

Agenda Item	<b>6</b>
Report No	<b>HCW-03-25</b>

# The Highland Council

**Committee:** Health, Social Care and Wellbeing

**Date:** 5 February 2025

**Report Title:** Delivery Plan Budget Monitoring and Progress Update - Person Centred Solutions

**Report By:** Assistant Chief Executive - People

## 1. Purpose/Executive Summary

- 1.1 The Delivery Plan 2024-27 consists of 64 projects/programmes, managed through six Portfolio Boards. Each project is reported to a relevant committee for consideration and scrutiny in terms of the Portfolio Reporting Cycle agreed at Council on 9 May 2024. Exceptions to this general rule may apply when for example circumstances merit a standalone project/programme report to either committee or Council. If exceptions apply this report will signpost to where the relevant reporting can be found.
- 1.2 This report provides financial, performance, risk and general information on the following Delivery Plan projects under the Person Centred Solutions Portfolio:
  - Shifting the Balance of Care and Accommodation Solutions
  - Efficiencies from Social Work Procurement
  - Home to Highland.
- 1.3 The content and structure of the report is intended to:
  - assist Member scrutiny and performance management
  - inform decision making and aid continuous improvement
  - provide transparency and accessibility.

## 2. Recommendations

- 2.1 Members are asked to **note** the updates provided for the Projects/Programmes in this report.

## 3. Implications

### 3.1 Resource

There are no specific resource implications arising from this report. The programme of work identified and discussed is funded by transformation funding agreed by the Council in terms of the Delivery Plan which seeks to give effect to the delivery of the Strategic Plan and is linked to savings.

## 3.2 Legal

- 3.2.1 This report contributes to the Council's statutory duties to report performance and secure best value in terms of; Section 1(1)(a) of the Local Government Act 1992, and Section 1 of the Local Government in Scotland Act 2003, respectively. The content of this report is to seek to ensure the Partnership's compliance with The Public Bodies (Joint Working) (Scotland) Act 2014 and consequently the Strategic Plan which has been agreed as a result of those requirements.
- 3.2.2 The aims set out in the Delivery Plan, insofar as those relate to the delivery of Adult Social Care, form part of the necessary work to implement the Strategic Plan for the Highland Health & Social Care Partnership.

## 3.3 Community (Equality, Poverty, Rural and Island)

There are no specific implications arising from this report although it is recognised that the content of the Strategic Plan and hence the Delivery Plan will have an impact on service delivery across Highland's communities.

## 3.4 Climate Change/Carbon Clever

There are no climate change implications arising as a result of this report.

## 3.5 Risk

- 3.5.1 There are no risk implications arising as a direct result of this report. Project/ Programme risks are identified via the council risk management process and monitored through the Portfolio Boards.
  - 3.5.2 There are risks attached to the delivery of the Adult Social Care transformation programme itself which are set out in the draft Risk Log which is attached at **Appendix 3**.
- 3.6 **Health and Safety** (risks arising from changes to plant, equipment, process, or people)  
There are no Health and Safety implications arising as a result of this report.

## 3.7 Gaelic

There are no Gaelic implications arising as a result of 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 a monitoring and update report and therefore an impact assessment is not required.

## 5. Background – Adult Social Care

5.1 The Highland Council's operational Delivery Plan consists of six portfolios which set out how the Council will deliver on commitments to secure social and economic transformation for Highland communities. The relevant portfolio for the purposes of this report is the Person Centred Solutions Portfolio which covers four themed workstreams relating to Family First, Adult Social Care, Digital Solutions and Capacity Building. The relevant projects for this report are the Adult Social Care – Shifting the Balance of Care and Accommodation Solutions. The relevant Delivery Plan templates are included at **Appendix 1**. It is intended to rationalise what were two individual slides into a single slide without losing any of the agreed content. This is because of the impact of Accommodation Solutions within the broader intention to shift the balance of care.

5.2 The Highland Council Chief Officer Integrated People Services is the Senior Responsible Officer for those Adult Social Care projects which are managed via the Council's Person Centred Solutions Portfolio Board. The Assistant Chief Executive – People is the Sponsor. Both the Chief Officer and the Director of Adult Social Care for NHS Highland are members of the Portfolio Board. It is important that they do so as, unlike other workstreams, the delivery of adult health and social care is partnership business which NHS Highland leads on under the Lead Agency Model and has responsibility for the savings required which are linked to the programme.

The Portfolio Board notes decisions in relation to the allocation of reserves from the £20m funding available, consistent with the intentions set out in the workstreams and the Joint Strategic Plan and thereafter monitors progress. However, unlike other workstreams in the Council's Delivery Plan, Adult Social Care initiatives must first be agreed through the NHS Highland/THC Joint Officer Group (JOG) and funding approved by the Chief Executives of both the Council and NHS Highland before matters are remitted to the Portfolio Board for Council monitoring and oversight of investment decisions and delivery of transformation. The role of the JMC is also important as the Committee having oversight in terms of the implementation of the Strategic Plan.

