Highland Council/NHS Highland
Joint Monitoring Committee

Minutes of the Meeting of the Highland Council/NHS Highland Joint Monitoring Committee held remotely on 24 September 2026 at 10.30am.

Present:

Highland Council
Mr David Fraser (Vice Chair)
Mrs Muriel Cockburn (sub for Mr Bremner)
Mr Derek Brown
Mr Alasdair Christie
Mr Ian Kyle
Ms Kate Lackie
Ms Fiona Malcolm
Mr Paul Oldham
Mr Brian Porter

NHS Highland
Ms Sarah Compton-Bishop (Chair)
Ms Louise Bussell
Ms Fiona Davies
Ms Jennifer Davies
Ms Arlene Johnstone
Mr Gerry O'Brien
Dr Paul Treon
Ms Elaine Ward (sub for Ms Cooper)
Dr Neil Wright

Staff Representatives
Ms S Purdie (Highland Council)

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

Officers Present
Mr D Park, Depute Chief Executive, NHS Highland
Ms R MacDonald, Interim Director of Adult Social Care, NHS Highland
Ms R Boydell, Head of Planning, Performance and Integration, NHS Highland (remote)
Mr G Stirling, Strategic Lead (Partnerships), Highland Council
Mrs L Dunn, Joint Democratic Services Manager, Highland Council
Ms F MacBain, Senior Committee Officer, Highland Council

Ms S Compton-Bishop in the Chair

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

   Apologies were submitted for Ms Fiona Duncan, Mr Alex Anderson, Mr Raymond Bremner, Ms Heledd Cooper, and Mr Gavin Smith.

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 11 June 2026.

4. Adult Social Care Transformation Programme
Cunntas às Ùr mun Phròg̀ram Chruth-atharrachaidh

There was circulated Report No JMC/10/26 by the Chief Officer Highland Health & Social Care Partnership & the Assistant Chief Executive – People.

A presentation was provided which covered the Highland Care Model's five workstreams: Service Rebalancing, Care Pathway Redesign, Community Led Care Models & Preventative Approaches, Technology & Workforce Transformation, and Cross-Cutting Projects. Regular updates would be provided to the Committee.

During discussion, the following issues were raised:

- noting the significant governance changes that lay ahead, it was a critically important time to consider the Highland Care Model and ensure strengthened partnership working between the Highland Council, NHS Highland, the third sector and local communities. Further work and evidence gathering were required, and it was emphasised that savings would be realised through transformational change and improving the outcomes for people;
- it was queried if any additional issues required to be taken into consideration in light of recent government announcements about public sector reform, and attention was drawn to the importance of strengthening the voice of the Highlands and to ensure the unique geography and needs of the Highlands were taken into consideration. There was a degree of confidence that the current approach aligned with the developing national direction, and work was being undertaken to ensure ongoing alignment;
- attention was drawn to the planned appointment of a Senior Programme Manager, and to report progress against each area to the Committee in December 2026;
- clarification was sought and provided that the Senior Programme Manager would be in post until March 2028 but that the saving plan ran for three years. It was asked that this be made clear in the recommendations. In relation to the level of confidence with regard to achieving the planned savings, attention was drawn to the planning and resource ring-fencing that had been undertaken to ensure the targets were achieved;
- the importance of evaluating outcomes as well as counting savings was emphasised, and the tools that would be used to do this were summarised;
- with regard to the need to reduce expenditure by £28m in three years, it was queried whether this would involve cuts to care homes or care at home services. In response, attention was drawn to the intention to shift the balance of care into the community, and to improve the use of commissioned services, which were generally less costly than in-house provision. The Commissioning Strategy was addressed later on the agenda;
- information was sought and provided on the governance pathways for the programme, which were complex due to the Lead Agency Integration Model. A distinction was required between transformational, business-as-usual, and commissioned work. Although governance would be reviewed, it would still be undertaken through the Joint Monitoring Committee and the Highland Health and Social Care Committee. The Chair asked that the update to the Committee in December 2026 should focus on governance and reporting, with this to be further considered offline; and

- the challenges around the outcomes of the transformation programme were practical as well as financial, with reference to delayed discharge not only in community hospitals but in acute hospitals too.

