Agenda Item 12

NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**28th July 2026**
Title:	**Models of Integration Update**
Responsible Executive/Non-Executive:	**Gareth Adkins, Director of People and Culture**
Report Author:	**Gareth Adkins, Director of People and Culture**

Report Recommendation

The board is asked to:

- note progress with the Models of Integration Review
- agree the revised timetable for the programme including the consultation and engagement plan as recommended by the Steering Group
- note the further update on the Phase 2 options appraisal approach
- agree the proposal to consider a preferred option in September 2026 via the Steering Group based on recommendations from the Chief Executives (supported by Senior Officers Group) based on a completed options appraisal and feedback to date
- agree the proposal to make a final decision, based on the agreed position on the preferred option in September 2026, taking into account finalised staff and community engagement

1 Purpose

This is presented to the Board for:

- Decision

This report relates to:

- NHS Board/Integration Joint Board Strategy or Direction

This report will align to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Models of Integration (MOI) Steering Group met on 19th June 2026 to receive an update on the Models of Integration Review. The main papers and information considered at the meeting are included in Appendix 1 and the minutes are included in Appendix 2.

The steering group discussed the updated phase 2 programme plan including the engagement plan which had been further developed since the meeting of the steering group in February 2026. At the February meeting concerns were raised about the achievability of completing consultation and engagement before the Council and Board meetings in September 2026. The revised approach discussed in June 2026 allows engagement over summer and autumn, with a progress update in September and final report and recommendation in November/December following conclusion of the consultation and engagement period.

The steering group discussed the importance of moving at pace and reaching a position by September where a clear steer is available for the board and the council on the preferred option for the future model of integration.

The phase 2 options appraisal was also discussed and supported. The output of phase 2 will build on the phase 1 options appraisal so that more detail is provided include the preferred option from the following:

1. Retain and improve the lead agency model of integration including any key changes recommended from the appraisal
2. Agree to implement the body corporate model (IJB model) including further detail on the scope of services to be included and any proposed changes to the care and service delivery model

Staff and community engagement will progress in parallel and will extend into early September.

Taking into account the importance of moving at pace the Chief Executives of the board and council will work with senior officers to reach agreement on a preferred option based on the completed phase 2 options appraisal and a summary of the feedback received to date. Progress to date included the preferred option will be presented to the board and council via the steering group in September 2026.

This will enable a clear position to be established between the council and the board on the preferred option for the future model of integration as requested by

the steering group. Consultation and engagement will be concluded between September and the November and December board and council meetings respectively.

The final decision in November and December 2026 would be based on the agreed position on the preferred option in September 2026 taking into account finalised staff and community engagement. This will include formal processes for NHS staff engagement through the area partnership forum.

2.2 Background

The Models of Integration Review is considering the future arrangements for integrated health and social care in Highland. At the Steering Group meeting on 26 February 2026, the Assistant Chief Executive – People (The Highland Council) and the Executive Director of People and Culture (NHS Highland) presented a report, including the proposed Phase 2 Programme Plan. The Steering Group agreed the Phase 2 Programme Plan and agreed that a verbal update would be provided to the Joint Monitoring Committee in March. It was also noted that, if required, a special Joint Monitoring Committee meeting could be convened in April to consider any emerging issues.

During that discussion, members raised concerns about whether the original timetable was achievable, particularly the expectation that consultation and engagement could be completed before the Council and Board meetings in September 2026. The Steering Group recognised this as a programme risk and reports to the Council and Board were amended to reflect it. The Group also emphasised the importance of clear communication with the public, staff and government about the functions and leadership responsibilities that would be included within the proposed options, and those that would be excluded, as part of the engagement process.

A draft Engagement Plan was subsequently presented by the Chief Officer, HR and Communications (Highland Council) and the Head of Communications and Engagement (NHS Highland). The Steering Group approved the plan subject to amendments, including ensuring that sufficient time was built into the engagement process so that feedback and suggestions could be fully considered. This has led to a refreshed approach in which engagement activity will run through the summer and autumn, alongside the Phase 2 options appraisal work.

The current report therefore updates the Board on actions taken since the February Steering Group meeting and sets out the next steps for progressing the programme. These include the appointment of a Programme Manager on 1 May 2026, development of a detailed programme plan, inclusion of staff side representatives within the MOI Senior Officer Group, and further development of the options appraisal approach for Phase 2. The revised timetable proposes that an update is provided to Highland Council and NHS Highland Board in September on Phase 2 progress, options appraisal, stakeholder feedback and emerging themes, with the final report and recommendation presented in November/December following completion of the full consultation and engagement period.

2.3 Assessment

Key points from the discussion at the Steering Group in June 2026 were:

- The Steering Group agreed that the final decision on the future integration model should move from September to November/December 2026 to allow completion of engagement and consultation.
- Members emphasised the importance of clear communication and engagement with staff, communities and stakeholders throughout the review process
- Concerns were raised about capacity and timescales, with assurance sought that workstream leads were adequately supported to deliver the Options Appraisal
- There was discussion about managing expectations, recognising that a change in governance model alone would not necessarily resolve all service delivery challenges, particularly in adult social care.
- Members stressed the need for engagement to be meaningful but recognised the need for maintaining progress and pace to reduce uncertainty for staff and communities as quickly as possible
- During discussion of the messaging plan, members highlighted the need to address concerns about potential centralisation of services and ensure communications better reflected current financial pressures and value for money considerations

The key area to highlight to board members is the discussion relating to maintaining pace and reaching a clear position by September whilst recognising the need to complete consultation and engagement.