5.3 The governance process in terms of the allocation of reserves is set out in **Appendix 2**. A Business Case template is used to support applications for funding to take forward constituent elements of the Programme. Consideration is being given to how applications for funding from the third sector could be accommodated to contribute to delivery of the strategic objectives in furtherance of the Strategic Plan for the Partnership.

## 6. Transformation Programme to implement Joint Strategic Plan

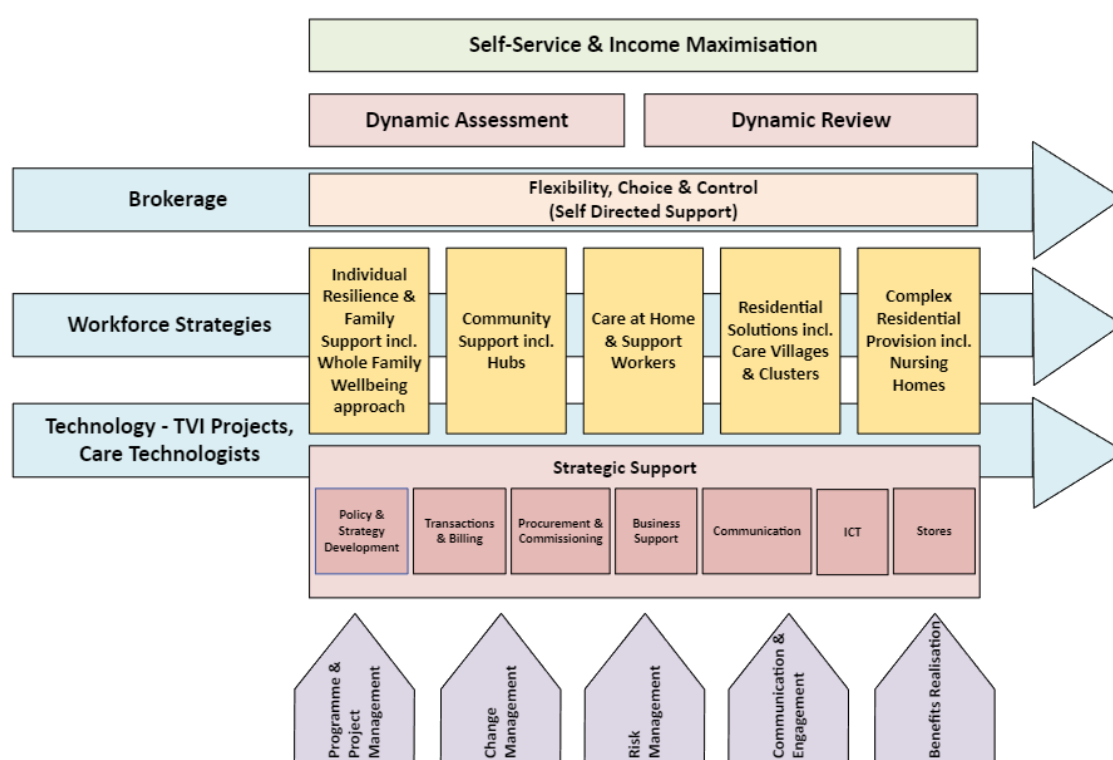
6.1 The Committee will recall that in terms of the implementation of the Joint Strategic Plan it has been accepted that there is a need to build upon and develop strategies on a pan Highland basis which will inform local plans being developed by the District Planning Groups. Those pan Highland strategies have been previously noted by this Committee and are as follows:

- Self-Directed Support
- Handyperson Scheme
- Care at Home and Care Home future strategy informing a market facilitation plan
- Managing Complex Cases

- Shared Lives
- Workforce Strategy
- Housing Strategy
- Telecare and Digital Strategy

Many, though not all of these, are NHS-led under the Lead Agency Model and having a framework in place that spans across these and wider Partnership priorities will be key to transformation. The Delivery Plan workstreams offer an opportunity to support the management of these interdependencies, whilst being clear on leadership and governance.

6.2 The work referenced at paragraph 6.1 in terms of developing pan Highland strategies has already commenced and the following draft Target Operating Model (TOM) has been developed:



Note: This Model applies to Transitions and Younger Adults as well as for Older Adults.

The five orange boxes in the TOM represent the key pillars of future care delivery, illustrating how services will be structured to support individuals to remain at home longer and reduce reliance on residential care. The intention is for these changes to be underpinned by relevant technology, community brokerage for SDS, and workforce strategies designed to ensure the sustainability of the model over time. The Strategic Support and triangles at the base of the model depict the essential infrastructure needed to facilitate this transformation and to ensure successful implementation of the new operating model. Key to that work is the need for a Strategic Commissioning Plan and a Joint Strategic Needs Assessment which are currently being taken forward by NHS Highland.

