**Highland Council/NHS Highland**
**Joint Monitoring Committee**

Minutes of the Meeting of the Highland Council/NHS Highland Joint Monitoring Committee held in the Assynt House Board Room, Inverness on 11 June 2026 at 10.30am.

**Present:**

**Highland Council**
Mr D Fraser (Vice Chair)
Mr D Brown
Mr A Christie (remote)
Ms M Cockburn (sub for Mr Bremner) (remote)
Mr J Libby (sub for Ms F Duncan)
Mr I Kyle
Ms K Lackie
Ms F Malcolm
Mr P Oldham (remote)
Mr B Porter

**NHS Highland**
Ms S Compton-Bishop (Vice Chair)
Ms L Bussell
Ms H Cooper
Ms A Johnstone
Mr G O'Brien (remote)
Mr D Park (sub for Ms F Davies)
Dr P Treon
Dr N Wright (remote)

**Staff Representatives**
Ms S Purdie (Highland Council) (remote)
Mr G Smith (NHS Highland)

**Third Sector, Carer and Service User Representatives**
Mr C Allan (Scottish Care Highland Branch Chair – Care Homes) (remote)
Ms R Connolly (Connecting Carers) (remote)
Mr I McNamara (Highland Senior Citizen's Network) (remote)
Dr G Rodger (Inspiring Young Voices) (remote)

**Officers Present**
Mr G Adkins, Director of People and Culture, NHS Highland
Ms R Boydell, Head of Planning, Performance and Integration, NHS Highland (remote)
Mrs L Dunn, Joint Democratic Services Manager, Highland Council
Ms F MacBain, Senior Committee Officer, Highland Council

**Ms S Compton-Bishop in the Chair**

**Preliminaries**

Ms Compton-Bishop thanked Mr Fraser for chairing the meetings for the previous year.

1. **Calling of the Roll and Apologies for Absence**
   **Gairm a' Chlàir agus Leisgeulan**

   Apologies for absence were intimated on behalf of Mr A Anderson, Mr R Bremner, Ms F Davies, Ms J Davies and Ms F Duncan.

2. **Declarations of Interest/Transparency Statement**
   **Foillseachaidhean Com-pàirt/Aithris Fhollaiseachd**

   There were none.

**3. Minutes**
**Geàrr-chunntas**

There was circulated and **APPROVED** minutes of the meeting of the Joint Monitoring Committee held on 12 March 2026.

**4. Chief Officer's Report – Adult Services: Strategic Plan and Delivery Update**
**Aithisg Àrd-Oifigeir – Seirbheisean Inbheach: Plana Ro-innleachdail agus Cunntas air Lìbhrigeadh**

There was circulated Report No JMC/06/26 by the Chief Officer, Highland Health and Social Care Partnership.

The Chief Officer gave a presentation on strategic direction and the refresh of Joint Strategic Plan (2024 -2027), which was also circulated to the committee.

During discussion, the following issues were considered:

- with reference to the need to respect professional roles, which often worked to a national specification, assurance was sought and provided in relation to reference in the presentation to 'changing and adapting roles to flex to availability'. Clarity was provided on how this related to creating flexible teams in rural areas and could benefit professional and non-registered staff groups. Attention was drawn to the need to provide continuity of contact to service users;
- confirmation was provided that the presentation could be shared with other external organisations;
- on the triangular diagram in the presentation entitled, 'Commissioning Priorities', the arrow on the left hand side depicting complexity should be inversed;
- in relation to the recruitment strategy, local recruitment should be encouraged;
- concern was expressed that the slow pace of recruitment by the Council and the NHS meant that potential candidates were lost or discouraged from applying. This was a known issue and would be raised again;
- when remodelling commissioning, it was important to keep trusted services and groups on board wherever possible. The commissioning strategy would help external partners to plan for the future;
- consideration was given to the best means of communicating the new strategy, recognising that different groups would have different perceptions of it;
- in response to queries on the timeline for and progress with the commissioning strategy, its progress through Highland Council and NHS Highland governance processes in draft form was summarised. The final document was anticipated in around four weeks, after which it would be considered by the District Planning Groups, the Strategic Planning Group, and third sector organisations. The final document would be presented to the next meeting of the Committee;
- other issues that required consideration included the communication strategy, and decommissioning of the previous approach. The need to shift resources to the new approach was emphasised, and practical examples were provided. The vital role of the third sector and the importance of community capacity building prior to decommissioning were highlighted;

- the campaign to encourage people to arrange Power of Attorney for their relatives was welcomed, but attention was drawn to the importance of people not leaving themselves in a vulnerable position; and
- it was clarified that service delivery would continue regardless of the final model of integration chosen.

Thereafter, the Committee:

i. **NOTED** strategic direction and delivery progress set out in the report;
ii. **NOTED** current performance position and associated system pressures; and
iii. **AGREED** the final Adult Social Care Commissioning Strategy (2026–2029) be presented to the next meeting of the Committee.

**5. Highland Children's Services Partnership Plan 2026 – 2029**
**Aithisg Bhliadhnail Plana nan Seirbheisean Cloinne Amalaichte**

There was circulated Report No JMC/07/26 by the Chair of the Integrated Children's Services Planning Board.