The Steering Group supported the Phase 2 options appraisal, which will build on Phase 1 and provide further detail on the preferred option:

1. Retain and improve the lead agency model, including any changes recommended by the appraisal

2. Implement the body corporate model (IJB), including service scope and any proposed care and service delivery changes

Staff and community engagement will continue in parallel into early September.

To maintain pace, the Chief Executives of the Board and Council will work with senior officers to agree a preferred option, informed by the completed appraisal and feedback to date. Progress, including the preferred option, will be presented through the Steering Group in September 2026.

The final decision in November and December 2026 would be based on the agreed position on the preferred option in September 2026 taking into account finalised staff and community engagement. This will include formal processes for NHS staff engagement through the area partnership forum

This approach balances the need to reach clarity on the agreed position between the council and the board by September with completing consultation and engagement processes prior to the final decision to implement a change of the model of integration.

2.3.1 Quality/ Patient Care

There are no immediate direct impacts on quality or patient care arising from this update report. The Phase 2 options appraisal is intended to provide a structured assessment of future service delivery models, functions in and out of scope, and the expected impact on outcomes, integration, governance and assurance. This will support future decisions on the model most likely to improve health and social care planning and delivery in Highland

2.3.2 Workforce

The review has significant workforce relevance. Staff side representatives are now included in the Senior Officer Group, and engagement with staff will run alongside wider public and stakeholder engagement. Any future change to governance arrangements, functions or employer responsibilities would require formal consultation and partnership working with trade unions.

2.3.3 Financial

There are no specific resource implications arising directly from this report. However, any future change to the model of governance is likely to include financial issues, which will form part of the options appraisal process. Lead officers in both organisations will need to identify capacity to take the work forward at pace, which may require reprioritisation of workload.

2.3.4 Risk Assessment/Management

A risk was noted previously about the achievability of the proposed timetable, especially consultation and engagement before September 2026. The revised timeline mitigates this by extending engagement and consultation to November, providing a September progress update to the Council and Board, and bringing

the final report and recommendation after the full consultation and engagement period has concluded. Delivery risk remains linked to programme capacity, stakeholder engagement, legal advice and the complexity of developing any revised Integration Scheme if change is recommended and approved.

2.3.5 Equality and Diversity, including health inequalities

In Highland, policies, strategies and service changes are subject to integrated screening for Equalities, Poverty and Human Rights, Children's Rights and Wellbeing, Climate Change, Islands and Mainland Rural Communities, and Data Protection. Where required, a full impact assessment will be undertaken. This is an update report and therefore an impact assessment is not required at this stage.

2.3.6 Other impacts

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out, and will continue to carry out, duties to involve and engage stakeholders through refreshed key messaging, staff engagement, public/community engagement activity and formal consultation. Key messages for communities and staff have been reviewed through the Senior Officer Group, including input from staff side, and agreed with the Joint Chief Executives Group. Engagement over summer and autumn will capture emerging views from staff, communities and other stakeholders on the options under consideration.

2.3.8 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Models of Integration Steering Group – 26 February 2026 and June 2026
- MOI Senior Officer Group and Joint Chief Executives Group – options appraisal approach reviewed and approved before submission to the Steering Group

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	
Limited		None	X

Comment on the level of assurance

Decision

2.5 Recommendation

The board is asked to:

- note progress with the Models of Integration Review
- agree the revised timetable for the programme including the consultation and engagement plan as recommended by the Steering Group
- note the further update on the Phase 2 options appraisal approach
- agree the proposal to consider a preferred option in September 2026 via the Steering Group based on recommendations from the Chief Executives (supported by Senior Officers Group) based on a completed options appraisal and feedback to date
- agree the proposal to make a final decision, based on the agreed position on the preferred option in September 2026 taking into account finalised staff and community engagement

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Models of Integration Steering Group Papers – 19 June 2026
- Appendix 2 - Draft minutes of MOI steering group 19th June 2026

Agenda Item	4
Report No	

The Highland Council

Committee: **Models of Integration Steering Group**

Date: **15 June 2026**

Report Title: **Consideration of future integrated health and social care models – Programme Update and Next Steps**

By: **Kate Lackie, Assistant Chief Executive – People (THC) and Gareth Report Adkins, Executive Director of People and Culture (NHSH)**

1 Purpose/Executive Summary

1.1 At the previous meeting of the Steering Group on 26 February 2026, the Assistant Chief Executive -People (THC) and the Executive Director of People and Culture (NHSH) presented a report. Douglas Dunlop summarised his report, and the Steering Group agreed the Phase 2 Programme Plan contained within it.

1.2 The Steering Group agreed that a verbal update would be provided to the Joint Monitoring Committee (JMC) in March, noting that final information would not be available until after the Council and Board meetings at the end of March. It was also noted that, if required, a special JMC meeting could be convened in April to consider any emerging issues.

1.3 Concerns were raised around the achievability of the proposed timetable, particularly in relation to consultation and engagement being completed prior to the Council and Board meetings in September 2026. A risk has been noted, and Council and Board reports amended to reflect this.

1.4 The Steering Group highlighted the need for clear communication to the public, staff, and government regarding which functions, and corresponding leadership responsibilities would be included within the proposed options, and which would be excluded, as part of the engagement process.

1.5 A draft Engagement Plan was presented by the Chief Officer, HR and Communications (Highland Council) and the Head of Communications and Engagement (NHS Highland). The Steering Group approved the plan, subject to amendments, including ensuring sufficient time is built into the engagement process to allow all feedback and suggestions to be fully considered.

1.6 The purpose of this report is to provide an update to members of the Steering Group on actions taken since the meeting of 26 February 2026, and to outline next steps in progressing the programme.