6.3 The TOM is intended to outline the strategic vision, structure, processes, and technology needed to deliver high-quality, person-centred services; to show how care should be integrated across different settings such as home care, residential services, and community-based support; to reflect and support the individual needs of

service users; and be, as far as possible, equitable and affordable. It has been informed by the aims of the Joint Strategic Plan, has been the subject of workshop input and has also been shared with the NHS Strategic Planning Group, the Partnership's Joint Officer Group and the Care Programme Board. It is still under development and is likely to evolve over time.

- 6.4 The development of a draft Target Operating Model has been a key element of establishing the Shifting the Balance of Care and Accommodation Solutions project. This will provide the vision and objectives of the project and what needs to be delivered over the next 2-3 years. It is likely that it will support what will be one of the first place based projects in Lochaber.

## 6.5 Overall Project RAG Rating

The overall RAG Rating for this project is AMBER in terms of the work anticipated by the programme. The delivery of savings and pace of investment should however at this stage be marked as RED. There have been some delays in identifying and securing the relevant resources to support the strategy development work outlined in paragraph 6.1. In principle that resourcing has been agreed but it is not in place at the time of writing this report.

## 6.6 Key Milestones

An initial set of Key Milestones have been established for the project in consultation with NHSH and these are shown at **Appendix 4**. Work is on-going to establish a set of meaningful Measures of Success utilising the Local Government Benchmarking Framework (LGBF) where appropriate. These will be reported to Members in the next update report.

## 6.7 Financial Summary

### i) Savings

#### Portfolio: Person Centred Solutions



Adult Social Care: Savings [NHSH]	M9 24/25		FY25/26	Annual Target			Cumulative Target
	Current Forecast	Actual to Date	25/26 Forecast	FY 24/25	FY 25/26	FY 26/27	
	£ 7,000,000	£ 3,200,000	£ 3,000,000	£ 7,000,000	£ 3,000,000	£ 2,600,000	£ 12,600,000

### ii) Investment

#### Portfolio: Person Centred Solutions



Adult Social Care: Investment	M9 24/25		Annual Investment approved			Cumulative Investment
	Current Forecast	Actual to Date	FY 24/25	FY 25/26	FY 26/27	
	£ 111,306	£ 25,500	£ 20,000,000	£ 0	£ 0	£ 20,000,000

### iii) Mitigations

In terms of the position in relation to savings those targets shown reflect formal decisions of the Council of 29 February 2024, in turn reflected within the Council's agreed Operational Delivery Plan. In relation to Adult Social Care, the saving targets, alongside other adjustments and additions to the funding quantum were formally communicated to NHS Highland in 2024.

As reflected within the paragraphs above, there is a risk regarding delivery of the Adult Social Care saving target. The Council has earmarked £20m of reserves to support this change and transformation, but there are risks regarding the profile and delivery of savings. The focus remains on working with NHS Scotland regarding delivery and drawdown against the £20m. Given risks, there may however be a need to assess risks and implications as part of the Council's budget setting for 2025/2026 in March of this year. In terms of the level of investment shown it ought be noted that a further £2m has provisionally been identified and is still to be confirmed within the formal governance process at the time of writing. Work in relation to the Shared Lives project has also been agreed in principle although not included at this time as the detail of the investment required is not yet confirmed.

## 6.8 Key Risks

The draft Risk Log is attached as **Appendix 3**.

## 6.9 Forward Plan

6.9.1 The main focus of the project moving forward is:

- Care at Home and Support Workers
- Residential Solutions including care villages and clusters
- Complex residential provision including nursing homes.

A Business Case is also under consideration in terms of a model for care, building on relationships with the third sector to support increased use of SDS Option 1 and 2 models of care.

6.9.2 As indicated above, wider strategic work will be required to develop appropriate housing solutions to deliver upon the imperatives set out in the Strategic Plan to support people to stay in their own homes and communities longer. This may involve bidding into the Council's Highland Investment Plan in the future to support changes to the care model in place in Highland. It will also involve input into the delivery of the Housing Strategy. This strategic work is key in terms of shifting the balance of care and will contribute to one of the key performance indicators being the percentage of people over 65 being supported to remain in their own homes. There has already been reference to the future of care provision in Lochaber as a result of the position in relation to Moss Park. Similar work in Badenoch & Strathspey will be needed in terms of the operation of The Mains.

6.9.3 There is also ongoing work in relation to the "self-service and income maximisation" element of the model. This requires the partnership to consider how service users access a social care service and indeed if they require to do so. The intention is that the partnership adopt a "one front door type approach" such that the first contact should not necessarily be a request for an assessment. This element of the model will also include work with the Council's Welfare Team to ensure that all approaches for service are considered in terms of benefits entitlement, some of which are available without the need for means testing.

## 7. Efficiencies from Social Work Procurement

### Overall RAG

Reason for Project RAG Rating and Corrective Action:

M9 24/25

Savings targets have already been met for FY24/25. The contract review milestone will be reviewed as it will take longer than originally estimated.

