NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**31st March 2026**
Title:	**Models of Integrations Review – Options Appraisal Phase 1 Outcome Report & Phase 2 Initiation**
Responsible Executive/Non-Executive:	**Gareth Adkins, Director of People and Culture**
Report Author:	**Kate Lackie, Assistant Chief Executive – People, Highland Council**

Report Recommendation:

The Board is asked to:

1. With regard to the options appraisal, it is recommended that Members:
   a) **Note** the outcome of the Phase 1 options appraisal summarised at section 5 and set out in detail at **Appendix 2**;
   b) **Agree** the two options to be taken forward to Phase 2 of the Review: Option A – Lead Agency and Option B – Body Corporate (IJB).

2. With regard to next steps, it is recommended that Members:

   a) **Agree** the draft Phase 2 Programme Plan at **Appendix 3** including timelines for a final decision and recommendation to Highland Council and the Board of NHS Highland by September 2026; and
   b) **Agree** the Communications and Engagement Plan at **Appendix 4**.
   c) **Note** progress with establishing a programme for Phase 2 including initiating appointment of a programme manager.

3. With regard to the NDAS proposal
   a. **Agree** the high level proposal set out in **Appendix 5** and
   b. **Agreed** the work to be further developed by and remitted to the Person Centred Solutions Portfolio Board.

1 Purpose

This is presented to the Board for:

- Decision
- Assurance

This report relates to a:

- Legal Requirement
- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well		All Strategic Outcomes	X		

2 Report summary

2.1 Situation

Highland Council and NHS Highland were the first in Scotland to establish an integrated health and social care partnership. Under the agreement, NHS Highland leads on adult services, while the Council leads on children's services. The intention at that time was to break down barriers between health care and social services for a more seamless experience; and to create a model that focused on prevention and supporting people in their own homes. One of the key drivers was the need to tackle the growing problem of delayed hospital discharge. Two years later, in 2014, the Public Bodies Joint Working (Scotland) Act came into force, making integrated adult services a legal requirement for all councils and health boards in Scotland.

In December 2024/January 2025 the Highland Council and NHS Highland Board agreed to establish a Joint Steering Group to take forward a Models of Integration Review with the potential to change current Lead Agency Integration arrangements to align with the rest of Scotland by establishing a Body Corporate Scheme. Should this ultimately be the approach agreed by the Council and NHS Board it will be the biggest fundamental shift in public sector governance and delivery in the Highlands for over a decade, with potentially major implications for budget, workforce and service users. Whilst some of these aspects are reflected at a high level in this report, the implications still require to be worked through in detail and this will be one aspect of the work that is to be taken forward into the next phase of Review.

The joint Steering Group met on 16th January 2026 to consider the outcomes of the Phase 1 options appraisal; and on 23 February 2026 to consider the Phase 2 Programme Plan. The details and outcomes of both meetings are outlined in this report and the Council is asked to approve the recommendations coming forward from the Steering Group.

The Council is asked to agree that two options are taken forward into Phase 2 of the Review, and that the Senior Officer's Group continue to develop plans for stakeholder consultation and engagement to commence after the Scottish Parliamentary Elections, with a view to bringing final proposals to the Council and NHS Board by September 2026.

On 5 March 2026 the Council agreed in principle to support a proposal to invest £1.2M in tackling the NDAS waiting list in Highland and work with Glasgow University to develop a new

assessment model to deliver long term improvement. It was agreed that this would be worked up into a more detailed proposal by officers and this is included in Appendix 4. It is not proposed that this piece of work is incorporated into the Models of Integration Review as NDAS is not a function within the Lead Agency Model and so would be outside the scope of the review. Instead, Members are asked to agree to remit the further development of the proposition and subsequent delivery of the project to the Person Centred Solutions Portfolio in the operational Delivery Plan.

2.2 Background

Please see the appendices for the full progress made to date.

2.3 Assessment

Please see the attached appendices for full detail

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

None arising from this report.

3.2 Workforce

None arising from this report.

3.3 Financial

None arising from this report.

3.4 Risk Assessment/Management

None arising from this report

3.5 Data Protection

Activity is undertaken in line with GDPR regulations.

3.6 Equality and Diversity, including health inequalities

None arising from this report.

3.7 Other impacts

No other impacts.

3.8 Communication, involvement, engagement and consultation

See Appendix 4

3.9 Route to the Meeting

The subject of this report has been considered at the Highland Council and NHS Highland.

4 List of appendices

- **Appendix 1** – Full Draft Report providing additional context and detail
- **Appendix 2** – Phase 1 Outcome Report
- **Appendix 3** – Programme Plan
- **Appendix 4** – MOI Community Engagement Overview

Agenda Item	5
Report No	

The Highland Council

Committee: **Highland Council**

Date: **26 March 2026**

Report Title: **Models of Integration Review – Options Appraisal Phase 1 Outcome report and Phase 2 Initiation**

Report By: **Kate Lackie, Assistant Chief Executive – People**

1. Purpose/Executive Summary

1.1 Highland Council and NHS Highland were the first in Scotland to establish an integrated health and social care partnership. Under the agreement, NHS Highland leads on adult services, while the Council leads on children's services. The intention at that time was to break down barriers between health care and social services for a more seamless experience; and to create a model that focused on prevention and supporting people in their own homes. One of the key drivers was the need to tackle the growing problem of delayed hospital discharge. Two years later, in 2014, the Public Bodies Joint Working (Scotland) Act came into force, making integrated adult services a legal requirement for all councils and health boards in Scotland.

1.2 In December 2024/January 2025 the Highland Council and NHS Highland Board agreed to establish a Joint Steering Group to take forward a Models of Integration Review with the potential to change current Lead Agency integration arrangements to align with the rest of Scotland by establishing a Body Corporate Scheme. Should this ultimately be the approach agreed by the Council and NHS Highland Board it will be the biggest fundamental shift in public sector governance and delivery in the Highlands for over a decade, with potentially major implications for budget, workforce and service users. Whilst some of these aspects are reflected at a high level in this report, the implications still require to be worked through in detail and this will be one aspect of the work that is to be taken forward into the next phase of the review.

1.3 The joint Steering Group met on 16 January 2026 to consider the outcomes of the Phase 1 options appraisal; and on 23 February 2026 to consider the Phase 2 Programme Plan. The details and outcomes of both meetings are outlined in this report and the Council is asked to approve the recommendations coming forward from the Steering Group.

1.4 The Council is asked to agree that two options are taken forward into Phase 2 of the Review, and that the Senior Officer's Group continue to develop plans for stakeholder consultation and engagement to commence after the Scottish Parliamentary Elections, with a view to bringing final proposals to the Council and NHS Board by September 2026.

1.5 Paragraph 9 and Appendix 4 sets out the approach to utilising the £1.2m investment for NDAS approved at Council on 5 March 2026 for member approval.

2. Recommendations

2.1 1. With regard to the options appraisal, it is recommended that Members:

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

2. With regard to next steps, it is recommended that Members:

a) **Agree** the draft Phase 2 Programme Plan at **Appendix 3** including timelines for a final decision and recommendation to Highland Council and the Board of NHS Highland by September 2026; and
b) **Agree** the Communications and Engagement Plan at **Appendix 4**.
c) **Note** progress with establishing a programme for Phase 2 including initiating appointment of a programme manager.

3. With regard to the NDAS proposal
   a. **Agree** the high level proposal set out in **Appendix 5;** and
   b. **Agree** the work to be further developed by and remitted to the Person Centred Solutions Portfolio Board.

3. Implications

3.1 Resource – Current reports to the Joint Monitoring Committee (JMC) demonstrate that the health and social care budgets in NHS Highland and Highland Council have existing pressures for children and adult services. Joint Chairs of the JMC have recently sought bespoke assurance from Chief Executives about resolving these challenges for both organisations. NHS Highland and Highland Council are required to make significant budget savings within the context of wider budgetary pressures. Any model of governance will need to address the significant financial implications, and this requirement will form part of the next stage of the options appraisal process and will be reported back to the Council and NHS Board in September 2026.

The costs of the Independent Advisor, Programme Manager and activities associated with the Communications and Engagement Plan will be met by the Adult Social Care Transformation Earmarked Reserve, with the potential for additional programme resources to be approved if and when required. This is overseen by the Joint Chief Executive's Group which meets fortnightly. There is also a requirement for lead officers in both organisations to identify capacity to take the work forward at pace which will require a re-prioritisation of workload in some cases.

There is engagement with Scottish Government officials to explore whether some or all of the costs of the review can be met through support from government, as is the case with the work being undertake by those authorities who are exploring the single island authority model within public sector reform.

3.2 Legal – At the present time there are no specific legal implications arising directly from the content of this report. However any change to the model of integration in due course would require to be supported by a revised Integration Scheme which is a document that sets out the legal responsibilities and duties of both partners. Both organisations are in the early stages of instructing Legal advisors in this regard.

Public Bodies Joint Working (Scotland) Act 2014 *requires* all health boards and councils to integrate adult services – whether utilising a Lead Agency or a Body Corporate/IJB Model. No other functions are required to be integrated under the legislation, which means that the majority of services currently included in the Lead Agency Model would not automatically be incorporated into a new Integration Scheme. These services, which are wide ranging and include Child Health - an NHS function currently delegated to the Council, Justice Services, Children's Social Work, Educational Psychology, Early Years Education, Young Carers, alongside others (the full list is outlined on pages 19 – 21 of the report at Appendix 1).