2 Recommendations

2.1 Members of the Steering Group are asked to:

i. Note the programme update – **Section 5**

ii. Note Staff side Reps are now members of the Senior Officer Group (SOG)

iii. Agree Options Appraisal approach - **Appendix 1** iv. Note and agree revised timelines at **5.3** as follows:

a. Update to Highland Council and NHS Board in September on progress made in phase 2, including options appraisal, stakeholder feedback and emerging themes.

b. Final report and recommendation to Highland Council and NHS Board in November/December following consultation and engagement period.

3 Implications

3.1 **Resource** -There are no specific resource implications arising directly as a result of this report. It is however likely that any change to the model of governance will include financial issues which will form part of the options appraisal process. 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.

The Joint Chief Executive's Group has approved the MOI cost overview paper for non-recurrent investment funds.

3.2 **Legal** - At the present time there are no specific legal implications arising directly from the content of this report. The Group will however be aware that any change to the model of integration in due course will 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.

3.3 **Risk** -A risk was noted at the last Steering Group. It was suggested that a realistic timetable would be preferable but, following discussion, 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 reality.

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 This is an update report and therefore an impact assessment is not required.

5 Progress Update

5.1 A Programme Manager was appointed on 1 May 2026. Recruitment to additional roles supporting the engagement programme is nearing completion.

5.2 A detailed programme plan has been developed and is to be reviewed by the MOI Senior Officer Group, which now includes staff-side representatives from both Highland Council and NHS Highland.

5.3 The key messaging and engagement plan have been refreshed, and it attached as a separate item on this agenda. Key points to note are:

- Key messages for range of stakeholders including our communities and our staff have been developed and reviewed through the senior officers group including input from staff side and agreed with JCEX;
- Timelines for engagement have been developed which extend to November for completion of full formal consultation;
- The Steering Group is asked to approve a change to the timeline.

Engagement over the summer period into autumn will provide emerging views of our stakeholders including staff on the two options being considered.

The options appraisal approach for phase 2 has been reviewed and approved by MOI Senior Officer Group and Joint Chief Executives (JCEX) group **Appendix 1** attached for discussion and approval by the Steering Group.

An update will be provided to the Highland Council and NHS Board in September on progress on the phase 2 options appraisal and emerging views of stakeholders. This will include any points that need to be taken into account during development of the final report and recommendations.

It is anticipated that this may provide sufficient information to make a decision in principle subject to conclusion of the full consultation period. The final report and recommendation to NHS Board and Highland Council will be presented in November/December following conclusion of the full consultation period

6 Next Steps

6.1 The Phase 2 options appraisal will be progressed in parallel to public consultation and staff side engagement in line with the updated timeline

6.2 Further reports will be brought back to the Steering Group as key milestones are reached.

Date: 15 June 2026

Author: Andrea Brown- Programme Manager MOI

Appendices:
Appendix 1 – MOI Review – Phase 2 Options Appraisal Approach

MOI Review – Phase 2
Options Appraisal Approach

MOI Steering Group 19 June 2026

Purpose

- The purpose of this presentation is to seek agreement from the Steering Group on the proposed approach and process for Phase 2 of the Options Appraisal for the MOI Review.

- Phase 2 will focus on detailed assessment of shortlisted options to support the Steering Group to make recommendations on the preferred future model for integrated health and social care.

Context

Following Phase 1, a shortlist of potential options for future governance and integration arrangements has been identified, informed by Audit Scotland guidance on Options Appraisal.

- Phase 2 appraisal will:
- Consider on how each option will impact on service delivery.
- Clearly define functions within scope • Align with the revised key messaging • Be developed in parallel with staff and stakeholder

engagement • Demonstrate benefits alongside risks, responding to staff side considerations

Proposed Approach - What Will Be Appraised

The Phase 2 appraisal will take a structured, evidence-based approach, ensuring all options are assessed on a consistent basis.

Each shortlisted option will be described using a standard template, including:

1. **Service Delivery Model**
   How services would operate in practice, including expected outcomes, management arrangements, and the level of integration.
2. **Functions in and out of Scope**
   Services included within the model (e.g. adult services, children's services, commissioning, public health)
3. **Assessment Against Core Criteria**
   1. Strategic fit
   2. Performance
   3. Finance

4. Risk
5. Opportunities & Benefits

4. Workforce (Employment/HR) Impact

This will ensure options are clearly defined and comparable and explicitly reflect the proposed changes to service delivery.

Proposed Approach- Workstream-Led Assessment

The appraisal will be undertaken through five dedicated workstreams:

1. Service Models – Functions and Operational Delivery
2. Clinical & Care Governance & Professional Assurance
3. Corporate Governance
4. Finance & Corporate Resources
5. Employment / HR **Each workstream will:**

- Assess each option against the core criteria

- Provide structured narrative evidence
- Identify key risks and opportunities
- Provide a confidence assessment regarding deliverability
- This approach ensures that both technical robustness and operational realism are fully considered.

Proposed Approach -Alignment with Appraisal Criteria

Evidence from the workstreams will be used to assess each option against four overarching criteria:

- **Strategic fit**

  Alignment with national and local strategic priorities, policy direction and long-term vision for health and social care in Highland

- **Performance**

  Impact on service delivery, outcomes and integration

- **Finance**

Financial sustainability, efficiency and resource implications

- **Risk**

Governance, clinical, workforce and delivery risks

- **Opportunities & Benefits**

Potential for service improvement, integration, prevention and alignment with strategic priorities

This will ensure a balanced assessment, capturing both risks and benefits.

Proposed Approach -Engagement and Consultation

The appraisal will be developed in parallel with engagement activity, which will inform and validate the assessment.

