit with other committees

3.2 Care Home Collaborative Annual Report 25/26
Report by Arlene Johnstone, Chief Officer for Highland HSCP

Members considered the annual report on the Care Home Collaborative for 2025-26, noting significant progress with the Scottish Government baselining funding for the first time, confirmed at £681,000. The report detailed the collaborative team's activities including quality improvement, education, workforce development, specialist support, crisis management, and promoting meaningful activities for residents. Four spotlight areas were highlighted: a short-life working group standardizing hospital admissions and discharges from care homes, an innovative independent sector career and attraction lead role engaging with schools and social media to promote care home careers, an annual collaborative care home event fostering shared learning among managers, and the Highland Games 2025 event, which provided meaningful intergenerational activities for residents. Plans for 2026-27 focussed on consolidating achievements and building on the now-baseline funding to continue these initiatives. Members welcomed the substantial level of assurance within the report's content and praised the positive developments and engagement efforts.

DECISION: To note the report, taking substantial assurance (and ensuring this is reflected, not “moderate”).

3.3 Vaccinations Service Report 25/26
Report by Arlene Johnstone, Chief Officer for Highland HSCP

Members received an update on vaccination services, including childhood and adult vaccination programs. The childhood vaccination service was expanding to onboard eight General Medical Services (GMS) practices through readiness assessments, training, and digital data integration, aiming for a coordinated hybrid delivery model involving GMS practices and in-house services. Adult vaccination negotiations were ongoing, targeting completion before the winter campaign. Childhood vaccine uptake had improved due to strengthened patient recall processes, with some vaccines meeting or slightly below the Scotland-wide benchmarks. Adult vaccination uptake, including COVID-19 and influenza, remained stable but was below targets although there had been notable success in healthcare worker flu vaccination. Challenges included lower uptake for shingles and pneumococcal vaccines.

The service remained in escalation with the Scottish Government, working to meet criteria for de-escalation. The hybrid model aimed to reduce fragmentation and improve communication to ensure clarity on vaccination access. Members discussed strategies for improving recall and targeted communication, the importance of personal outreach, and the need for clear planning for the winter 2026 vaccination campaign. MMR vaccine uptake and related measles cases were noted as areas for further detailed reporting.

DECISION: To note the report, taking limited assurance

3.4 Fees and Charges Report
Report by Arlene Johnstone, Chief Officer for Highland HSCP

Members considered the annual fees assurance report, which outlined the process for increasing fee rates for registered commissioned services for 2026-27. The Scottish Government had mandated a minimum pay rate increase for direct care roles from £12.60 to £13.45 per hour, with funding provided to support this adjustment. The partnership had confirmed contractual revisions and communicated these changes to providers, with ongoing monitoring planned to ensure compliance. Members received substantial assurance regarding the implementation of minimum pay rates, recognising the importance of this measure for care workers' remuneration

DECISION: To note the report, taking substantial assurance for the minimum pay element.

Comfort Break

3.5 Dental Services Report
Report by John Lyon, Clinical Dental Director

Members were presented with a report highlighting concerns about NHS dental services, especially in rural areas. Key issues included recruitment and retention difficulties, financial sustainability, and variable confidence in NHS dental services Payment reforms in 2023 had stabilised but not improved access, and further Scottish Government reforms were anticipated. Concerns were noted regarding the sustainability of corporate dental providers and the likely removal or rebranding of the Scottish Dental Access Initiative, with practice grants unchanged for 15 years and most unable to meet eligibility criteria, highlighting the need for new funding models

Members were updated on the disruption to public dental services caused by the temporary closure of UHI House in Inverness. They also discussed the recruitment challenges, noting the current Public Dental Service dentist contract was viewed as unsustainable, with reform in progress. A recent visit from the Chief Dental Officer highlighted potential improvements through direct access for dental therapists and expanding their rural roles. NHS Highland was also exploring increased training opportunities locally and collaborating with universities on dental education. National oral health programmes were being refocused, but NHS Highland had not yet implemented Scottish Government recommendations to scale back. Efforts to attract dentists include increased overseas registration opportunities, eased training requirements, and proposals for rural incentives.

Members acknowledged the fragility of dental services and were keen to revisit the topic at a future session.

DECISION: To note the dental services report, taking limited assurance due to the fragile nature of dental services across Highland.

DECISION: To return to dental services at a future development session,

3.6 PNIMHT (Perinatal and Infant Mental Health Team) Service Update
Report by Douglas Hutchison, Clinical Lead for PNIMHT

Members were given an overview of the perinatal and infant mental health team, highlighting support for mothers from conception to one year postnatal. The service integrated community perinatal mental health, maternity and neonatal psychological interventions, though the infant mental health element was currently inactive due to

staffing. Referrals had steadily increased, mainly from midwives and GPs, and most patients showed improved clinical outcomes. Concerns remained regarding the lack of a locally agreed infant mental health specification and reliance on temporary staff. The team aimed for timely intervention, broad rural coverage, and reduced referral thresholds. Key priorities were establishing a clear service specification and ensuring sustainable staffing. Members sought and received further clarification on how the remaining individuals still on analogue telecare systems were being supported following network switch-off. Arlene Johnstone agreed to seek the detail on this (with support from Michelle Johnstone). Following some other minor points of clarification and elaboration, Members welcomed the presentation and looked forward to receiving any further updates in due course.

DECISION: To note the report and supplementary presentation, taking moderate assurance on the Perinatal and Infant Mental Health Service.

ACTION: To provide further clarification to Committee on how the remaining individuals still on analogue telecare systems are being supported following network switch-off – Arlene Johnstone, with support from Michelle Johnstone.

3.7 Chief Officer's Report
Report by Arlene Johnstone, Chief Officer for Highland HSCP

Members were given updates on several operational areas.

- The vaccination hybrid model development continued, with ongoing negotiations for adult vaccination specifications expected to progress faster than childhood negotiations.
- Digital transformation efforts had transitioned 98% of clients from analog to digital telecare kits as of April 2026, with a small number of individuals (51) still on analog systems due to specific signal or access challenges, with backup alternatives in place.
- The engagement hub continued to promote collaboration among staff and the public. System pressures in unscheduled care remained significant but showed signs of easing from winter peaks. Leadership oversight had intensified, with new meetings and a recent joint unscheduled care event fostering whole-system cooperation. Surge beds in community hospitals were helping to alleviate acute pressure and support discharge processes, with an emphasis on getting patients home rather than moving between beds.
- The discharge without delay programme had an interface manager in post and was revitalizing connections with the national team to address patient delays. In the chronic pain service, a new consultant had increased capacity and was reviewing services to ensure appropriate patient care. The diabetes service was commissioning a clinical review with a report expected in June 2026.
- Registered services, such as care at home in Sutherland, had improved from previous low ratings to higher quality care with leadership support. Members raised questions about the 51 clients still on analog telecare, with an understanding that these relied on backup mobile or low-level internet signals, though technical details remained to be clarified.

DECISION: To note the updates provided.

4. CORPORATE GOVERNANCE

4.1 Committee Annual Report 25/26 Final Draft
Report by Nathan Ware, Deputy Head of Corporate Governance

Members discussed the report, which summarised the Committee's activities during 2025/26, and agreed they were content to approve it.

DECISION: To approve the final version of the Committee Annual Report for submission to the Audit Committee as part of the annual assurance process.

5. ANY OTHER COMPETENT BUSINES

5.1 Members had no further business to raise at this time.

DATE AND TIME OF NEXT MEETING:

Wednesday 1 July 2026 at 13:00 via Microsoft TEAMS

The meeting closed at 14:25