Decisions will need to be made regarding each of these functions and the intention is that the Joint Steering Group will be asked to indicate a preference for which functions to include and which to exclude, based on joint work undertaken by the Senior Officers Group. This will then inform the scheme that will go out to stakeholder engagement and feedback the outcome of which will shape the recommendations that will be made to the Highland Council and NHS Board later this year.

3.3 Risk - There are risks regarding the timescales for completing Phase 2 in order to bring final recommendations to Council and NHS Board by September 2026. Mitigating actions will be identified if timescales begin to slip.

The position with regard to financial risk agreement would also need to be set out within any new Integration Scheme arrangements.

A full Risk Assessment of all options will be undertaken as part of the next Phase.

3.4 Health and Safety (risks arising from changes to plant, equipment, process, or people) and Gaelic – There are no such implications arising from this report.

4. Impacts

4.1 In Highland, all policies, strategies or service changes are subject to an integrated screening for impact for Equalities, Poverty and Human Rights, Children's Rights and Wellbeing, Climate Change, Islands and Mainland Rural Communities, and Data Protection. Where identified as required, a full impact assessment will be undertaken.

4.2 Considering impacts is a core part of the decision-making process and needs to inform the decision-making process. When taking any decision, Members must give due regard to the findings of any assessment.

4.3 An impact assessment is not required at this stage. A full screening will be undertaken prior to any options being brought forward for stakeholder engagement, as well as the final recommendations being brought forward for approval.

It is likely that screening will indicate that a full integrated impact assessment will be required at each stage.

5. Summary of progress to date

5.1 Work has been continuing with NHS Highland to review the current lead agency model of integration and consider options for an alternative model based on the body corporate model (Integrated Joint Board). This work has been overseen by a joint Steering Group with councillor and non-executive representatives supported by a Senior Officer's Group with executives from each organisation working in partnership to develop the options appraisal attached in appendix 1.

5.2 At its meeting on 13 November 2025 the Steering Group agreed

- Updated description of options for integration
- Assumptions of associated with employment:
    - initially these will remain unchanged, depending on the preferred option and requirements of the Public Bodies Joint Working act 2014
    - This does not preclude future changes to employment arrangements developed in partnership once a preferred option is agreed
- Some proposed changes to the strategic objectives with final approval agreed to be remitted to Joint Chief Executives Group
- Support for the proposed approach to weighting and scoring
- Agreement to a revised timeline taking into account NHS Board and Council governance requirements:
    - First stage initial appraisal to be completed by workstream leads by end December 2025
    - Steering Group workshop to consider outcomes from workstream activity and to conclude first stage appraisal by end January 2026
    - Reports on stage one outcomes to Health Board and Council by end of March 2026
- Agreement to remit approval of final indicators set associated with strategic objectives to Joint Chief Executives Group.

5.3 The Senior Officer Group completed the first stage of the Options Appraisal process towards the end of last year and the draft report was considered by the Joint Chief Executive's Group on 19 December 2025 with minor adjustments made prior to submitting to the Steering Group in January 2026.

5.4 On 16 January 2026, the Steering Group endorsed 2 Options to go forward to Phase 2 of the Review:

Option 0 – Status Quo; and
Option 3 – Body Corporate with all Lead Agency Functions to be considered.

Option 3 includes all prescribed functions; all current conjoined functions; and all current discretionary delegated functions. The detail of the services included is outlined on pages 19 – 21 of the report at Appendix 1.

In reaching this position, the Steering Group recognised that some aspects of Body Corporate option would be subject to further discussion in Phase 2, including the

range of services to be included or excluded. It was agreed that decisions could not be made ahead of the consultation and engagement phase so any recommendation to exclude certain functions would need to be highlighted as part of the consultation exercise with a rationale provided and feedback invited. This feedback would inform the development of final recommendations to be considered by the Steering Group and presented to the NHS Highland Board and Highland Council for approval.

It was also acknowledged that the Status Quo was not necessarily a 'no change' option, as there could be opportunities to improve the current arrangements sufficient that a change to a different model would not be required. Going forward these 2 options will be referred to as Option A and Option B to avoid conflation with previous options appraisal work.

5.5 On 23 February 2026 the Steering Group considered a Phase 2 Programme Plan (Appendix 2) and a Communications and Engagement Plan (Appendix 3) which takes into account the impact of the Scottish Parliament elections and the pre-election guidance for public sector bodies on public consultation.

The Steering Group considered that the timescale for bringing final recommendations to the Council and NHS Board by September 2026 was very ambitious. However, given the need to maintain momentum, there was a consensus to move forward with the timetable as proposed and to take mitigating action to revise it if the acknowledged risks became a reality.

It was agreed that the two options for the next phase would now be referenced as Option A – Lead Agency, and Option B - Body Corporate (all LAM functions).

6. Phase 1 Assessment – Detail

6.1.1 The senior officer's group has worked collaboratively to progress phase 1 of the options appraisal process with support from the independent external advisor. Appendix 1 contains the Phase 1 Outcome report that was considered by the Joint Chief Executive's Group on 19 December 2025 with minor adjustments made prior to submitting for the Steering Group.

The Senior Officer's Group preferred change option was Body Corporate Option 3 - All current Lead Agency Model functions. This model includes all prescribed functions; all current conjoined functions and all current discretionary delegated functions. (i.e. Option 1 + Option 2 + conjoined Children's and Justice Services).

In reaching this outcome the Senior Officer Group recognised that some aspects of this option would be subject to further discussion in the next stage of consultation, including aspects of the range of services to be included or excluded, but there was a strong endorsement of Option 3 as the preferred direction of travel.

6.1.2 **Outcome**

The full suite of scoring tables from each workstream group is included in the full report in **Appendix 1** with the consolidated scoring shown below showing agreement within the senior officers group on the preferred option for change as Option 3 – Body Corporate with all Lead Agency Model functions (discretionary and conjoined) included. The status quo, i.e. the Lead Agency, was the next highest scoring option. In addition, the professional judgement statements have been included in full in the report with a summary of the key themes below.

Collated scoring

	Option 0	Option 1	Option 2	Option 3
Aggregate scoring Max = 2000	896	615	740	1330
Average scoring Max =500	224	153.75	185	332.5

6.3 Emerging Themes

6.4 A number of key themes became apparent in the scoring discussions. Firstly, the importance of a structural response to assist in service moves towards integration was very evident. There was a recognition that formal organisational boundaries could be an impediment to this goal while acknowledging the commitment and work that would still be required within a fully integrated organisation. This was supported by an understanding of the importance to people who receive support that services should feel coherent and as simple as possible to navigate to help gain assistance.

6.5 It was felt that there was a strong potential for a fully integrated response to further develop early intervention and preventative services. It was also felt that it would assist in wider partnership working across communities particularly in more remote and rural areas and have a greater potential for developing all age responses.

6.6 There was some concern about the risk of smaller services having less prominence in a larger partnership but it was felt that this could be managed if suitable governance and assurance structures were put in place. There was also concern about further distancing education services from children's health and social work.

6.7 The scale of change and potential risks involved in a move to a fully integrated partnership incorporating all current LAM functions was acknowledged but this was potentially offset by the strong rationale behind the change. It was also recognised that some aspects of this option would be subject to further development, including for example the position of functions such as CAMHS/NDAS and early years support.

6.8 It was agreed that the next phase, which included stakeholder consultation and engagement, would allow further consideration of the details of those services for inclusion which might go beyond, or reduce, the functions that are currently included in the Lead Agency Model. Notwithstanding any such work, broadly speaking Option 3 represented the optimum option.

6.9 A number of strengths were noted within current model – Option 0 – although these were set against a range of limitations including the need to further develop and evolve both professional and corporate governance structures and how financial arrangements were managed. It was felt that these could not be easily changed without an element of structural alteration.

6.10 The two remaining options were felt to have a more limited potential for impact with Option 1 being seen as particularly problematic.

6.11 For all options, the continuing pressure on finance/budgets was seen to be a challenging factor and no option had a completely easy response to this. However, it was felt that factors such as clearer governance, coupled with an enhanced ability to make strategic decisions across all ages, along with development of preventative approaches, could contribute to a better response to some of the issues involved.

7. Timelines

7.1 Revised timelines have also been agreed by the Steering Group as follows:

- First phase initial appraisal to be undertaken by workstreams by end December 2025 (completed)
- Steering Group to consider outcomes from workstream activity and to conclude first stage appraisal by end January 2026 (completed)
- Reports on phase one outcomes to Health Board and Council by end of March 2026
- Phase two appraisal completed and reports to Board and Council by end September 2026.
- If decision to move to body corporate model then implementation plan with timescale agreed September 2026
- Full Implementation April 2027

With reference to the timelines for Phase 2, the impact of the Scottish Parliament elections and the pre-election guidance for public sector bodies on public consultation has been taken into account. A detailed communication and engagement plan is provided in **Appendix X.**

8. Communication and Engagement

8.1 The Engagement Plan sets out a number of engagement channels, as follows:

- Targeted engagement with service users
- In person public events
- Partner and stakeholder engagement
- Online engagement hub

The intention is that there will be further engagement undertaken with staff once the Council and Board have agreed the direction of travel.

8.2 Staffside engagement has progressed with trade union representation from the Council and NHS Highland and initial feedback is:

- NHS staffside have welcomed the opportunity to review the lead agency and highlighted the need to comply with NHS Scotland Staff Governance Standards and partnership working principles to develop and agree options in partnership

- Further detail on the potential changes to functions, e.g. any removal of functions from option 3, within the IJB model and the related employment changes has been requested by staffside to enable them to participate in partnership working in relation to a final decision

- It is not possible at this stage for staffside to score the options without further details and engagement. That engagement will take place during phase 2.