This includes engagement and consultation with:

- Staff – to provide insight into operational delivery and workforce implications • Lead Professionals– to support governance and assurance considerations • Public and service users – to understand impact on outcomes and experience

Learning will be used as evidence within the appraisal, rather than a standalone process.

Proposed Approach -Scoring and Moderation

Each option will be:

- Assessed and rated (Positive/Neutral/Negative) against the agreed criteria • Supported by clear narrative rationale
- Accompanied by:

- Key risks • Opportunities • Workstream confidence levels

A moderation session will be held to:

• Ensure consistency across workstreams • Test assumptions • Identify any options that are not deliverable

Proposed Approach -Output

The output of Phase 2 will be a comparative appraisal of shortlisted options, including:

• Clear description of each option • Assessment against Strategic Fit, Performance, Finance, Risk, and Opportunities, & Benefits • Workforce implications • Summary of key risks and dependencies • Workstream confidence levels

This will provide a robust evidence base to support Steering Group consideration of recommended options

Key Principles

The proposed approach is underpinned by the following principles:

• **Consistency** – all options assessed using the same framework • **Transparency** – clear rationale for scoring and conclusions • **Deliverability focus** – emphasis on what will work in practice • **Evidence-led** – informed by workstreams and engagement • **Alignment** – organisational priorities and key messaging framework

Current activity and next steps

• Finalise option definitions (service model and functions in scope) • Identification of Senior Staff for each function to support the workstreams

- Including identifying an Expert Reference Group of senior service managers to help to assess options and change impact for functions and operational delivery
- Scheduling working group sessions • Mobilise workstreams to undertake detailed assessment • Progress engagement activity in parallel • Undertake scoring and moderation • Prepare output for Steering Group/JCEX consideration

Recommendation

Steering group is asked to:

- Agree the proposed approach and process for Phase 2 options appraisal
  - Provide any further direction to inform development prior to detailed assessment and workstream delivery.
  - Note and agree revised timelines as follows:
  - Update to Highland Council and NHS Board in September on progress made in phase 2, including options appraisal, stakeholder feedback and emerging themes.
  - Final report and recommendation to Highland Council and NHS Board in November/December following consultation and engagement period.

Item 5

Models of Integration Review

Key Messaging Framework

This document sets out the key messages that will underpin all communications and engagement activity for the Models of Integration Review. It is intended as a working reference for the programme team, providing consistent language and framing that can be adapted across different audiences, channels and formats.

The messages are organised by theme and by audience:
Section 1 covers the core messages that apply across all audiences.
Sections 2 and 3 provide audience-specific guidance for staff and communities respectively and area arranged as FAQs
Section 4 sets out messages for specific scenarios and also FAQs. **Section 5** provides suggested language for social media.

All messaging should be reviewed against the overarching principles below before use.

Overarching messaging principles

- Be honest. No decision has been made.
- Consultation and engagement will inform but not dictate the outcome.
- Be clear. Avoid jargon. Integration models, lead agencies and IJBs mean nothing to most people. Explain the real-world impact instead.
- Be inclusive. Highland's geography means some communities are harder to reach. All messaging should be designed with accessibility and reach in mind.
- Be consistent. Staff and communities may receive messages through multiple channels. The core framing should not shift between them.
- Be purposeful. Every piece of content should have a clear call to action: attend an event, complete a survey, share your views, find out more.

Section 1: Core Messages for All Audiences

These messages form the backbone of all communications. They should be present in some form across every piece of content, regardless of audience or channel.

1.1 Why are we reviewing health and social care in the Highland area?

We think we could do a better job of providing joined-up community health and social care across people's whole lives. This matters even more given the ageing population and other demographic pressures we know are coming in Highland.

To improve, we need to look at how we deliver care overall, both the model of care itself and how it is managed and overseen, and make sure these work well together

1.2 What this review is

NHS Highland and The Highland Council are reviewing how health and social care services in Highland are planned and delivered, and we want to hear from you.
Health and social care include services like social work, home care, mental health support, social care and support for people with disabilities or long-term conditions, services that touch most of our lives at some point.

Your views will help inform how we move forward together to improve the services you, your family, and your community may need now or in the future.

N.B. Not for general messaging, but when engaging at local level it will be important to clarify that not all health care services are included in the review as per the points below:

- The review is not looking at hospital-based services provided through Raigmore Hospital and our two rural general hospitals such as:
- Maternity services
- Surgery for adults and children
- Emergency and urgent care for adults and children
- Highly specialised hospital care, for example cancer treatment, intensive care and advance tests and scans

Expanded version:

Since 2012, health and social care services in Highland have been organised in a way that is unique in Scotland – a lead agency model. NHS Highland takes responsibility for commissioning and delivery of adult services including community nursing, mental health support, and adult social care, while The Highland Council takes responsibility for commissioning and delivery of children's services, including children's social work and Child Health.

We are now asking a fundamental question: is this still the best way to organise care and support for the people of Highland?

We are looking at two options:

- **Option 1:** Keep the current system but improve how it works.
- **Option 2:** Bring all services together under one joint system called an Integration Joint Board (IJB), with shared planning and shared accountability.

The second option is used everywhere else in Scotland. In this model, the NHS Board and the council still provide and commission services, but they are jointly accountable to the IJB. The IJB would plan services and decide what is needed, while the council and NHS would deliver those services in line with that plan.