Thereafter, the Committee:

i. **APPROVED** the details of the Programme to date and **NOTED** that Project Mandates would be provided together with policy details to a future meeting of the Committee;
ii. **AGREED** that the Programme be referred to as the Adult Social Care (ASC) Transformation Programme and that reference to 'Track 2' was dropped;
iii. **NOTED** the commitment of the funding to date from the ASC Transformation Reserve to support the creation of a time-limited Transformation Team led by a Senior Programme Manager to be appointed through to 31 March 2028 within NHS Highland and to take forward the work envisaged by the programme with a view to delivering savings over a 3-year period; and
iv. **NOTED** the latest position of the ASC Transformation Reserve and the uncommitted funding that would be available to support the delivery of the five workstreams within the Transformation Programme.

5. Integrated Children's Service Update
Cunntas às Ùr mu Sheirbheis Amalaichte na Cloinne

There was circulated Report No JMC/11/26 by the Chair of the Integrated Children's Services Planning Board.

During discussion, the following issues were raised:

- attention was drawn to the New Models of Childcare project, detailed in paragraph 8.5 of the report, which explored more flexible childcare arrangements by integrating childcare and adult care services. The project had the potential to open positive conversations on how to provide care in different ways;
- in recent years the additional data gained from listening to the voices of people, particularly children and young people, had helped to make a significant difference to service delivery; and
- it was highlighted that improving childcare increased the pool of people able to join the workforce and address the recruitment challenges being faced, especially in remote and rural areas.

Thereafter, the Committee:

i. **NOTED** progress made in delivering the priorities contained within the Highland Children's Services Partnership Plan 2026-2029p;
ii. **NOTED** developments across the Children's Services Partnership Delivery Groups;
iii. **AGREED** to endorse the planned review and redevelopment of the Partnership's Performance Management Framework; and
iv. **NOTED** emerging priorities, opportunities and risks associated with delivery of the Partnership Plan.

6. Chief Officer's Report Adult Services
Aithisg Àrd-Oifigeir mu Sheirbheisean Inbheach

There was circulated Report No JMC/12/26 by the Chief Officer, NHS Highland.

During discussion, the following issues were raised:

- the clear format of the report was welcomed;
- while it was acknowledged that transformational work remained a fundamental issue going forward, attention was drawn to some of the positive results that were already being achieved through the Interface Manager's post, and elsewhere. A summary was provided of the work of the Interface Manager, in both the community and acute settings, and it was emphasised that learning from this work should be embedded in the system;
- attention was drawn to the need to consider social care as part of an integrated system along with health, and this would be further considered offline to ensure this was adequately reflected in future reports; and
- positive assurance with regard to the work of the transitions team was requested and would be considered as part of offline agenda planning with a view to its consideration at a future meeting.

Thereafter, the Committee:

i. **NOTED** the strategic direction and delivery progress set out in the report;
ii. **NOTED** the current performance position and associated system pressures; and
iii. **AGREED** to consider the provision of assurance with regard to the transitions team at a future meeting.

7. Introduction of Strategic Commissioning Plan
Toirt A-steach Plana Coimiseanaidh Ro-innleachdail

There was circulated Report No JMC/13/26 by the Chief Officer, NHS Highland.