- A degree of caution and concern has been expressed regarding the potential for disruption, particularly if all aspects of the current Lead Agency Model are incorporated into a new Corporate Body, with potential resultant changes made to staff employment arrangements.

9. NDAS Investment

9.1 On 5 March 2026 the Council agreed in principle to support a proposal to invest £1.2M in tackling the NDAS waiting list in Highland and work with Glasgow University to develop a new assessment model to deliver long term improvement. It was agreed that this would be worked up into a more detailed proposal by officers and this is included in Appendix 4. It is not proposed that this piece of work is incorporated into the Models of Integration Review as NDAS is not a function within the Lead Agency Model and so would be outside the scope of the review. Instead, Members are asked to agree to remit the further development of the proposition and subsequent delivery of the project to the Person Centred Solutions Portfolio in the operational Delivery Plan.

10. Next Steps

10.1 Subject to the Council supporting the recommendations in this report:

- the next phase options appraisal will be progressed as outlined in **Appendices 2 and 3;** and
- The NDAS Review will be initiated at set out in **Appendix 4** and the work further developed by and remitted to the Person Centred Solutions Portfolio Board.

Designation: Assistant Chief Executive – People, The Highland Council

Date: 16 March 2026

Authors: Kate Lackie, Assistant Chief Executive – People, The Highland Council.

Appendices: Appendix 1 –
Appendix 2 –
Appendix 3 –
Appendix 4 -

Appendix

NHS Highland and the Highland Council

Consideration of future integrated health and social care models

Workstream appraisal scoring outcomes

Introduction

Following discussions in relation to the National Care Service in 2024 the Highland Council and NHS Highland agreed to consider future organisational arrangements for the delivery of health and social care.

A Models of Integration Steering Group (MISG) comprising of Health Board and Council members has been established to oversee this process. This group has considered the potential future models of health and social care arrangements and has asked that a formal options appraisal process is established to assist in determining future arrangements for Highland.

The appraisal process is formed of two stages. The first stage is the consideration of a long list of potential future structures to identify a preferred change option. Following this the second stage is a wider process of engagement and consultation with stakeholders in respect of either maintaining the current arrangements or moving to the preferred option for change.

Senior officers have undertaken an initial evaluation of the options as part of the first stage in the process and this paper collates the outcome of this. It recommends a preferred change option. This appraisal is scheduled to be considered further by the Steering Group with a view to confirming a preferred model that can be recommended to the Highland Council and the NHS Board for further consultation in terms of its potential as set against the current arrangements.

Methodology

To consider the potential models for change the Council and Health Board set up a Senior Officer Group which was supported by four substantive workstreams that would consider the key issues involved. These workstreams are:

- Clinical and care governance and professional assurance
- Corporate governance
- Finance & corporate resources
- Human resources

The appraisal process has involved scoring of the options by the workstreams against five critical success factors. This scoring is accompanied by a professional judgement statement.

The five critical success factors are:

- Strategic fit
- Financial case
- Outcomes/Performance case
- Management case
- Achievability/implementation risk

This work is underpinned by the identified change objectives outlined below. The objectives are linked to associated SMART measures to assist in monitoring success of any change (Appendix 2). These will be developed further as the appraisal process continues.

O***bjectives***

1. That there is a greater range of locally based support, care and treatment provision available that helps people of all ages live longer, healthier and fulfilling lives.
2. That local arrangements maximise early intervention and prevention that can both improve quality of life and assist in easing pressures within key services
3. That when people need to come out of hospital there is a wide range of easily accessible support services that supports timely discharge.
4. Local arrangements have people at the heart of services, empower individuals and support personalised, community-based care
5. That services work well together to provide well-coordinated joined up care

To assist in meeting these goals the organisational changes will:

6. Help to develop services in a financially sustainable manner that manages resources effectively.
7. Implement an effective governance structure that promotes partnership working across services and communities, supports staff in assisting vulnerable people and helps them to manage risk and uncertainty within this.
8. Place organisations in a stronger position to respond to the wider health and social care challenges arising from inequity and equality in Highland.
9. Create opportunities to increase staffing capacity and sustainability in conjunction with local communities and partners.

Outline of options

The four identified options subject to appraisal along with initial comments are:

Option 0 - Retain the Lead Agency Model

This approach would obviously require the least organisational change. However, given the recognition of some of the limitations of the model it would require to be accompanied by a review of how governance arrangements are implemented. There has been some uncertainty expressed as to whether the potential changes needed would be easily achievable without some degree of organisational change.

Body Corporate Option 1 - Legal Minimum

All prescribed conjoined and delegated functions (i.e. Services to Adults as required by the 2014 Act) to be overseen by an Integrated joint Board . The detail of these services is contained within Appendix 2. As noted above however this would require consideration to be given to the governance of delegated children's services separately from an IJB. This would mean the disestablishment of the current integrated children's services with conjoined remaining with Highland council and delegated functions returning the health board.

Body Corporate Option 2 - All LAM delegated functions - Status Quo

All prescribed functions as in Option 1 and additional discretionary delegated functions i.e. Child Health. As with Option 1 this would also mean the disestablishment of the current integrated children's services. In this instance child health would become part of the responsibility of an IJB.

Body Corporate Option 3 - All LAM functions Status Quo

All prescribed functions; discretionary delegated functions ***and*** some or all of the discretionary conjoined i.e. Option 1 + Option 2 + conjoined Children's Services

This option would maintain children's services within the same organisational structure, but it represents significant organisational change with a higher associated risk of potential disruption.

A full list of services affected in contained within Appendix 3

Workstream scoring outcomes

(i) Professional leads – scoring and judgement statement

	Option 0	Option 1	Option 2	Option 3

Critical success factors	Weight	Score	Weighted Score	Score	Weighted score	Score	Weighted score	Score	Weighted Score
Strategic fit	25	3	75	1	25	1	25	4	100
Financial case	25	2	50	2	50	2	50	3	75
Performance case	25	3	75	2	25	1	25	3	75
Management case	15	3	45	2	30	3	45	3	45
Achievability/risk	10	3	30	2	20	2	20	3	30
Total weighted score	**100** Max =500		**275**		**150**		**165**		**325**

Professional judgement statement

Option 3 scored the highest of all the options. It was felt that its structure of including the full range of services within a HSCP/IJB most closely aligned with a vision of developing a fully integrated response to people in need. It was felt to be most beneficial in developing all age support arrangements and being able to help address the multiplicity of issues that may affect families. As part of this it would assist with wider responses to inequities and inequalities.

It was acknowledged that some elements of service such as CAMHS and NDAS remained outwith current scope of integration and it was felt that their position could usefully be considered further as and when new arrangements become established.

It was felt that this option was the least disruptive to integrated arrangements.

In respect of finance it was recognised that there will continue to be challenges of adequate resourcing but that this structure may help with potential cost shunting problems and may assist in a joined up shift towards preventative approaches which may reduce costs on high areas of pressure across the wider system.

This options preserves and extends in instances integrated arrangements and this was felt to be helpful preserving beneficial outcomes for people through joined up responses.

There was some concern expressed that this option created further distance between children's health/social work services and Education. These close links were felt to be very important to maintain and systems to preserve these would need to be clearly reinforced. Links to other social determinants of wellbeing such as housing, employment and welfare support were also felt to be important and these similarly would need to be preserved.

The option would potentially streamline and rationalise some governance issues although care would be needed to ensure that all services/professions received appropriate oversight and support. This was felt to be particularly important for the smaller services such as children's health, children's social work and justice.

In terms of achievability it was recognised this option involved change of organisation location for a significant number of staff but as noted employment status would not be affected. As a strength this option provided a clear rationale for the new arrangements.

The current model Option 0 received the next highest score. This took account of the strength of elements of current integration arrangements particularly regarding children's services and how this reflected the GIRFEC agenda. The range of recent positive developments within adult health and care were also noted.

In respect of finance it was felt that there were some significant issues that remain unresolved within this model and that these continued to affect the ability of services to respond to some key areas of need. Some of the issues with the wider impact of Agenda for Change were also recognised.

Regarding performance there was acknowledgement of how well some services were currently performing and that this was supported by effective performance management systems that were visible and used well by staff. However the organisational boundary between adult and children's services was seen to be potentially difficult in helping to develop joined up whole age responses with transitions given as a particular example.

It was felt that this model had some significant structural issues with governance and that these would not be especially easy to resolve without structural change to support new approaches. Strategic planning was seen as a strength in some areas and under further development in others.

In respect of implementation it was accepted that this option involved the least structural change but there was a view that some of the other changes required within this such as in governance revision may be difficult to achieve without an element of structural change to support it.

Options 1 and 2 scored at similar levels. Both were felt to fall short of supporting a vision for integrated response to communities. Both involved a degree of disaggregation of current integrated arrangements and this was seen as a backward step. In respect of finance it was felt that they may clarify some monitoring and accountability requirements but may create some tensions of funding between relative priorities.

It was unclear how these options would support and enhance greater preventative approaches and impact on wider performance was felt to be uncertain.

It was recognised that all options were evident across Scotland and were feasible but that the history of services in Highland and especially the long standing commitment to integration was an important factor to take into account.