1.2 Why it matters

> *This review is about making sure the people of Highland get the best possible health and social care, now and in the future. We want your views on the best way to do this through improving how these services are planned and delivered.*

The Case for Change:

We want to look at whether organising our services differently could help us deal with some key issues we know people are experiencing now, including:

- How well we are performing against priorities like delayed hospital discharge; getting the right balance of care, access to care at home and local support; and moving people between children's and adult services
- The challenges from our changing population
- The complexity of how things are currently managed and overseen
- The potential benefits of being more in line with how services are set up elsewhere in Scotland
- Workforce needs, including whether the care sector is sustainable
- Our longer-term financial position

1.3 What do we want to achieve? We want to improve how services

are planned and delivered so that:

- People of all ages can get the local support, care and treatment they need to live healthier and more fulfilling lives.
- We focus more on early help and prevention to improve quality of life and reduce pressure on key services.
- When people are ready to leave hospital, they can do so quickly because the right support is in place and easy to access.
- Services are built around people, helping them make their own choices and supporting care in their local communities and in their homes where possible.
- Different services work closely together so care feels joined up and well-coordinated.
- Services are financially sustainable, with resources used in the best and most efficient way.
- There is clear and effective governance that supports strong partnership working across services and communities and helps staff support vulnerable people while managing risk and uncertainty.
- Organisations are better able to respond to inequalities and the wider health and social care challenges in Highland.
- Opportunities are created to grow and sustain the workforce by working closely with local communities and partners.

1.4 What might need to change?

We may need to change how services are organised to improve health and care for people of all ages across Highland. We are asking for your views on a number of possible changes:

- Changing the governance arrangements to an Integration Joint Board which would plan services and decide what is needed, while the Highland Council and NHS would deliver those services in line with that plan including commissioning services where appropriate.
- NHS Highland and Highland Council, with the support of third and independent sector partners, would commission and deliver services together in a more joined-up way.
- NHS Highland and Highland Council would be accountable to the IJB, which will oversee how well both organisations are performing in relation to achieving the best outcomes through the services they commission and deliver.
- Moving delivery of adult social work services from NHS Highland to Highland Council, so that all adult and children's social work sits within one organisation
- Moving responsibility for delivery of child health services from Highland Council to NHS Highland, so that healthcare for adults and children is delivered by one organisation

- Shifting responsibility for commissioning social care and other community services to Highland Council, to give more opportunity to grow services delivered by the third and independent sectors where this is appropriate

1.5 What else do we want you to know?

Some of the changes we've outlined would need to be taken together, because they are closely linked:

- If we decide to change who is responsible for the delivery of social work and social care, we will need to move to an Integration Joint Board model to be able to transfer the relevant staff from NHS Highland to Highland Council. Such a staffing change could not occur if we remain in a lead agency model
- If we decide to change the model from Lead Agency to an Integration Joint Board, responsibility for child health would have to move from the Highland Council to the Integration Joint Board or back to NHS
- Any change to responsibility for child health would need to be considered alongside changes to social work and social care, and vice versa
- Moving to an Integration Joint Board model would also mean setting up a fully integrated management structure, led by a single Chief Officer, with NHS Highland and Highland Council staff working together in integrated teams. There would also be a single Finance Officer to manage the budget managed by the IJB
- The Chief Officer would be accountable to both the Integration Joint Board and the Chief Executives of Highland Council and NHS Highland

1.6 No decision has been made

While we have set out some changes that we think could improve community health and social care services, we want to hear views and ideas from staff and local communities. Your feedback will help to inform the final decisions about the future of these services.

This is a real engagement process, not a consultation on a decision already taken. The outcome will be influenced by what we hear from staff, communities and partners, and on detailed analysis of the evidence. We are committed to being transparent about what we hear and how it informs our recommendations.

1.7 Recap on timeline

When	**What is happening**
May to June 2026	Internal planning, staff engagement preparation, programme team in place
July to September 2026	Staff Engagement, communication and engagement activities.
July to October 2026	Full public and community engagement programme launches across Highland
October to November 2026	Analysis of engagement findings and reporting
September 2026	Update of the Phase 2 options appraisal, stakeholder feedback and key considerations presented to NHS Highland Board and The Highland Council.
24 November NHSH 10 December HC	Final report and recommendation to council and board in November/December following full consultation period.

December 2026 onwards	Development of new integration scheme (if change is recommended and approved)

Section 2: Messages for Staff

Staff messaging should feel personal, direct and honest. Staff will have specific concerns about what any change might mean for them, their employer, their terms and conditions, their management arrangements. These must be addressed clearly, without overpromising or dismissing legitimate uncertainty.

2.1 What are staff views?

We want you to hear about this review directly from us. Your voice matters in this process, and staff engagement comes at the same time as community engagement for exactly that reason.

Supporting points:

- Staff messaging will lead with the overarching core message (see 1.1).
- Staff engagement needs to happen alongside community consultation and wider stakeholder engagement.
- We want to understand what is working well in the current model and what could be improved, from the perspective of the people who deliver services every day.
- What staff tell us will help shape the proposals for change together, and ultimately the recommendation itself.

2.2 FAQs

What input are you seeking from staff?
We are asking for your views on the proposed changes to how services are planned and delivered, including what you see as the benefits, as well as any concerns or issues we need to look at together.

How can I get involved?

There will be in-person engagement sessions and online options available. We want to hear from you: what works well, what could be better, and what matters most to you and the people you support.

- Attend a staff engagement session
- Share your views through the Engagement Hub
- Talk to your line manager or Staff Side representative if you have specific questions
- Look out for further updates through the Intranet and Weekly Round Up

What impact might there be for staff?

Under the current arrangement, adult social care and adult social work staff are employed by NHS Highland and Child Health Staff are employed by the Highland Council.