○ R  
○ A  
● G  
○ C

- 7.1 There is a specific workstream to provide efficiencies from social work procurement within the Person Centred Portfolio.
- 7.2 The project aims to provide sustainable support to providers, by establishing more effective mechanisms to commission partners.
- 7.3 The commitment is that the Shared Procurement and Health and Social Care Services will ensure that commissioned Social Work services and contracts fully comply with current procurement regulation and achieve improved outcomes and deliver Best Value. The project aims to provide £600,000 of efficiencies over a three year period.
- 7.4 The Health and Social Care service currently contracts a wide range of providers who support the delivery of services for children, young people and their families. These providers provide a range of services which support service delivery to improve outcomes for infants, children, young people and their families.
- 7.5 In April 2021, as part of the integration scheme development, it was agreed that the resource and support offered by NHS Highland to monitor and manage the Health and Social Care contracts would be brought back in house.
- 7.6 In June 2022 a review was undertaken to consider the fitness for purpose of each of the contracts, governance around the contracts, the extent to which a robust commissioning approach was being taken and to identify where efficiencies could be made.
- 7.7 The outcome of this review concluded that many of the contracts required extensive work including the development of new contracts and specifications. It was also clear from this review that further expertise was required to effectively deliver the change that was required. In developing the plan following the review, the service contacted the shared Aberdeenshire/ Aberdeen City/ Highland procurement service for guidance recognising that there would be development and training requirements for current staff in order that a commissioning service could advance.
- 7.8 Following dialogue, the Aberdeen City and Aberdeenshire joint social care contracts team conducted a general review of gaps, requirements and recommendations for the service and provided of an indication of the resources that would be required. Their review along with the work carried out by the service identified a number of areas for action.
- 7.9 This review recommended that a commissioning and contracts manager and a contracts manager be seconded to the shared procurement service to receive the support required to undertake the improvements identified. This was concluded in the spring of 2024.

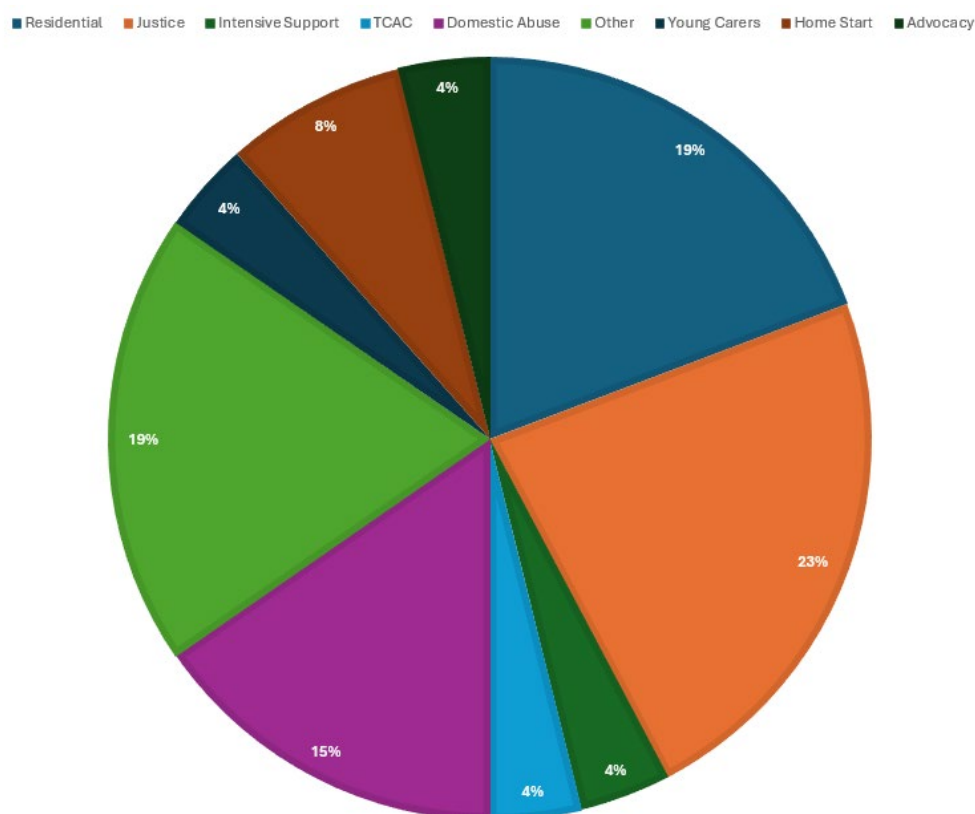
7.10 The project Milestones are:

- June 2024 - Category and Contracts Manager appointed.
- December 2025 - Contracts review completed.
- January 2025 - Savings identified across contracts.
- April 2025 - Model contracts offered to providers.
- May 2025 - Commissioning framework in place.
- September 2025 - Review progress against measures of success, annually and update.

7.11 The Health and Social Care service currently has 26 contracts with a wide range of providers who support the safe and effective delivery of services for children, young people and their families.