(ii) Corporate Governance – scoring and judgement statement

	Option 0	Option 1	Option 2	Option 3

Critical success factors	Weight	Score 1-5	Weighted Score	Score	Weighted score	Score	Weighted score	Score	Weighted Score
Strategic fit	25	2	50	1	25	1	25	3	75
Financial case	25	2	50	3	75	3	75	4	100
Performance case	25	2	50	1	25	1	25	2	50
Management case	15	2	30	3	45	1	15	4	60
Achievability/risk	10	4	40	2	20	1	10	3	30
	100								
Total weighted score	Max = 500		**220**		**190**		**150**		**315**

Professional judgement statement

Option 0

This retains the status quo and relatively complex arrangements for governance where there are two committees sitting below the JMC: one with responsibilities for children's services and one with responsibilities for adult services. In contrast to an IJB model where the IJB has responsibilities for all services delegated to it the current model does not lend itself well to a holistic view across health and care services and integrating across adult and children's services. This is reflected in two separate strategic plans for adults and children's services in contrast to what might be a single strategic plan for an IJB model.

The current model of integration also separates financial matters into two areas and offers limited opportunities to take a holistic view of resources as the JMC does not hold the budget.

There are opportunities to improve performance through the current model of integration through greater collaboration, however these may be limited by the separation of governance,

strategic planning and financial planning the current model creates as outlined above. In terms of service delivery it may be particularly relevant when considering the transitions between children's and adult services and inter-dependencies that need to be considered when making strategic decisions of the whole of health and social care and the financial implications.

Similarly there are however opportunities to improve operational arrangements and professional governance within the current model, however these may be similarly limited.

This involves minimal change so highly achievable but as outlined offers limited opportunities for improvement.

Option 1

This option would result in integration focussing solely on adult services and the governance arrangements would be simpler in the context of the IJB having sole responsibility for adult services. There would be a single joint strategic plan for integrated services in the context of the public bodies joint working act 2014, however this would obviously be limited to adult services with children's services still required to produce a children's services plan through the community planning partnership arrangements.

So it may be that this option creates simplicity for adult services but continues with complexity for children's services which will be particularly challenging in terms of a move to such a model given that children services are currently integrated within the lead agency model. It also does not enable integration of strategic planning across adult and children's services.

In that context there may be opportunities to improve strategic planning for adult services and financial accountability through the new arrangements that flow from an IJB model. It would not however offer opportunities for a holistic view across childrens and adult services. There would also be an element of unpicking in terms of the current arrangements for children.

This option does offer some opportunities for greater clarity around professional governance and management of adult services. However, this model would lead to dis-integration from a management perspective of children's services which is likely to impact on performance from a children's services perspective compared to other options.

This option would involve significant changes which are achievable but come with risk of disruption.

Option 2

This option would be a mix of focus for the IJB with some of children's service (health functions) being included in its remit and all of adult services. This would potentially offer opportunities to integrate governance, strategic planning and associated financial implications across adult and children's services for the child health elements. This could be considered a step towards a holistic approach but is likely to significantly increase complexity of governance for children's services with some services remaining within council governance and management arrangements. This would essentially dis-integrate children's services and provide only limited opportunities related to integrate some aspects of children's services with adult services. Similar comments would be made as those set out in terms of Option 1

In that context there may be opportunities to improve strategic planning for adult services and financial accountability through the new arrangements that flow from an IJB model. This needs

to be considered alongside the negative impact on current integration arrangements for children's services.

Performance and management arrangements would be simplified for adult services and potentially improved in relation to professional governance. However, professional governance, management and performance of children's services is likely to be negatively impacted.

This model is achievable but probably not practical in relation to a fragmented approach to integration of children's services. It also comes with significant risk of disruption to children's services.

Option 3

If all conjoined and delegated functions are included in the IJB model then this would move strategic planning, performance and financial management along with associated governance into a single integrated arrangement for adults and children's services. This offers opportunities to streamline governance and improve strategic planning across health and care service to improve outcomes in a holistic way.

The requirement for children's services plan would remain but could be integrated/aligned with a single joint strategic plan overseen by the IJB. This is particularly relevant when considering the transitions between children's and adult services and inter-dependencies that need to be considered when making strategic decisions for the whole of health and social care and the financial implications.

This model offers opportunities for greater clarity and transparency of financial accountability by bringing children's and adult services together andthe new arrangements that flow from an IJB model. There would also be an opportunity for more direct financial management.

This model brings clinical and care governance into one place with the governance structure, i.e. under the IJB. Professional leadership and accountability would be clearer in this integrated model

The model would bring management arrangements together under one umbrella for adults and children's services, although one might consider this to be possible under the existing arrangements. This would enable greater consideration of inter-dependencies between adults and children's services and improve performance, particularly in transition areas.

This option is achievable and although there would be some disruption through the transition from the current model it is comparatively low risk if all conjoined and delegated functions are included in the IJB model. Any such change would however require a change to the integration scheme which might take time to negotiate in terms of a move from the current position and associated challenges.

(iii) Finance workstream - scoring and judgement statement

	Option 0	Option 1	Option 2	Option 3

Critical success factors	Weight	Score	Weighted Score	Score	Weighted score	Score	Weighted score	Score	Weighted Score
Strategic fit	25	2	50	1	25	2	50	4	100
Financial case	25	2	50	1	25	2	50	3	75
Performance case	25	2	50	2	50	2	50	3	75
Management case	15	1	15	2	30	2	30	3	45
Achievability/risk	10	4	40	2	20	2	20	3	30
Total weighted score	**100** Max =500		**205**		**150**		**200**		**325**

Professional judgement statement

From the scoring exercise Option 3 emerged with the highest score. In respect of strategic fit it was felt that this option most closely aligned with the overall partnership vision of having fully integrated health and social care provision. To support this there was discussion regarding the importance of future arrangements supporting whole family and whole age response to need. This option was felt to have the potential to minimise organisational barriers between services and to have a greater opportunity to produce a whole system type approach.

A possible advantage of this type of fully integrated arrangements was its potential to impact on cost demands and help ease pressure in high cost areas. It was felt that it would also help simplify financial management and monitoring structures. There was a caveat in the financial case regarding potential employment costs arising from this change. This may warrant further more detailed consideration at some point, particularly in relation to the social work service.

It was felt that this option simplified potential arrangements for both corporate and professional governance and helped to clarify the respective responsibilities of the organisations involved taking account of the importance of directions in the governance arrangements for IJB model.

It was recognised that this option presented significant change for staff. However it was also felt that the clear rationale behind the option helped in presenting a "sellable" explanation to staff and wider partners and communities easing the risks in respect of achievability.

Options 0 and 2 scored at similar levels albeit for slightly different reasons. Option 0 was clearly seen as having the highest achievability factor although it was noted that within this option some change would be required to address the some of the difficulties within current corporate and professional governance arrangements. The potential difficulties of this change within existing arrangements was noted and this was the rationale in the low scoring in the management case for this option. Difficulties in current levels of performance in key areas were also recognised and this contributed the scoring in respect of both performance and strategic fit.

Option 2 was recognised as having the potential to resolve many of the current governance issues with child health forming part of a unified community health arrangement within an IJB. This was seen to benefit a greater integrated response to supporting families and vulnerable adults from a health perspective. The major deficit for this option was in the desegregation of integrated children's services and the potential impact this may have on performance in relation to supporting vulnerable families and the further development of preventative responses. From a financial perspective this option may clarify a number of governance and monitoring arrangements but there was uncertainty about its impact in longer term service costs.

Option 1 was clearly seen as the least favoured option. It was felt that this option had a number of distinct disadvantages. This included the disaggregation of integrated children's services and the separation of child health from other community health provision. Impact on performance was felt to be uncertain however there was concern expressed regarding the creation of organisational barriers to integrated support.

Lastly it was recognised that examples of each of the options for change were currently in existence around Scotland and that each of these could be seen to be viable. A key element in decision making was the recognition that Highland was not starting from a blank canvas as partnerships were in 2015 and that any potential change had to take account of the issues involved in current arrangements within Highland.

(iv) HR workstream – scoring and judgement statement

	Option 0	Option 1	Option 2	Option 3

Critical success factors	Weight	Score	Weighted Score	Score	Weighted score	Score	Weighted score	Score	Weighted Score
Strategic fit	25	2	50	1	25	2	50	4	100
Financial case	25	1	25	1	25	2	50	4	100
Performance case	25	2	50	1	25	2	50	3	75
Management case	15	2	30	2	30	3	45	4	60
Achievability/risk	10	4	40	2	20	3	30	3	30
Total weighted score	**100 Max =500**		**195**		**125**		**225**		**365**

Professional judgement statement

From the scoring exercise Option 3 emerged with the highest score. In respect of strategic fit it was felt that this option most closely aligned with the overall partnership vision of having fully integrated health and social care provision. It was felt that this option created a good opportunity for developing a collective staffing ethos across the full range of partnership activity. There was some discussion regarding the terms and conditions differential for two sets of social workers within the one organisation. It was felt that this was a relatively small grouping of staff and that the issues involved may not be substantial. However this may benefit from being addressed further at an early stage.

It was recognised that this option benefited from a structural response to whole family/whole age need. This option was felt to have the potential to minimise organisational barriers between services and to have a greater opportunity to produce a whole system type approach.

A possible advantage of this type of fully integrated arrangements was its potential to impact on the development of preventative approaches helping to address pressure in high cost areas.

It was felt that this option gave an opportunity to simplify arrangements for both corporate and professional governance and helped to clarify the respective responsibilities of the organisations involved.

It was recognised that this option presented significant change for the greater number of staff. However, it was also felt that this option had a clear and relatively strong rationale, and this would assist in any further discussion within the next phase of the process. This was particularly noted around the concept of integration reflecting its substantial history within Highland.