Moving to a new joint structure (Integration Joint Board) would also provide the opportunity to consider whether responsibility for the delivery and commissioning of certain services between NHS Highland and the Highland Council should change. This could include, for example, delivery and commissioning of adult social care as well as adult social work services transferring to The Highland Council and responsibility for delivery and commissioning of child health transferring to NHS Highland. This would mean a change of employer for staff working in services provided directly by the council and the health board and a change of commissioner for commissioned services.

If the current arrangement stays in place, there would be no change of employer.

We know this is an important question for many of you. Any changes of this kind would be subject to a formal process, and staff would be fully consulted and kept informed at every stage.

How will I know if my employment is going to change in some way?

If any changes to services are taken forward and affect employment, they would be managed by working in partnership with trade unions taking into account relevant policies and legislation including TUPE which stands for Transfer of Undertakings (Protection of Employment). This means you would be engaged with and given clear information about anything that affects your employment.

How can I keep my team engaged and informed?

If people in your team have questions about the review, please encourage them to engage with the formal consultation process rather than speculate. We will keep you updated so you can support your teams with accurate information.

Managers play a critical role in how staff receive and respond to this news. Key points for managers:

- Acknowledge that the review is significant and that it is reasonable for staff to have questions.
- Be honest about what is not yet known, and direct staff to official channels rather than guessing.
- Encourage attendance at engagement sessions and use of the Engagement Hub.
- Escalate concerns or common questions to [INSERT CONTACT] so they can be addressed in programme communications.

Section 3: Messages for Communities

Community messaging needs to work hard to connect a governance review to lived experience. Most people do not think about integration models. They think about whether they can get a care package or access support for their child. All community messaging should start from that place.

3.1 Opening message for community audiences

How health and social care is organised in Highland affects the services you, your family and your community rely on now or may need in the future. We are reviewing the way these services are planned and run, and we want to hear what matters to you.

3.2 Making it real: translating governance into experience

Community content should translate the governance question into something tangible. Use these framings:

Avoid	Use instead
Instead of: We are reviewing the Model of Integration	Try: We are asking how we can improve the way in which health and social care services work together
Instead of: The Lead Agency model is under review	Try: Right now, the NHS leads on adult services, and the Council leads on children's services. We are asking whether that is still the best arrangement

3.3 Reaching communities across Highland

We know that Highland is a vast, varied and diverse region. Wherever you live, your views count in this process. Engagement events are taking place in Wick, Inverness, Skye and Fort William, and anyone who is unable to attend can take part online through our Engagement Hub.

Community messaging should be honest about the scale of in-person activity. Four events cannot reach every corner of Highland, and we should not imply otherwise. Messaging should therefore emphasise the Engagement Hub as the primary route for participation, with events positioned as one option among several. Key points:

- In-person events will take place in Wick, Inverness, Skye and Fort William. Dates and venues will be confirmed and publicised in advance.
- The Engagement Hub is available to anyone, anywhere in Highland, at any time. It is the main channel for people who cannot attend an event in person. A Recording from one of the in-person events will also be made available on the Engagement Hub.
- We will work with community organisations, local networks and third sector partners to help spread the word, particularly in areas furthest from the three event locations.
- Printed and easy-read materials will be available for people who prefer not to engage digitally.

3.4 Specific audience framings

People who use health and social care services

> *If you or someone you care for uses health or social care services in Highland, whether that's social work, care at home, mental health support or help living independently, your experience is exactly what we need to hear. You know better than anyone what works and what needs to improve.*

Clarity needed about services not included in the review – i.e. acute hospital services, maternity services etc.

Carers

Paid and unpaid carers play a vital role across Highland. This review is an opportunity to tell us about your experience: what helps, what gets in the way, and what good joined-up care looks like to you and the person you support.

Families and parents

Children's services are a key part of this review. If you have a child who uses health, social work or specialist education support services, we want to hear how those services are working for your family, and how you think they could be better.

Rural and island communities

Distance from services is a reality for many people in Highland. If you live in a remote or rural community, tell us what good local health and social care looks like for you, and what difference better joined-up planning could make.

3.5 Call to action for communities

- Come along to a local engagement event in Wick, Inverness, Skye or Fort William. Dates and locations TBC
- Share your views online at the Engagement Hub:
- Ask your community council, local voluntary organisation or third sector group about how to get involved
- Spread the word and share this information with your neighbours, friends and family

Section 4: FAQS

These suggested responses are for use by the programme team, managers and communications colleagues when responding to common or challenging questions from staff or the public. They are not scripts and should be adapted to context.

Q: Has the decision already been made?

A: We want to be clear: no decision has been made. Both options, improving what we have, or moving to a new joint structure are being considered. The whole point of this engagement is to hear from you before any recommendation is made to NHS Highland Board and The Highland Council in September 2026.

Q: How can I get involved?

A: There will be in-person engagement sessions and online options available. We want to hear from you: what works well, what could be better, and what matters most to you and the people you support.

- Attend a staff engagement session
- Share your views through the Engagement Hub
- Talk to your line manager or Staff Side representative if you have specific questions
- Look out for further updates through the Intranet and Weekly Round Up

Q: What impact might there be for staff?

Moving to a new joint structure (Integration Joint Board) would provide the opportunity to consider whether responsibility for the delivery and commissioning of certain services between NHS Highland and the Highland Council should change. This could include, for example, delivery and commissioning of adult social care as well as adult social work services transferring to The Highland Council and responsibility for delivery and commissioning of child health transferring to NHS Highland. This would mean a change of employer for staff working in affected services.

If the current arrangement stays in place, there would be no change of employer.

We know this is an important question for many of you. Any changes of this kind would be subject to a formal process, and staff would be fully consulted and kept informed at every stage. No decisions have been made yet.