7.12 The service currently contracts to a range of providers including those who provide children's houses, justice services, intensive support, throughcare and aftercare services. There are a number of other providers who provide specialist support relating to homelessness, relationship counselling, hospice movements and ensuring the voice and participation of children and their families in service design and delivery.

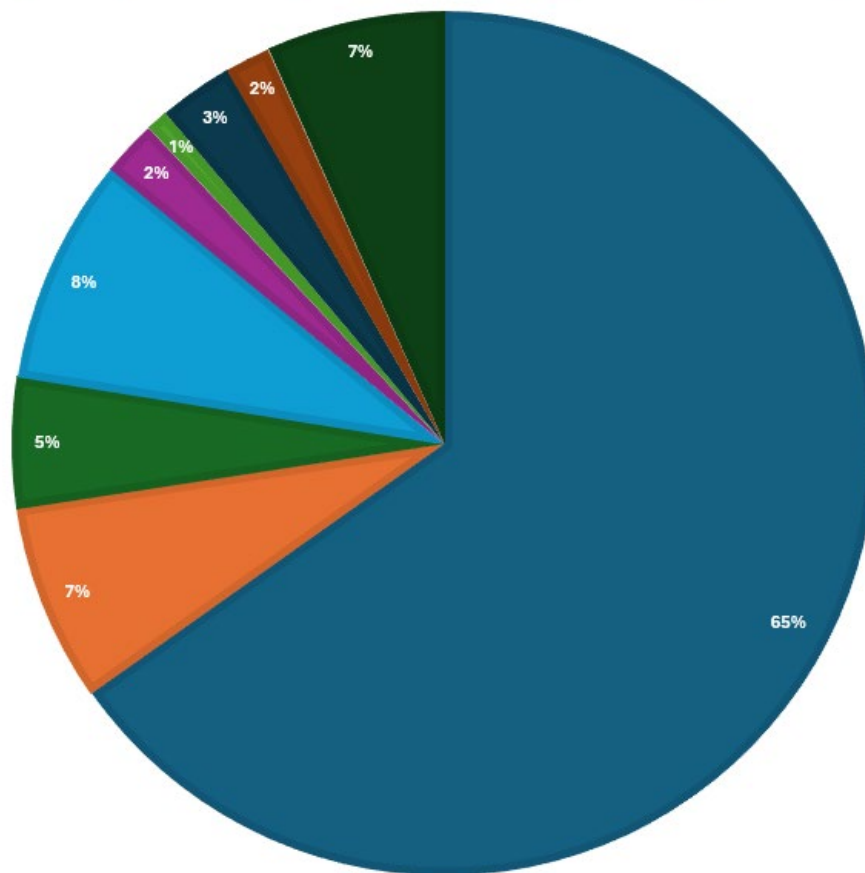
7.13 The following chart provides an illustration of the contracts by type.





7.14 The total cost of the contracts is £5,903,437. The illustration below shows the cost of provision in relation to the contract time as a percentage of this budget.

■ Residential ■ Justice ■ Intensive Support ■ Domestic Abuse ■ Other ■ Young Carers ■ Home Start ■ Advocacy ■ TCAC



## 7.15 Governance and Assurance

7.15.1 A strategic commissioning group has been established to ensure effective implementation of the procurement plan; to ensure the needs of service users continue to be supported; and to ensure delivery of the key priorities within the strategic plan.

7.15.2 The purpose of this group is to maintain oversight of the agreed plan, monitor and ensure the work of any sub-groups leading on specific contracts is completed within required timescales and is compliant with legislation and regulations. It also provides oversight of all spend with external providers ensuring alignment with strategic plans in relation to budgetary targets and compliance with financial and governance processes. The group also considers national direction and initiatives and any impact or implications providing recommendations and advice to the service Senior Management Team.

### Current activity and future development

7.16 As the newly formed contracts team has gained momentum and maturity, work has commenced to review all contracts with the aim to support providers with multi-year contracts providing them with greater financial stability and an ability to develop their support over a sustained period.

- 7.17 We have also introduced more effective monitoring processes which will ensure that our providers are clear about expectations and delivering effective service delivery and improvement.

## 8. Home to Highland

### 8.1 Overall RAG

Reason for Project RAG Rating and Corrective Action:

M10 24/25

● R  
○ A  
○ G  
○ C

Although the Home to Highland (H2H) project is green in relation to its overall objectives and the delivery of savings, it is showing as having a red rating due to delay in appointing a head teacher to the Highland Virtual Academy (HVA) which had a target date of December 2024. The Committee should note however that this is in hand.

Placement numbers OOA have been stable this year, as in recent years, from the highs of 2018, and are currently at 16 placements. While the numbers are continuing to follow an overall decreasing trajectory, this is not showing in the budget line as a simple decrease because of the cost and complexity of the placements within Highland. This is explained in greater detail in the Service revenue monitoring report for Quarter 3.