Option 2 was the next highest score. This reflected its relatively closeness to the strategic vision of integrated provision with in this instance child health joining other community health provision alongside adult social care within an IJB. The disaggregation of integrated children's services was felt to be a possible concern both in strategic planning areas and in provision of joined up support to families. The inclusion of child health however resolved some of the professional governance issues associated with Option 0 in creating more unified all age community health set of provision with governance of these areas being able to be consolidated within one organisation.

From a financial perspective this option may clarify a number of governance and monitoring arrangements but there was uncertainty about its impact in longer term service costs.

Option 0 was clearly seen as having the highest achievability factor although it was noted that within this option some change would be required to address the some of the difficulties within current corporate and professional governance arrangements. The potential difficulties of this change taking place within existing arrangements was noted and this was the rationale in the low scoring in the management case for this option. Difficulties in current levels of performance in key areas were also recognised and this contributed the scoring in respect of both performance and strategic fit. The current issues in relation to financial monitoring and levels of need were also a factor in the low scoring in the financial case.

Option 1 was clearly seen as the least favoured option. It was felt that this option had a number of distinct disadvantages. This included the disaggregation of integrated children's services and the separation of child health from other community health provision. Impact on performance was felt to be uncertain however there was concern expressed regarding the creation of organisational barriers to integrated support.

Collated scoring

	Option 0	Option 1	Option 2	Option 3
Aggregate scoring Max = 2000	896	615	740	1330
Average scoring Max =500	224	153.75	185	332.5

Key themes

A number of key themes became apparent in the scoring discussions. Firstly the importance of a structural response to assist in service moves towards integration was very evident. There was a recognition that formal organisational boundaries could be an impediment to this goal while acknowledging the commitment and work that would still be required within a fully integrated organisation. This was supported by an understanding of the importance to people who receive support that services should feel coherent and as simple as possible to navigate to help gain assistance.

It was felt that there was a strong potential for a fully integrated response to further develop early intervention and preventative services. It was also felt that it would assist in wider partnership working across communities particularly in more remote and rural areas and have a greater potential for developing all age responses.

There was some concern about the risk of smaller services having less prominence in a larger partnership but it was felt that this could be managed if suitable governance structures were put in place. There was also concern about further distancing education services from children's health and social work.

The scale of change in a move to a fully integrated partnership was acknowledged but again this was potentially offset by the strong rationale behind this arrangement.

It was also recognised that some aspects of this option would be subject to further discussion including for example the position of functions such as CAMHS/NDAS and early years support but there was a strong endorsement of it as the preferred direction of travel.

It was agreed that the next stage would allow further consideration of the details of those services for inclusion which might go beyond, or reduce, those services which are currently included in the lead agency model. Notwithstanding any such work broadly speaking option 3 represented the optimum option for taking forward that work.

A number of strengths were noted within current model – Option 0 – although these were set against a range of limitations including the need to further develop and evolve both professional and corporate governance structures and how financial

arrangements were managed. It was felt that these could not be easily changed without an element of structure alteration.

The two remaining options were felt to have a more limited potential for impact with Option 1 being seen as particularly problematic.

For all options the continuing pressure on finance was seen to be a challenging factor and no option had a completely easy response to this. However it was felt that factors such as clearer governance, coupled with an enhanced ability to make strategic decisions across all ages, along with development of preventative approaches could contribute to a better response to some of the issues involved.

Appendix – Workstream members

Professional leadership

Chief Officer Health and Social Care ***H&SCP***

Director of Public Health ***NHS Highland***

Executive Chief Officer Health and Social Care/ CSWO ***Highland Council***

Head of Child Health ***Highland Council***

Chief Nursing Officer ***NHS Highland***

Head of Performance and Improvement ***Highland Council***

Corporate Governance

Executive Director of People and Culture ***NHS Highland***

Chief Officer Integrated People Services ***Highland Council***

Head of Corporate Governance ***NHS Highland***

Finance

Chief Officer Corporate Finance ***Highland Council***

Executive Director of Finance ***NHS Highland***

Human Resources

Head of People Planning and Development ***NHS Highland***

Head of People ***Highland Council***

Appendix 2 – Sample Performance Indicators Aligned with Strategic Objectives

Sample Performance Indicator	Sample Strategic Objective Alignment
Reduction in delayed hospital discharges	Objective 3) That when people need to come out of hospital there is a wide range of easily accessible support services that supports timely discharge.
Care at home capacity (hours available per week)	Objective 1) That there is a greater range of locally based support, care and treatment available that helps people of all ages live longer, healthier and fulfilling lives.
Uptake of Self-Directed Support Option 1	Objective 4)Local arrangements empower individuals and support personalised, community-based care
Recruitment and retention rates in care at home sector	Objective 6) Help to develop services in a financially sustainable manner that manages resources effectively Objective 9) Create opportunities to increase staffing capacity and sustainability in conjunction with local communities and partners.
Use of Independent Service Funds (ISFs)	Objective 6) Help to develop services in a financially sustainable manner that manages resources effectively. Objective 9) Creates opportunities to increase staffing capacity and sustainability in conjunction with local communities and partners.
Technology Enabled Care (TEC) deployment	Objective 1) That there is a greater range of locally based support, care and treatment available that helps people of all ages live longer, healthier and fulfilling lives. Objective 2) Local arrangements maximise early intervention and prevention that can both improve quality of life and assist in easing pressures within key services
Percentage of adults supported at home who agreed they live independently	4)Local arrangements empower individuals and support personalised, community-based care 5) That services work well together to provide well-coordinated joined up care
Percentage of adults who feel health and social care services are well coordinated	5) That services work well together to provide well-coordinated joined up care

	7)Implement an effective governance structure that promotes partnership working supports staff in assisting vulnerable people and helps them to manage risk and uncertainty within this.
Percentage of adults receiving care who rate it as excellent or good	5) That services work well together to provide well-coordinated joined up care 7) Implement an effective governance structure that promotes partnership working supports staff in assisting vulnerable people and helps them to manage risk and uncertainty within this.
Percentage of people with positive experience of GP care	1) That there is a greater range of locally based support, care and treatment available that helps people of all ages live longer, healthier and fulfilling lives. 5) That services work well together to provide well-coordinated joined up care 7)Implement an effective governance structure that promotes partnership working supports staff in assisting vulnerable people and helps them to manage risk and uncertainty within this.
CAMHS waiting times and service transformation	1)That there is a greater range of locally based support, care and treatment available that helps people of all ages live longer, healthier and fulfilling lives. 2)That arrangements maximise early intervention and prevention that can both improve quality of life and assist in easing pressures within key services
Implementation of the Highland Solihull Approach	1) That there is a greater range of locally based support, care and treatment available that helps people of all ages live longer, healthier and fulfilling lives 2)Local arrangements maximise early intervention and prevention that can both improve quality of life and assist in easing pressures within key services 4)Local arrangements empower individuals and support personalised, community-based care
Percentage of children with no developmental concerns at 27–30 month review	2)Local arrangements maximise early intervention and prevention that can both improve quality of life and assist in easing pressures within key services

Appendix – full list of services to be included

1) Services included as a minimum (prescribed services within legislation)

(i) Acute hospital based services

(a) accident and emergency services provided in a hospital;

(b) inpatient hospital services relating to the following branches of medicine—

(i)general medicine;

(ii)geriatric medicine;

(iii)rehabilitation medicine;

(iv)respiratory medicine; and

(v)psychiatry of learning disability,

(c) palliative care services provided in a hospital;

(d) inpatient hospital services provided by general medical practitioners;

(e) services provided in a hospital in relation to an addiction or dependence on any substance;

(f) mental health services provided in a hospital, except secure forensic mental health services.

(ii) Community & Hospital Services

(a) district nursing services;

(b) services provided outwith a hospital in relation to an addiction or dependence on any substance;

(c) services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital;

(d) the public dental service;

(e) primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978

(f) general dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978

(g) ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978;

(h) pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978;

(i) services providing primary medical services to patients during the out-of-hours period;

(j) services provided outwith a hospital in relation to geriatric medicine;

(k) palliative care services provided outwith a hospital;

(l) community learning disability services;

(m) mental health services provided outwith a hospital;

(n) continence services provided outwith a hospital;

(o) kidney dialysis services provided outwith a hospital;

(p) services provided by health professionals that aim to promote public health.

(iii) Social work services

These services are exercisable in relation to persons of at least 18 years of age:

a) Social work services for adults and older people
b) Services and support for adults with physical disabilities and learning disabilities
c) Mental health services
d) Drug and alcohol services
e) Adult protection and domestic abuse
f) Carers support services
g) Community care assessment teams
h) Support services
i) Care home services
j) Adult placement services
k) Health improvement services
l) Aspects of housing support, including aids and adaptations
m) Day services
n) Local area co-ordination
o) Respite provision
p) Occupational therapy services
q) Re-ablement services, equipment and telecare

2) Child health services (discretionary within legislation)

a) Speech and Language Therapy
b) Physiotherapy
c) Occupational Therapy
d) Dietetics
e) Primary Mental Health Workers
f) Public Health Nursing - Health Visiting
g) Public Health Nursing – School Nursing
h) Learning Disability Nurse
i) Child Protection Advisors
j) Looked After Children (as per NHS (Scotland) Act 1978
k) Named Persons Childs Plans
l) Local Carer Strategy (as per S12 Carers (Scotland) Act 2016

3) Children's social work services (discretionary within legislation)

a) Children and families social work teams
b) Residential care workers
c) Fostering/Adoption services
d) Throughcare and aftercare
e) Social work out of hours service
f) Public health improvement
g) Early years and pre school visiting
h) Youth Action Team
i) Additional support for learning

4) Justice social work services (discretionary within legislation)

Appendix

NHS Highland and the Highland Council

Consideration of future integrated health and social care models

Outline Second Phase 2 Programme Plan

Jan 2026

Introduction

The Highland Council and NHS Highland have been considering how best to deliver health and social care. Currently Highland is unique in that it follows a “lead agency” approach in which integrated children’s services are managed by the Highland Council and integrated adult health and social care is managed by NHS Highland.