Q: How will I know if my employment is going to change in some way?

If any changes to services are taken forward and affect employment, they would be managed by working in partnership with trade unions taking into account relevant policies and legislation including TUPE which stands for Transfer of Undertakings (Protection of Employment). This means you would be engaged with and given clear information about anything that affects your employment.

Q: Why is Highland different from everywhere else in Scotland?

A: When health and social care integration was introduced in Scotland in 2014, NHS Highland and The Highland Council chose to continue to use the Lead Agency Model which had been established in 2012.
The Lead Agency Model was one of two options in the 2014 legislation requiring integration which also included the Integration Joint Board (IJB) model. All other partnerships adopted the IJB model. We are now reviewing whether that model is still serving our communities as well as it could/should.

Q: What will actually change for people using services?

A: This review is about whether people in Highland get more joined-up, consistent care and support, and whether staff can work together more effectively to deliver it. The way services are organised affects real experiences, whether different professionals share information, so you don't have to repeat yourself, how quickly support is arranged after a hospital stay, and how clearly responsibilities are shared when someone needs help from both health and social care.

No decisions have been made yet. The purpose of this engagement is to hear from both the people who use services and the staff who deliver them before any recommendation is put forward. Both perspectives matter equally.

Q: Will my local services close or change as a result?

A: This review is not about closing services or making immediate changes to service delivery. This review is about whether changes can be made so that people in Highland get more joined-up, consistent care and support, and whether staff can work together more effectively to deliver it.

Q: What happens if no decision is reached?

A: Both organisations are committed to reaching a decision by September 2026. The programme is resourced and governed to achieve that. If the recommendation is to retain the Lead Agency model, there would still be improvement work to strengthen how it operates.

Q: what happens next

A: If the decision to change to an IJB model is supported further work will be required to finalise the detailed arrangements for implementation of a new model. There will be further engagement work with staff and the public. If the decision is to retain the lead agency model, then further work will be required to agree changes to the model that can make a difference for people using services and our staff.

Q: **What does this mean for the third sector and independent providers?**

A: The third sector are integral partners in caring for and supporting people in Highland. We welcome input from charities and suppliers to this engagement, to help us gauge how best to ensure services are joined up and accessible.

Section 5: Social Media Guidance and Draft Content

Social media content for the MOI review should be engaging, accessible and action oriented. The following principles apply across all platforms:

- Lead with the human impact, not the governance process
- Use plain language with no acronyms without explanation
- Include a clear call to action in every post
- Vary the format: mix text posts with graphics, short video and event promotion
- Ensure content reflects the breadth of Highland, not just urban centres
- Observe political neutrality. Do not favour either option or frame one as preferable

5.1 Awareness phase: draft posts

Use during the awareness-raising phase before formal engagement events launch.

Facebook / general audience

Integrated health and social care services in Highland are being reviewed, and your views matter. NHS Highland and The Highland Council are looking at how adult, and children's services are planned and delivered across our region. Before a decision is made want to hear from communities, carers, service users and anyone who has experience of health and care services in Highland. Find out more and share your views at [link]

X / short form

Big question for Highland: how should health and social care services be organised to work best for our communities? We are reviewing the model and we want your views. Find out more: [link] #HealthAndSocialCare #Highland

Instagram caption for graphic

From Caithness to the Great Glen. From the east coast to the communities of the west. Every part of Highland deserves health and social care that works. We are reviewing how services are planned and run and we want to hear what matters to you. Link in bio to find out more and have your say.

5.2 Event promotion: draft posts

Facebook event post

A community engagement event is coming to [LOCATION], and we want to hear from you. Join us on [DATE] at [TIME], [VENUE] to find out about the review of integrated health and social care services in Highland and to share your views. This is your chance to have a real say in how services are planned for your community. Everyone is welcome. Find out more and register [link]

Reminder post (day before event)

A reminder that our community event is in [LOCATION] tomorrow. Come along to find out about the health and social care review and share what matters to you. [DATE] / [TIME] / [VENUE] Cannot make it? Share your views anytime at [Engagement Hub link]

5.3 Engagement Hub promotion

Cannot make it to one of our events? You can still have your say. Our Engagement Hub is open 24 hours a day. Share your views about integrated health and social care in Highland at a time that suits you, from wherever you are. [INSERT LINK]: take five minutes to tell us what matters to you.

5.4 Messages to avoid on social media

Avoid	**Examples in context**
Any language that implies a preferred outcome	e.g. joining the rest of Scotland without balance; modernising our approach
Technical governance language without explanation	e.g. IJB, Lead Agency, Body Corporate, delegated functions
Posts that could be seen as pre-empting the decision	e.g. as we prepare to transition or the new structure will allow us to
Anything that downplays the significance of the review	e.g. this will not affect how your services are delivered; this will not change how you work

The Highland Council / NHS Highland Models of Integration Steering Group
Committee Room 1, Council HQ, and remotely, on 19 June 2026 at 11am

Minutes and Actions

Present:

Highland Council	**NHS Highland**
Mr Raymond Bremner	Mr Gareth Adkins
Mr Alasdair Christie	Ms Sarah Compton-Bishop
Ms Fiona Duncan	Ms Fiona Davies
Mr David Fraser	Ms Arlene Johnstone
Ms Kate Lackie	Mr Gerry O'Brien
Ms Fiona Malcolm	

Also Present:
Mr Derek Brown, Chief Executive, Highland Council
Mr Douglas Dunlop, External Advisor
Mr David Park, Depute Chief Executive, NHS Highland
Ms Rhianon Boydell, Head of Planning, Performance and Integration, NHS Highland
Ms Louise McGunnigle, Strategic Lead (HR), Highland Council
Ms Andrea Brown, Programme Manager, Highland Council
Ms Ruth Fry, Chief Officer, HR and Communications, Highland Council
Ms Nicki Sturzaker, Head of Communications and Engagement, NHS Highland
Ms Fiona MacBain, Senior Committee Officer, Highland Council

Ms S Compton-Bishop in the Chair

1. Apologies for Absence

There were none.