The H2H programme is priority of the Family 1st strategy. The transformational change to build a stronger infrastructure of family support services, should gain traction to reduce our needs for residential placements. Key transformation is through Family Group Decision Making, intensive family support i.e. the Highland Outreach Support Team (HOST), the plans to develop a new Kinship Service and the work with Triple Value Impact (TVI) to transform fostering recruitment. These innovations need to be strategically aligned with investment in the 3<sup>rd</sup> sector through Whole Family Wellbeing (WFWB). Building family support and family-based care (kinship & fostering) will contribute to an overall reduction in high cost residential care in and out of area and is a key part of this workstream. Additionally, if fewer children are being placed out of area, the need to develop bespoke packages to return children to the Highlands will be greatly reduced. By doing so, the Family 1<sup>st</sup> strategy should reduce the two main budget pressure and overspend areas in Children's Services. It is well documented that these budget overspends and pressures are a challenge in Children's Services across the UK.

## 8.2 Key Milestones & Requests for Change

MILESTONES		CURRENT STATUS
<i>Starts Apr24 / Completes Jun24</i>	Home to Highland: Children's Rights team	M3 24/25 Completed
<i>Starts April 24; Completes Aug. 24</i>	Home to Highland: FGDM and SCIM team permanent	M6 24/25 Completed
<i>Starts April 24; Completes Aug. 24</i>	Home to Highland: Family Support Teams model	M9 24/25 On Target
<i>Starts April 24; Completes Dec. 24</i>	Home to Highland: Recruit Virtual School HT	M9 24/25 No Significant Progress
<i>Starts Jul24 / Completes Oct24</i>	Efficiencies from SW Procurement: Opening the WFWP Fund	M7 24/25 Completed
<i>Starts May25 / Completes Aug25</i>	Home to Highland: Annual update 2025	
<i>Starts May26 / Completes Aug26</i>	Home to Highland: Annual update 2026	

All milestones have either been reported as complete or on track, except for one. The milestone for the Recruitment of a Virtual School Head Teacher has been delayed to align with wider service re-structure in Education.

## 8.3 Financial Summary

### i. Savings

Family First Approach: Savings	M9 24/25		FY25/26	Annual Target			Cumulative Target
	Current Forecast	Actual to Date	25/26 Forecast	FY 24/25	FY 25/26	FY 26/27	
	£ 600,000	£ 600,000	£ 700,000	£ 600,000	£ 700,000	£ 700,000	£ 2,000,000

### ii. Investment

Family First Approach: Investment	M9 24/25		Annual Investment approved			Cumulative Investment
	Current Forecast	Actual to Date	FY 24/25	FY 25/26	FY 26/27	
	£ 0	£ 0	£ 2,000,000	£ 0	£ 0	£ 2,000,000

### iii. Mitigations – Not applicable

## 8.4 Key Risks

The key risks are currently going through the analysis and approval process prior to being uploaded to PRMS.

## 8.5 Forward Plan

Over the next period the key risks will be uploaded to PRMS.  
It is expected that the Virtual School Head Teacher recruitment will be progressed.

Designation: Assistant Chief Executive - People

Date: 21 January 2025

Author: Gordon Stirling, Programme Manager, Adult Social Care  
Ian Kyle, Head of Performance and Improvement  
Malina MacDonald-Dawson, Programme Manager  
Margaret McIntyre, Head of Service

Brian Scobie, Portfolio Manager, Person Centred Solutions

Background Papers: Delivery Plan

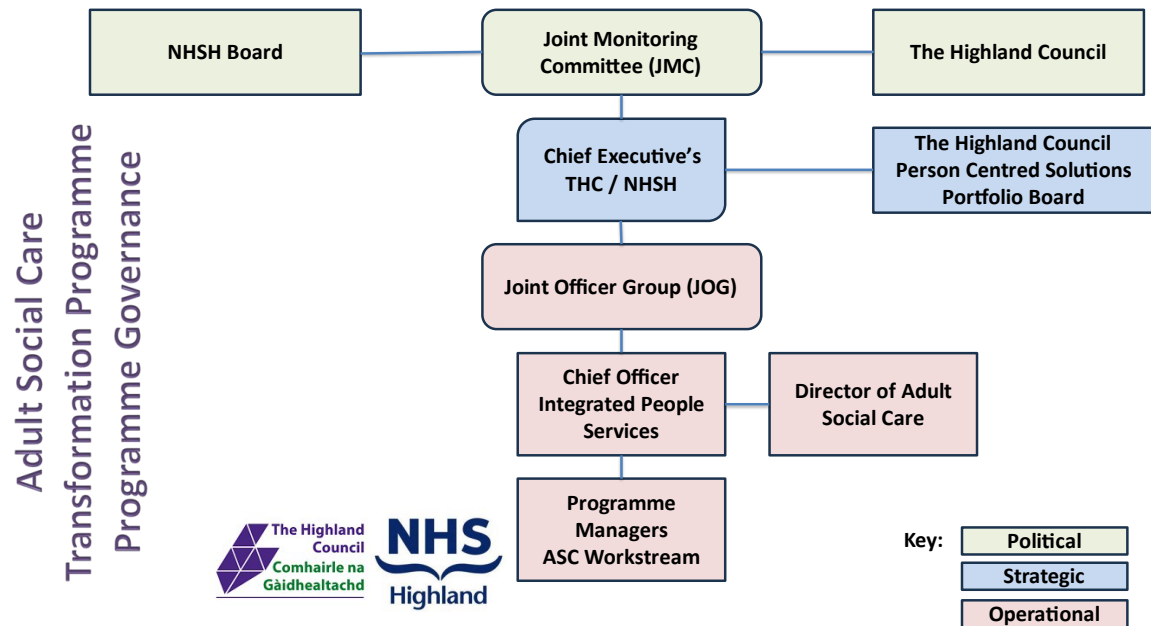
Appendices: Appendix 1 - Project Templates  
Appendix 2 – Governance Process  
Appendix 3 – Draft Risk Log  
Appendix 4 – Draft Milestones