During discussion, the following issues were raised:

- it was queried what mechanisms would be employed to ensure a thorough understanding of the sector's marketplace to ensure there were no unintended consequences or destabilisation from the commissioning process that might negatively impact on providers. In response, attention was drawn to the regular contract monitoring meetings and data gathering which facilitated a robust oversight of the market;
- with reference to commissioned organisations, support was voiced for the direction of travel and its fit within the national context. It was pointed out that while the national, regional and local contexts were touched on, further detail on the Care Reform Act and its impact on future commissioning would be helpful, with particular reference to new legislation on breaks for carers, due to come into effect in April 2028, and the possible impact this might have. Assurance was provided that implementation of the Act was being worked on with the Carers Team;
- attention was drawn to the role of the NHS as an Anchor Institution in communities and the need to consider this in relation to the development of strategic plans; and

- information was sought and provided on plans for ongoing engagement with the third sector and other commissioned organisations as the plan was put into operation, and on how the outcomes would be measured and reported back. It was suggested that the detail of these issues be further considered offline and that, in due course, assurance on the robustness of engagement with commissioned partners and measures of outcomes be reported to the Committee.

Thereafter, the Committee:

i. **NOTED** the commissioning direction and intent towards prevention, reablement, community-led support, Self Directed Support options, technology enabled care and supporting more people to live independently at home;
ii. **AGREED** to support the Adult Social Care Commissioning Strategy and Intentions 2026-2029 document;
iii. **NOTED** that supporting delivery plans including a Market Facilitation Plan, Procurement Plan and Workforce Plan would now be developed and brought forward through appropriate governance routes; and
iv. **AGREED** that the Joint Monitoring Committee would retain strategic oversight of implementation and annual review arrangements.

8. Highland Health & Social Care Partnership Finance Reports
Aithisgean 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/14/26 by the Director of Finance, NHS Highland.

The Committee **NOTED** the financial position at Month 3 2026/2027 (June 2026).

b. Highland Council Finance Report
Aithisg Ionmhais Chomhairle na Gàidhealtachd

There was circulated Report No JMC/15/26 by the by the Chief Officer – Corporate Finance.

During discussion reference was made to the challenging financial situation facing both organisations, and the importance of the recovery plans for Adult and for Children's Services. The ongoing need to balance maintaining service provision while also undergoing transformational improvement was highlighted. Finance officers in both organisations were thanked for their work.

Thereafter, the Committee **NOTED** the:

i. forecast financial position for the year as set out in the report and appendices; and
ii. explanations provided for any material variance and actions being taken or proposed.

9. Model of Integration Update
Cunntas às Ùr mun Mhodail Amalachaidh

There was circulated Report No JMC/16/26 by the Assistant Chief Executive People, The Highland Council and the Director of People and Culture NHS Highland.

The work undertaken to date on the Models of Integration review was praised, noting that the Council had agreed to pause the review in light of recent government announcements about public sector reform, and a similar decision was being recommended to the NHS Highland Board the following week. The two final options had been to develop an Integration Joint Board, or to remain with an improved Lead Agency model. It was hoped that any lessons learned during the review process would be used to influence any future solution, which should be driven by Highland expertise, and not imposed from elsewhere. Messaging to the public and staff should be clear and appropriate to provide assurance and information.

Thereafter, the Committee **NOTED**:

i. the outcome of the MOI Review Phase 2 options appraisal as detailed at Appendix 1 to the report;
ii. the Highland Council had agreed that the MOI Review should be paused, pending greater clarity about the Scottish Government's plans for health and social care integration;
iii. a report would be brought to the next NHS Board reflecting a similar position to the one taken by the Council;
iv. there would be continued engagement with stakeholders, incorporating consultation on the Highland Outcome Improvement Plan and existing Community Planning partnership events; and
v. the Communication for staff from NHS Scotland at Appendix 2 to the report.

Closing Remarks

The Chair, Vice Chair and both Chief Executives referred to the recurring themes of forthcoming change and uncertainty, and they welcomed the strong partnership working that had been demonstrated across the transformational, commissioning and operational activity. Partners would continue to work closely together and with wider stakeholders and communities to ensure a clear and influential voice for the Highlands in shaping future services and responding to emerging challenges, with reference to the development of the Highland Care Model and community engagement as considered earlier in the meeting. Assurance was provided that partners would remain focused on supporting staff, protecting service delivery, and ensuring the needs of people and communities across Highland remain at the centre of decision-making.

The meeting ended at 12.20pm.