2. Declarations of Interest / Transparency Statements

There were none.

3. Minutes and Matters Arising

The minutes of the Steering Group meeting on 23 February 2026 were circulated and **APPROVED**.

4. Consideration of Future Integrated Health and Social Care Models – Programme Update and Next Steps

There was circulated Report by the Assistant Chief Executive – People (THC) and the Executive Director of People and Culture (NHSH).

The Programme Manager provided a presentation on the Phase 2 Options Appraisal Approach.

During discussion, the following issues were raised:

- clarity was sought and provided on the amended timescales for the final decision on the integration model being sought from the Council and NHS Highland Board, which had previously been intended for September but would now be in November 2026;

- it was queried whether information in relation to other stakeholders, such as the Scottish Government (SG), should be included in the options appraisal. In response, attention was drawn to the previously explained history of the integration model review, which had come about from the SG national care service initiative, and the rationale behind it now being a Council and NHS Highland decision, but with due regard to any future changes that might impact at national level. The final decision would be signed off by the SG, and attention was drawn to the recent SG elections and their impact on ongoing aims for public sector reform, with health and social being a key part of that. Of overarching importance was the need to deliver services the best way possible for the people of the Highlands;
- the importance of providing key information to communities and stakeholders at various levels was highlighted, and was further covered under Item 5;
- in relation to concerns about timescales and resourcing, information was sought and provided on the identify of the workstream leads, which were as follows:

  - Service Models – Functions and Operational Delivery: *Fiona Duncan, Arlene Johnstone*
  - Clinical & Care Governance & Professional Assurance: *Fiona Duncan, Arlene Johnstone*
  - Corporate Governance: *Fiona Malcolm, Gareth Adkins*
  - Finance & Corporate Resources: *Brian Porter, Heledd Cooper*
  - Employment / HR: *Louise McGunnigle, Gaye Boyd*

  Assurance was sought that work management schedules and expert advice were being appropriately prioritised and fed into the process, and that the leads and other participants were being adequately supported, given the ambitious workload and timescale, to provide the quality and speed that was required. Noting that core principals had been identified, conversations were required around the optional areas, with particular regard to managing the expectations of communities and any perception that the integration review might deliver more significant change than was possible, particularly in relation to adult social care. With regard to resourcing and capacity, attention was drawn to the value of the support being provided by the external advisor and the programme manager. Preparatory work that had been undertaken for Phase 1 would help to expedite Phase 2. The Assistant Chief Executive (People) would ensure the messaging around prioritisation was fed back to the workstream leads who were not part of the Steering Group; and
- the Chair reiterated the importance of moving at pace to avoid leaving staff and communities with uncertainly for any longer than necessary. In response, attention was drawn to the additional engagement requirements that would result from any potential changes to employment status, and to concerns that holding engagement only over the summer period, to meet the report deadlines for Council papers in September, might not be appropriately comprehensive for staff, communities or Members. The importance of engagement being meaningful was reiterated, and reference was made to discussions that had taken place on this topic at the recent Community Planning Partnership meeting. It was hoped that a clear steer would be available by September for the Council and NHS Highland Board, with a continued period of engagement, including clarity on the

emerging national position between September and November, prior to a final decision being made. The longer process would also allow Highland to be involved in shaping the emerging national picture.

The Steering Group:

i. **NOTED** the programme update in Section 5;
ii. **NOTED** Staffside Reps were now members of the Senior Officer Group; **ABrown / KLackle / GAdkins**
iii. **AGREED** Options Appraisal approach in Appendix 1;
iv. **NOTED** and **AGREED** revised timelines at **5.3** as follows:

a. update to Highland Council and NHS Board in September on progress made in phase 2, including options appraisal; stakeholder feedback and emerging themes; and
b. final report and recommendation to Highland Council and NHS Board in November/December following consultation and engagement period.

5. Messaging and Engagement Plan

Following a summary of the circulated documents, and the process that had been followed for their production, the following issues were raised during discussion:

- key issues covered included what was best for communities, and possible changes to service delivery and employment;
- in relation to managing the expectations of communities, a new governance model was not necessarily going to address all service delivery challenges, and clear messaging around this was required. A key local concern that required precise messaging was the fear of centralisation of services. In this respect, assurance was sought and provided that the officers leading on these conversations with communities were appropriately skilled and experienced, including with relevant local knowledge. Third sector and other trusted local organisations would be part of the engagement process. NHS Highland had a newly appointed engagement coordinator whose support would be valued; and
- with reference to there being a short and an extended core message, it was suggested the financial challenges and the importance of providing value for money should feature more prominently in the shorter version.

The Steering Group:

i. **NOTED** the Key Messaging Document;
ii. ***AGREED*** *the shorter version of the core message should make clearer reference to the need to provide best value in light of the financial pressures being faced, the wording of this to be delegated to the Chief Executives of the Highland Council and NHS Highland*; and **DBrown / FDavies / RFry / NSturzaker**
iii. **AGREED** the Comms Approval process.

6. Future meetings of the Steering Group

The Group **NOTED** the next Steering Group meeting was scheduled for

Thursday, 13 August 2026 at 2pm.

The meeting ended at 12.10pm