## Appendix 1 – Project Template

Workstream	<b>Person centred solutions</b>		Senior Responsible Officer: Chief Officer	Portfolio Sponsor: Assistant Chief Executive
Adult Social Care	<b>Activity</b> Through the JMC, deliver and monitor the outcomes set out in the Highland HSC Partnership Strategic Plan for Adults. We will: <ul style="list-style-type: none"> <li>• support people to live independently &amp; well in their communities;</li> <li>• provide suitable and sustainable housing options;</li> <li>• identify and implement local community support solutions.</li> </ul>		<b>Measures of Success</b> <ul style="list-style-type: none"> <li>• % of people over 65 being supported to remain in their own homes.</li> <li>• Increased Direct Payments spend on adults.</li> <li>• Reduced cost of Adult Social Care.</li> <li>• Increased resources in local communities.</li> <li>• Increase levels of direct spend on families.</li> </ul>	
Project	<b>Project Elements</b> <ul style="list-style-type: none"> <li>• Work closely with NHS Highland as lead agency to develop a model of care for care at home, care homes and complex cases.</li> <li>• Roll out extended handyperson scheme to support people to remain in their own homes longer.</li> <li>• Housing solutions – including adaptations and monitoring</li> <li>• Community Care solutions (including digital).</li> </ul>		<b>Milestones</b> <b>06/24:</b> To be agreed by the JMC in terms of the implementation of the Strategic Plan. <ul style="list-style-type: none"> <li>• To be agreed by the JMC. Extended delivery of handyperson scheme.</li> </ul>	
Accommodation Solutions	<b>Responsible Officer:</b> Head of Integrated Adult Services			
<b>Programme Theme: 2 Resilient and Sustainable Communities</b>				
<b>Links to Performance Plan targets:</b> 2.5 (i), (ii)	<b>Links to Programme:</b> <b>Place</b> – Support communities to help each other live well and independently.	<b>Link to HOIP:</b> <b>People</b> – Improved access to services and support. <b>People</b> – Benefit from good health & social wellbeing opportunities.	<b>Key Risks</b> <ol style="list-style-type: none"> <li>1. Meeting increasing demand and maximise the use of available investment to secure improvement in outcomes.</li> <li>2. Delivering housing solutions because of workforce challenges</li> </ol>	
		for Care at Home and Support Services. <ol style="list-style-type: none"> <li>3. Failure by partners to transform the way services are delivered.</li> <li>4. Agreeing terms with providers for extended roll out of handyperson scheme.</li> </ol>		
Ref: CS:29	Investment: £20m (approved)	Savings: £12.6m (NHS)	22	

Workstream	<b>Person centred solutions</b>		Senior Responsible Officer: Chief Officer	Portfolio Sponsor: Assistant Chief Executive
Adult Social Care	<b>Activity</b> To implement the Highland Health and Social Care Partnership Strategic Plan for Adults. As part of this we will consider how we can work to support continuing solutions for people in need of support and identify and implement sustainable, community and local solutions.		<b>Measures of Success</b> <ul style="list-style-type: none"> <li>• Increase % of people remaining in their communities and where possible in the same placement.</li> <li>• Increase direct payments spend on adults.</li> <li>• Reduced cost of Adult Social Care.</li> <li>• Increase deployment of resources in local communities to provide more choice of care solutions.</li> </ul>	
Programme	<b>Project Elements</b> <ul style="list-style-type: none"> <li>• Roll out of Shared Lives programme.</li> <li>• Develop joint commissioning solutions with services across the Council including housing and employment services.</li> <li>• Increased roll out of, and use of, SDS including direct payments to families.</li> </ul>		<b>Milestones</b> <ul style="list-style-type: none"> <li>• To be agreed by the JMC in terms of the implementation of the Strategic Plan and adoption of Shared Lives programme.</li> </ul>	
Shifting the balance of Care	<b>Responsible Officer:</b> Head of Integrated Adult Services			
<b>Programme Theme: 2 Resilient and Sustainable Communities</b>				
<b>Links to Performance Plan targets:</b> 2.5 (i), (ii)	<b>Links to Programme:</b> <b>Place</b> – Support communities to help each other live well and independently.	<b>Link to HOIP:</b> <b>People</b> – Improved access to services and support. <b>People</b> – Benefit from good health & social wellbeing opportunities.	<b>Key Risks</b> <ol style="list-style-type: none"> <li>1. Meeting increasing demand and lack of physical resources to enable person centred solutions.</li> <li>2. Delivering Statutory Services due to social care staffing levels.</li> <li>3. Failure to transform service delivered in terms of identifying joint commissioning solutions.</li> <li>4. Failure to deliver shared lives programmes in terms of identifying people who can provide care.</li> </ol>	