All other partnerships in Scotland follow a different arrangement in which a single Health and Social Care Partnership manage a combination of health and social care, overseen by an Integration Joint Board.

As background to any proposed change the requirement for Highland to move to an Integration Joint Board (IJB) structure was originally contained in the National Care Service Bill and although this was removed from the bill during parliamentary process partners in Highland agreed to continue to consider the value of changing to an IJB type of arrangement.

The Council and NHS Highland are keen to make sure that any decision about future arrangements is fully informed by the views of people who currently receive any form of care, support or treatment, by residents in local communities and by staff and partner organisations.

To help in this the Council and NHS Highland have done some preparatory work looking at what has worked well in other areas across Scotland and would like to consult more fully on a possible way forward.

This consultation will focus on whether to maintain current arrangements or to move to an IJB type structure within which a Health and Social Care Partnership would oversee health and social care for both adults and children.

To help in this discussion a preferred version of an IJB configuration has been identified. This new arrangement would combine the integrated elements of adult health and social care currently managed by the Health Board along with the children’s health and social care provision including children & families and justice social work services that are currently managed by the Council. A full list of services is outlined within an Appendix attached to this document.

This would create a single organisation that would oversee integrated health and social care for people of all ages in Highland and bring provision closer to the type of arrangements that are in place in different partnerships across Scotland.

As in the rest of Scotland the arrangements would not include elements of health care such as some acute provision and major hospital services.

During the consultation and engagement process the Council and NHS Highland would want to explore the issues involved in more detail with everyone who may be affected by any potential change. This includes details of the scope of services involved in any change.

The work undertaken so far has been assisted by a number of officer led workstreams overseen by a steering group consisting of Council and Health Board members . This framework outlines the scope of activity within these groupings and how these will be taken forward alongside proposals for more detailed engagement with staff and communities

Phase 2 Activity Framework

The framework notes work to be undertaken across three broad areas of activity along with initial timescales involved in these.

These three broad areas of activity are:

- Workstream developments
- Staffside engagement programme
- Community and partner engagement programme

It is recognised that elements of this activity are interdependent and progress in some areas will rely on decisions within complementary work.

1) Workstream development tasks

Initial developmental work has been undertaken by the workstreams involved and this will now be taken forward alongside wider consultation to consider the issues involved in more detail.

The workstreams involved are:

(i) Clinical and Care Governance/Professional Assurance

Clinical governance

This workstream will develop the new model of clinical and care governance aligned with an IJB model of governance. This will identify the main changes required to establish a joint governance model as utilised in other IJB arrangements. This will enable THC and NHSH accountable officers to work jointly to assure the IJB and both organisations on the clinical and care governance aspects of integrated health and social care services. It will also offer a professional perspective in relation to the scope of services to be included in an IJB model.

Professional Assurance

The THC and NHSH accountable officers for clinical and care governance also have an important role in ensuring appropriate professional assurance arrangements are in place within a new model of integration.

This includes but is not limited to:

• The professional leadership and accountability arrangements to oversee and supervise clinical and care staff
• Training, education and competency assessment of clinical and care staff
• Compliance with professional standards and regulatory/registration requirements

This is closely linked with clinical and care governance, focussing more on the professional management arrangements of service delivery and the staff delivered health and social care.

The workstream members for both activities include:

- Chief Social Work Officer
- Director of Public Health

- Medical Director
- Director of Nursing, Midwifery and Allied Health Professionals (NMAHP)
- Chief Officer H&SCP
- Strategic Lead Child Health

Workstream leads:

Chief Social Work Officer
Director of Nursing, Midwifery and Allied Health Professionals

Key activities/deliverables:

• Develop joint clinical and care governance model
• Identify key changes required to implement new clinical and care governance model
• Develop options for professional leadership and accountability within IJB model
• Identify key changes required to implement model

(ii) Corporate Governance

The overall governance model will require changes within any move to an IJB model. In particular consideration would need to be given to areas such as: finance; staff governance; strategic and locality planning; commissioning; performance oversight; audit and risk.

It is also recognised that if the outcome is to maintain a variation of a lead agency approach, then this may also require a number of changes to governance arrangements to ensure effective and efficient delivery of services.

Workstream leads:

Executive Director with responsibility for corporate governance (NHS Highland Director of People and Culture)
Chief Officer - Integrated People Services (The Highland Council)

Key activities/deliverables:

• Development of new governance structure and arrangements
• Development of new integration scheme drawing on other workstreams including clinical and care governance and finance
• Identify key changes required to implement new governance model

(iii) Finance

Finance

This workstream will consider the financial implications of moving to an IJB model including:

• Identification and formation of budgets to be transferred resulting from changes to hosting and delivery of services
• Financial requirements to support a change from the current model to an IJB model

• Budget setting/monitoring arrangements including responding to in year variances/end of year reconciliation
• The financial aspects of the scheme of integration

Workstream leads:

Director of finance – NHS Highland
Director of finance – The Highland Council

Key activities/deliverables:

• Outline briefing on key financial requirements and implications to implement an IJB model
• Draft financial chapter/section of new integration scheme.

Corporate resources

This workstream also leads on consideration of corporate resource issues. This involves addressing any issues in respect of corporate resources including:

- Resources and support to be provided by each partner body for the functions it delivers under direction from the IJB
- Joint or shared resource aligned to the IJB and the new HSCP

This covers functions such as:

- Strategic Planning and Commissioning
- Procurement
- Finance support
- Business support
- Capital asset support
- People services

Key activities/deliverables:

• High level options for provision of corporate services
• Key changes required to implement these options

(iv) Employment

A key task in this activity will be to evaluate options for employment arrangements, working in partnership between THC and NHSH and with staffside colleagues.

An IJB model has consistent employment arrangements across Scotland where the local authority employs staff associated with social care and the NHS employs staff associated with health care. It is acknowledged that Highland is starting from a different point from other partnership areas and at this stage no decisions in respect of employment arrangements have been made.

Workstream leads:

Deputy Director of People – NHS Highland
Head of People – The Highland Council

Key activities/deliverables:

• Develop options for new models of employment for an IJB model for staff currently employed by THC and NHSH within the lead agency model
• Identify key changes required and develop the framework for agreeing and implementing organisational change between the two employers

(v) Engagement and Consultation

The development of a new model of integration and consideration of all the aspects of this as outlined in the workstreams above will require engagement through a variety of mechanisms.

Key stakeholder groups to be involved are:

• People with lived experience
• Service providers
• Staff
• Professional groups

An overall communications and engagement strategy has been developed for this programme and it is anticipated that leads will be identified at the appropriate time to take forwards engagement activity with stakeholder groups.

Workstream leads:

Chief Officer – Human Resources and Communications (THC)
Head of Communications and Engagement (NHSH)

Key activities/deliverables:

• Communications and engagement strategy

2) Staffside engagement programme

A detailed programme of consultation and engagement with key staff groups and representative organisations is being drawn up. This will inform the activity of the workstreams and be informed by emerging proposals. The discussion in these engagement processes will include consideration of service configurations and include managerial input to provide a fully encompassing perspective.

It was recognised that staff engagement should begin in advance of any wider community engagement and that this phase of work would involve consideration of the scope of integration. This would involve widening participation beyond the existing groups to include relevant subject matter specialists, to ensure that the implications, benefits and risks of including or excluding individual functions were properly understood.

3) Communities and partner engagement programme

To support and inform the activity of the workstreams a detailed participation and engagement programme for people with lived experience, communities and partner organisations has been drawn up. This details a cross sectional mixed method approach of and engagement utilising in person and online techniques.

4) Initial programme timetable

Activity	**Outline Timings**
Event material to be designed and produced	Feb/March
Pre Council /Board staff engagement	March
Highland Council Meeting	Thursday 26th March
NHS Highland Board Meeting	Tuesday 31st March
Continuing staff engagement	April onwards
Social media ad campaign to go live promoting events	Wednesday 8th April
Start public engagement across 9 localities	Friday 8th May
Conclude public engagement	Friday 10th July (8 weeks)
Analysis of results & report development	Friday 14th August (5 weeks)
Consideration by Senior Officer Group/Steering Group	August/September
Highland Council Board Meeting	Thursday 17th September
NHS Highland Board Meeting	Tuesday 29th September

5 Next steps

Work is currently underway as part of preparation for the next stage of engagement. This work includes:

- Further consideration of the scope of integration with particular reference to services that would continue to have a close interface with functions that remain in the Council or Health Board. This may include for example services such as early years support and additional support for learning.

- Details of the methodology to be used in the engagement and options appraisal for both staff and community groups/ people with lived experience.