During discussion, the following issues were raised:

- reference was made to the involvement of the third sector in the implementation of the plan, to the Highland third sector interface conference theme of prevention, and to the benefits of the evidence-based approach the plan. Reference was made to the need for the third sector to remain viable and sustainable to continue the valued partnership working that had been developed. Data in the Voice report would be useful in strengthening the third sector for the future and assurance was provided that the third sector remained a full partner, with representation on the Board and in delivery groups. The role of the third sector in relation to implementing the Whole Family Wellbeing approach and to the importance of building capacity to encourage growth was also summarised;
- attention was drawn to requests that had been made for the Neurodevelopment Assessment Service and another topic that would be checked outwith the meeting by the NHS Highland Director of Nursing to be strengthened in the plan. The framing in the plan of attempts to reduce the number of referrals being made to the Child and Adolescent Mental Health Service required consideration, and use of abbreviations in the report should be avoided;
- the inclusion of children's voices in the plan was welcomed, and attention drawn to the need to capture the 'voice' of unborn children and babies, noting the life-long impact that events in that early stage could have;
- the plan successfully highlighted the challenges around ensuring equality and the need to support people at vulnerable stages in their lives, however there was also a requirement to promote the health and wellbeing of children and young people who did not fall into those categories. It was hoped this could be included in future iterations of the plan, supported by the strengthening of the health and wellbeing group;
- the national recognition given to the children and young people's participation strategy for Highland was welcomed and the application for Inverness to become the UK City of Culture 2029 would hopefully bring participation opportunities for young people; and

- the references to capturing children's voices, which were also included throughout the Highland Outcome Improvement Plan were appreciated.

Thereafter, the Committee **NOTED**:

i. the work undertaken by the Children's Services Planning Partnership Board in producing the Draft - Highland Children's Services Partnership Plan 2026 – 2029 and that this plan would be formally signed off by the Community Planning Partnership Board; and
ii. the plan had been approved by the Children's Services Planning Partnership Board.

**6. Highland Health & Social Care Partnership Finance Reports**
**Aithisg Ionmhais Com-pàirteachas Slàinte & Cùraim Shòisealta na Gàidhealtachd**

**a. Highland Health & Social Care Partnership Finance Report**
**Aithisg Ionmhais Com-pàirteachas Slàinte & Cùraim Shòisealta na Gàidhealtachd**

There was circulated Report No JMC/08/26 by the Director of Finance, NHS Highland.

During discussion an explanation was sought and provided on the Service Level Agreement (SLA) with NHS Greater Glasgow and Clyde, which was to serve the Argyll and Bute Health and Social Care Partnership. The SLA was currently being scrutinised and the cost base analysed, which was why an indicative value had been shown in the report.

Thereafter, the Committee **NOTED** the financial position at Month 12 2025/2026 (March 2026).

**b. Highland Council Finance Report**
**Aithisg Ionmhais Chomhairle na Gàidhealtachd**

The Committee **NOTED** that no financial report for Children's Services was available for this meeting. Highland Council operated a quarterly financial reporting approach and the timing of the JMC meeting was ahead of a first Quarter 1 report for 2026/27 being available. A near final / Month 12 position for 2025/26 would be available by end June 2026 as part of the Council's annual accounts process, which fell later than the JMC meeting.

**7. Models of Integration Update**
**Cunntas air Modailean Amalachaidh**

There was circulated Report No JMC/09/26 by the Assistant Chief Executive – People, the Highland Council, and Director of People & Culture, NHS Highland.

During discussion, in response to concerns about the tight timescales for the review of the integration model, it was acknowledged that this was a risk that would be further considered at the next project Steering Group meeting. The balance between expediting the project while also undertaking comprehensive and meaningful engagement with staff and stakeholders was summarised.

In relation to staff engagement, the importance of it being meaningful and adhering to staff governance guidelines was reiterated. The proposed timelines and methods of engagement were summarised, this to include online, in person and through line management. The subjective nature of meaningful engagement was pointed out, and the importance of staff representatives familiarising themselves and being content with the overall plan was emphasised. In this respect, the recent addition of staff representation to the Senior Officers Group was valuable.

In relation to engagement feedback, it was pointed out that feedback from different stakeholders, and different groups of staff, could differ, and could lead to nuanced and multi-dimensional viewpoints. It was suggested that the direction of travel should be decided before the detail of future activities could be determined. Attention was drawn to the drawbacks of engaging on detail prior to the strategic direction being set.

The Committee's attention was drawn to the history of the review of the model of integration, which had been initiated by the Scottish Government due to a desire to end the use of the Lead Agency model. The Scottish Government had since removed their requirement for a review, but the Highland Council and NHS Highland had decided the review merited being undertaken to potentially change the governance model for the benefit of Highland communities.

Attention was then drawn to the external variables that could impact the future model of integration, and that any decision made would have long term consequences. The schedule for change should be agile and responsive and, in terms of resourcing the change, assurance was provided that the cost of the early phase had been shared with the Scottish Government. Following the recent election, no further public sector reform information had been released.

Thereafter, the Committee:

i. with regard to the options appraisal, the Committee **NOTED** that both the Council and the NHS Highland Board had:

   a. noted the outcome of the Phase 1 options appraisal summarised at section 5 and set out in detail at Appendix 1; and
   b. agreed the two options to be taken forward to Phase 2 of the Review: Option A – Lead Agency and Option B – Body Corporate (IJB).

ii. with regard to next steps, the Committee **NOTED** that both the Council and the NHS Highland Board had:

   a. agreed the draft Phase 2 Programme Plan at Appendix 2 including timelines for a final decision and recommendation to Highland Council and the Board of NHS Highland by September 2026; and

b. noted progress with establishing a programme for Phase 2 including initiating appointment of a programme manager.

The meeting ended at 12pm.