## Appendix 2 – Project Governance Process



## Appendix 3 – Draft Risk Log

# Summary Risk Log

Workstream: Shifting the Balance of Care & Accommodation Solutions				
Risk	Likelihood (Inherent/Residual)	Impact (Inherent/Residual)	Inherent / Residual Risk Scores	Mitigating Actions
<p>There is a Risk that the required transformational savings will not be delivered due to:</p> <ul style="list-style-type: none"> <li>the continually increasing demand for services</li> <li>potential resistance to changes by service providers and users resulting in the programme not being fully delivered</li> <li>the ambitious timescales set for savings to be met with - £7M to be achieved in year 1 and £12.6m across the next three years</li> <li>organisational changes could impact successful implementation of the programme</li> <li>a lack of resources – care services and workforce.</li> </ul>	4/3	3/2	12/6	<ul style="list-style-type: none"> <li>Target Operating Model developed as the basis for how services will be delivered in the future within the resources available to NHSH .</li> <li>Programme governance in place to help drive and monitor the delivery of the transformational changes needed.</li> </ul>
There is a Risk that the Transformation Reserve (£20m) will be used to resource existing budget challenges rather than to support transformation and innovation.	4/3	4/3	16/9	<ul style="list-style-type: none"> <li>Robust Business Case preparation, review and approval process in place linked to delivery of the Target Operating Model .</li> <li>Fortnightly meeting by CEx's (THC/NHSH)</li> </ul>
There is a Risk that existing workforce challenges across the Service will impact on delivery of the proposed Target Operating Model as well as Statutory Services.	5/4	4/3	20/12	<ul style="list-style-type: none"> <li>Workforce Strategies being developed as part of the development and implementation of the Target Operating Model.</li> </ul>
There is a risk that the Council and its partners fail to agree new terms with providers to extended roll out of handyperson scheme.	3/3	3/2	9/6	<ul style="list-style-type: none"> <li>Review of Handyperson Scheme underway with new commissioning arrangements to be developed and agreed by 31/3/25.</li> </ul>
There is a risk that NHSH fail to deliver the Shared Lives Project due to the inability to identify suitable carers..	3/3	3/3	9/9	<ul style="list-style-type: none"> <li>Commissioning arrangements being developed to deliver the Project.</li> </ul>

Risk Scores Likelihood: 1 – Highly Unlikely, 2 – Unlikely, 3 – Possible, 4 – Likely, 5 – Highly Likely

Risk Scores Impact: 1 – Insignificant, 2 – Minor, 3 – Moderate, 4 – Major, 5 – Catastrophic

## Appendix 4 – Draft Milestones

Workstream: Shifting the Balance of Care & Accommodation Solutions				
Project	Milestone	Start Date	End Date	Lead Officer
ASC Transformation Programme	Target Operating Model developed and agreed	1/10/24	31/12/24 <i>Completed</i>	Gordon Stirling / Lynnsey Urquhart
ASC Transformation Programme	Programme Resources agreed and in place.	1/11/24	28/2/25	Fiona Malcolm / Simon Steer
Self-Service	Outline Business Case for Self-Service and Income Maximisation developed	1/11/24	31/1/25	Alasdair Mort
Dynamic Assessment and Review	Dynamic assessment and review approach developed, agreed and implemented.	1/1/25	30/6/25	
Flexibility, Choice and Control (SDS)	Implemented in five areas of Highland	1/1/25	28/2/26	Ian Thomson
Care at Home and Care Home Strategies	Strategies developed and approved.	1/2/25	31/7/25	TBC
Handyperson Scheme	Existing scheme reviewed and new commissioning arrangements developed and agreed.	1/11/24	31/3/25	Lynnsey Urquhart
Care Villages Project	Strategy for Care Villages to be developed	1/2/25	31/7/25	TBC
Shared Lives	Commissioning arrangements developed and rolled- out	1/11/24	30/6/25	Lynnsey Urquhart
Strategic Support Services	Project Plan developed for systematic review of Support Services	TBC	TBC	TBC
Workforce Development	Workforce strategies developed and agreed.	1/1/25	30/6/25	
TVI Projects	TVI Business Cases, developed, reviewed and agreed	1/11/24	28/2/25	Alasdair Mort