- Coordination of activity across the workstreams

Appendix - List of services to be included

1) Services included as a minimum (prescribed services within legislation)

(i) Acute hospital based services

(a) accident and emergency services provided in a hospital;
(b) inpatient hospital services relating to the following branches of medicine—
(i)general medicine;
(ii)geriatric medicine;
(iii)rehabilitation medicine;
(iv)respiratory medicine; and
(v)psychiatry of learning disability,
(c) palliative care services provided in a hospital;
(d) inpatient hospital services provided by general medical practitioners;
(e) services provided in a hospital in relation to an addiction or dependence on any substance;
(f) mental health services provided in a hospital, except secure forensic mental health services.

(ii) Community & Hospital Services

(a) district nursing services;
(b) services provided outwith a hospital in relation to an addiction or dependence on any substance;
(c) services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital;
(d) the public dental service;
(e) primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978
(f) general dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978
(g) ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978;
(h) pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978;
(i) services providing primary medical services to patients during the out-of-hours period;
(j) services provided outwith a hospital in relation to geriatric medicine;
(k) palliative care services provided outwith a hospital;
(l) community learning disability services;
(m) mental health services provided outwith a hospital;
(n) continence services provided outwith a hospital;
(o) kidney dialysis services provided outwith a hospital;
(p) services provided by health professionals that aim to promote public health.

(iii) Social work services

These services are exercisable in relation to persons of at least 18 years of age:
a) Social work services for adults and older people
b) Services and support for adults with physical disabilities and learning disabilities
c) Mental health services
d) Drug and alcohol services
e) Adult protection and domestic abuse
f) Carers support services
g) Community care assessment teams
h) Support services
i) Care home services
j) Adult placement services
k) Health improvement services
l) Aspects of housing support, including aids and adaptations
m) Day services
n) Local area co-ordination
o) Respite provision
p) Occupational therapy services
q) Re-ablement services, equipment and telecare

2) Child health services (discretionary within legislation)

a) Speech and Language Therapy
b) Physiotherapy
c) Occupational Therapy
d) Dietetics
e) Primary Mental Health Workers
f) Public Health Nursing - Health Visiting
g) Public Health Nursing – School Nursing
h) Learning Disability Nurse
i) Child Protection Advisors
j) Looked After Children (as per NHS (Scotland) Act 1978
k) Named Persons Childs Plans
l) Local Carer Strategy (as per S12 Carers (Scotland) Act 2016

3) Children's social work services (discretionary within legislation)
a) Children and families social work teams
b) Residential care workers
c) Fostering/Adoption services
d) Throughcare and aftercare
e) Social work out of hours service
f) Public health improvement
g) Early years and pre school visiting
h) Youth Action Team
i) Additional support for learning

4) Justice social work services (discretionary within legislation)

Models of Integration

Community Engagement Overview

Methodology and Key Messaging

23 February 2026

1. EXECUTIVE SUMMARY

This document outlines the comprehensive approach to engaging Highland communities in the Models of Integration review. Following completion of staff engagement across both NHS Highland and The Highland Council, a public engagement programme will be undertaken to gather community views on two governance models:

- **Current Lead Agency Model** (with improvements)
- **Option 2: Integration Joint Board (IJB) Model** (preferred option identified through internal stakeholder scoring)

The engagement approach recognises that staff engagement should take precedence and commence immediately. Staff views will be incorporated through partnership working with both staff side groups and community engagement messaging will be further refined based on feedback from staff side and wider workforce activity. This ensures that messaging is appropriately nuanced to address the distinct needs and concerns of both internal and external stakeholders before broader community engagement begins in May 2026.

The community engagement will focus on understanding what matters most to communities when services are organised, what information they need to participate meaningfully, and their views on the governance models under consideration.

2. ENGAGEMENT OBJECTIVES

Primary Objectives

1. Inform: Ensure communities understand why the review is happening, what the current model is, and what Option 3 (IJB model) entails
2. Listen: Gather community perspectives on what matters most in how health and social care services are organised
3. Explore: Understand what information communities need to feel informed and able to contribute meaningfully
4. Include: Ensure rural, remote, and urban communities across Highland can participate
5. Comply: Meet statutory duties under NHS (Scotland) Act 1978, Community Empowerment (Scotland) Act 2014, and Public Bodies (Joint Working) (Scotland) Act 2014

Key Questions for Communities

- What works well in current arrangements?
- What could be improved?
- Which model offers the best chance for improved accountability, planning, and outcomes?
- What matters most when services are organised (clarity, communication, local decision-making, efficiency)?
- What additional information is needed to contribute meaningfully?

3. STAFF THEN COMMUNITY ENGAGEMENT

3.1 Rationale for Staff-First Approach

Staff engagement will lead and inform the community engagement programme for several critical reasons:

- **Staff are directly affected:** Any governance changes will impact staff roles, reporting lines, and working arrangements. It is essential that staff have the opportunity to understand, question, and contribute before public engagement begins.

- **Staff are service experts:** Frontline staff and service managers understand the operational realities of current arrangements and can provide valuable insight into what works, what doesn't, and what would improve service delivery under either model.

- **Staff are community ambassadors:** Staff live in Highland communities and interact daily with service users. Their understanding and support is essential for meaningful public engagement.

- **Messaging refinement:** Staff engagement will identify concerns, questions, and issues that need to be addressed in public-facing materials, ensuring community messaging is comprehensive and anticipates key questions.

3.2 Staff Engagement Focus Areas

Staff engagement, led by HR teams across both organisations in partnership with Staff Side representatives, will focus on:

- **Understanding 'why':** Clear explanation of why the review is happening, including feedback from previous staff engagement showing confusion about accountability and decision-making under current arrangements

- **Articulating benefits:** How Option 2 (IJB model) could address current challenges, improve clarity of governance, enhance joint working between health and social care, and create opportunities for service integration. How Option 1 (status quo) could be adjusted to address these issues.

- **Addressing concerns:** Honest discussion about potential impacts on employment, professional accountability, career progression, and service configuration

- **Gathering insight:** Assessment of scope of integration, understanding implications for different staff groups, identifying risks and mitigation requirements

- **Building awareness with Staff Side:** Collaborative work with trade union representatives and professional organisations across both NHS Highland and The Highland Council to ensure staff voices are heard and concerns are addressed throughout the process

3.3 Messaging Alignment and Nuancing

While staff and community engagement share core messages about the review, the emphasis and detail will differ:

Staff Messaging Focus	Community Messaging Focus
How will this affect my role, team, and working arrangements?	How will this affect the services I receive?
Detailed operational implications by service area and staff group	High-level governance changes and service scope
Employment arrangements, professional accountability, career progression	Accountability, decision-making, service coordination
Benefits for staff: clearer governance, better integration, improved support	Benefits for communities: improved outcomes, better coordination, clearer accountability
Opportunity to shape implementation through Staff Side engagement	Opportunity to influence which model is chosen

Key principle: Community messaging will be refined based on staff feedback to ensure it addresses questions and concerns that emerge during staff engagement.

4. COMMUNITY ENGAGEMENT METHODOLOGY

4.1 Timeline

Phase	Activity	Dates
Staff Engagement	Staff-side engagement, service-level discussions and assessment	February – April 2026
Pre-election period	Preparation, material development informed by staff engagement, venue booking	26 March – 7 May 2026
Launch	Engagement Hub goes live, social media campaign begins	8 May 2026
Active Engagement	In-person events, online engagement	18 May – 10 July 2026 (8 weeks)
Analysis	Collation and thematic analysis of feedback from staff and community	11 July – 14 August 2026 (5 weeks)
Reporting	Present findings to Steering Group and both Boards	August – September 2026

4.2 Engagement Channels

A) In-Person Public Engagement Events
Format: Hybrid evening sessions (7:00-8:30pm, Tuesday-Thursday)

Locations:
- Inverness (week commencing 18 May 2026)
- Caithness (TBC)
- Fort William (TBC)

Event Structure:
- Welcome and registration with branded materials
- Presentation loop explaining both models
- Main presentation from NHS Highland and Highland Council executives
- Question and answer session
- 1:1 conversations with staff
- QR codes linking to Engagement Hub and survey
- Paper and digital feedback options
- Light refreshments

Accessibility Features:
- British Sign Language (BSL) interpretation
- Electronic note-taking/transcription
- Facebook Live webcast with recording published on Engagement Hub
- Easy Read materials available
- Venue accessibility confirmed in advance

B) Online Engagement Hub
Platform: NHS Highland Engagement Hub

Features:
- Project overview and timeline
- 60-second explainer video
- Downloadable documents (FAQs, posters, slides)
- Online survey (public and staff versions)
- Regular updates from Steering Group
- Summary of event themes (post-events)
- Contact details for questions

C) Targeted Engagement with Vulnerable Groups
Approach: Commission third-party specialist organisation to undertake targeted engagement with:
- People with lived experience of health and social care services
- People with learning disabilities and physical disabilities
- Mental health service users
- Older people
- Carers
- Children and young people (where appropriate)

Method: Facilitated discussions using accessible formats tailored to each group's needs

D) Partner and Stakeholder Engagement
Direct Outreach To:
• Community Councils
• Third sector organisations
• Advocacy groups
• Health and Social Care Forum members
• Patient participation groups

Method: Written briefings, invitation to events, targeted communications

5. KEY MESSAGING FRAMEWORK (COMMUNITY-FACING)

5.1 Core Narrative
Headline: "Help shape the future of health and social care in Highland"

Why This Matters:
"NHS Highland and The Highland Council are reviewing how health and social care services are organised to ensure the best possible arrangements for people who use services and the staff who deliver them. Feedback has shown that current arrangements can sometimes feel unclear in terms of decision-making and accountability. Your views will help shape the recommendation on which model works best for Highland."

5.2 Explaining the Current Model (Option 1)
"Highland currently uses a Lead Agency model, which is unique in Scotland:
• NHS Highland delivers Adult Social Care on behalf of The Highland Council
• The Highland Council delivers some child health services on behalf of NHS Highland

A Joint Monitoring Committee made up of representatives of both organisations and the third sector oversees this arrangement. This arrangement has provided integrated services but feedback suggests there can be confusion about accountability and decision-making."

5.3 Explaining the IJB Model (Option 2)
"An Integration Joint Board (IJB) is used in all other parts of Scotland. It works like this:
• A formal partnership board is created between the NHS and Council
• The board has representatives from both organisations and community members
• The IJB oversees adult and health and social care services jointly
• An IJB may also oversee the delivery of a range of other functions including child health, children and families social work and justice social work
• There is shared governance and accountability
• This model is designed to improve clarity and collaboration

The proposed Highland IJB would combine:
• Current integrated adult health and social care (currently managed by NHS Highland)
It could also include:
• Children's health and social care, including children and families, justice social work and some education functions (currently managed by The Highland Council)”

5.4 What's In Scope / Out of Scope*
***This will be developed during the staff engagement period.

IN SCOPE (functions an IJB must oversee):
• Community health services (GPs, district nurses, allied health professionals)
• Social care for adults
• Mental health services (non-forensic)
• Addiction services
• Care homes and care at home
• Public health improvement

IN SCOPE (functions an IJB could also oversee)
• Children and families social work
• Justice social work
• Additional Support Needs in Education
• Early Years Education

OUT OF SCOPE (what would NOT change):
• Major hospital services (like Raigmore Hospital acute care)
• Specialist services like cancer treatment
• Ambulance services
• Your GP, dentist, or pharmacist – you would still access these in the same way

IMPORTANT: This review is about governance (how services are overseen and organised), not about:

• Reducing or removing services
• Changing what services you can access
• Creating a new organisation

6. EVALUATION AND REPORTING

6.1 Success Measures
- Participation numbers: Staff and community attendees at events and online survey completions
- Quality of feedback: Depth and relevance of comments and themes
- Demographic representation: Participation from diverse groups including staff and vulnerable populations
- Impact on recommendations: Evidence of staff and community voice in final proposals

6.2 Analysis Approach
- Quantitative analysis of survey responses (staff and public)
- Thematic analysis of qualitative feedback from events and open comments
- Identification of key themes, areas of consensus, and areas of concern across both stakeholder groups
- Assessment of how staff feedback informed and was reflected in community engagement

6.3 Reporting
- Interim updates to Steering Group during engagement period
- Final engagement report (August 2026) including:
    - Participation statistics (staff and community)

    - Key themes and findings from both engagement streams
    - Staff and community priorities
    - Recommendations informed by combined feedback
- Public summary published on Engagement Hub
- Presentation to Highland Council and NHS Highland Boards (September 2026)

Project Initiation Document (PID)/Terms of Reference

Programme Name

Neuro Developmental Assessment Transformation

Draft/Final:	Version 1
Date:	March 2026

Author:	Kate Lackie
Owner:	Kate Lackie

Revision date	Summary of Changes

Approvals

Name	Signature	Title	Date of Approval	Version
Corporate Management Team			16 March 2026	1
Highland Council			26 March 2026	

Distribution

Name	Signature	Date of Issue	Version
Corporate Management Team		16 March 2026	1
Person centred Solutions Portfolio Board		March 2026	

SECTION 1: RATIONALE, OBJECTIVES & APPROACH

1.1 Project Rationale

Currently in Highland, over 2,000 young people are awaiting a neurodevelopmental assessment (NDAS). These assessments are vital for a formal medical identification of autism, ADHD, and other neurodevelopmental conditions and, through that diagnosis, the ability to access specialist treatment including medication.

This project is required to provide a programme managed approach to the investment of £1.2M one-off funding approved by the Highland Council in March 2026 to address the long waiting list of children seeking a neurodevelopmental assessment.

The intention is also to innovate a new approach to NDAS, working with system and professional leaders to ensure that, in the future, the process minimises delay and offers a less traumatic approach for children and families. Thereby reducing the potential for waiting lists to build up again and the negative impact to children and families.

This will require a partnership approach with NHS Highland, as the responsible body for NDAS and CAMHs (Child and Adolescent Mental Health Services)

NHS Highland currently does not have a team that is able to undertake ND assessments and so it is proposed that a range of options are explored, including the potential that the funding may have to commission NDAS assessments from the private sector. The costs, speed and number of assessments are some of the aspects that will need to be explored.

The University of Glasgow is at the forefront of research into ND assessment pathways and post diagnosis treatment and support and the potential to partner with UoG will also be considered as part of the approach to establishing a long term approach to improved assessment and outcomes for young people who are not neuro typical.

In addition to the assessment process, the project will look at the treatment and support available post assessment, to ensure that a diagnosis results in appropriate medical and non medical interventions being put in place.

1.2 Project Objectives

This Project will specifically target the following objectives:

- removing or significantly reducing the NDAS waiting list
- improved timescales for ND assessments
- improved outcomes for children with ND
- improved support for children and families impacted by ND

1.3 Project Approach

Appoint a Project Lead and Project Manager to develop a project plan and drive this forward at pace.

With NHSH, identify options for undertaking ND assessments that will be acceptable in terms of formal diagnoses.

Engage with Procurement and Commissioning Team to develop a specification for outsourcing the assessment process and issue a PIN if needed.

Engage with Procurement and Commissioning Team to identify a specialist partner – whether UoG or other appropriately qualified research institute to develop future model of ND assessment.

With NHSH, allied professionals and other partners, develop sustainable post-diagnosis pathways for treatment and support.

Ensure engagement with children and families with lived experience and specialist practitioners in the Council and NHS and learning from best practice elsewhere in the development of a future model.

SECTION 2: SCOPE, DELIVERABLES & EXCLUISIONS

2.1 Project Scope

The approach will be limited to addressing the waiting list and future assessment process and support for children and young people in the Highland Council area.

2.2 Project Deliverables & Expected Benefits

Deliverables	Expected Benefits	Saving
Assessment completed for most or all children on the current NDAS waiting list	Improved treatment and support for those with a confirmed diagnosis. Access to appropriate treatment, including medication, for those with a diagnosis	Difficult to quantify in the short term. Initially likely to be more expensive in terms of medication prescribed by NHSH Long term, benefits as families are better supported and children are more able to thrive,

	Clarity for those who do not receive a confirmed diagnosis Clearer advice for NHS/ Education/Social Work in terms of appropriate support for children and families	therefore putting less pressure on NHS and Council services.
Improved process for future ND assessments	Shorter waiting times for children to receive a diagnosis Earlier diagnosis leading to appropriate supports being in place sooner Children and Young People and their families better able to cope and thrive Transitions into adult services less traumatic and better supported	As above

SECTION 3: GOVERNANCE, ROLES & RESPONSIBILITIES

3.1 Governance

The Project will be directed and overseen by a dedicated Project Board reporting through the Person Centred Solutions Portfolio Board in the operational Delivery Plan to the HSW Committee for Member scrutiny.

3.2 Project Board

Responsibilities of the Board include:

- Direct the Project and the Project Manager
- Delegate appropriate authority to the Project Manager
- Provide required resources / budget for the Project
- Approve the Project Plan, and control/authorise changes to the same
- Ensure Project decisions are made effectively and timeously
- Facilitate communication within the Project and with other stakeholders, both internal and external, e.g. through to the Portfolio Board and Members
- Reporting to the HSW Committee via the Portfolio Board

Role	Name	Designation
Sponsor	Kate Lackie	Assistant Chief Executive - People
Project/Programme Manager	TBC	
Senior Suppliers – THC, NHSH, UoG (or other specialist)	TBC	Child Health Educational Psychology Chief Officer Acute – NHS Clinical Director CAMHs – NHS Procurement Service Etc...
Senior Users – THC and NHSH	Fiona Grant Jack Libby	Chief Officer – Education Head of Service – Children's Services Etc...
Finance Officer	Jennifer McGonagle	Finance Manager
Project Assurance	Fiona Malcolm	Chief Officer Integrated Services
Others to be confirmed where appropriate/relevant		Incl. Corporate Communications, HR

3.3 Project Teams

The composition of the project teams will be drawn from a mix of subject matter expertise, working alongside other specialist resource. Project Manager to coordinate delivery of all work streams required. Post to be funded from the investment budget of £1.2M.

SECTION 4: PLANS & PROGRAMME INTERRELATIONSHIPS/DEPENDENCIES

4.1 Project Plan

The following reflect key dates. These dates are subject to more detailed planning to ensure deliverability, though the approach is to set ambitious timescales. Given the area dimension, a separate plan with specific dates will be required for each area.	**Target Date**
Preparation work including: Appointment of Project Manager Programme plan to be agreed through Portfolio Board Procurement/commissioning advice secured Specialist partner engaged PIN issued Stakeholder Engagement Plan initiated	 April/May 2026 April/May 2026 August/Sept

4.2 Interrelationships with other Improvement Activity

The Project will have links to and/or dependency on:

- **Learning Without Boundaries** – PCS Portfolio
- **NDAS and CAMHs Project Boards** – NHSH led
- **Children's Services Budget Recovery Plan –** PCS Portfolio
- **ASC Budget Recovery lan –** linkages to Adults with LD
- **Joint Chief Executive's Group**