

The Highland Council / NHS Highland

Agenda Item	6
Report No	JMC-05-25

Committee: Joint Monitoring Committee

Date: 12 June 2025

Report Title: Chief Officer's Report Adult Services

Report By: Chief Officer, Highland Health and Social Care Partnership (HHSCP)

1. Purpose/Executive Summary

- 1.1 This report provides an update on the implementation of the Adult Strategic Plan 2024-2027. It is intended that the Committee monitor performance of the Partnership in terms of the implementation of the Strategic Plan.

2. Recommendations

- 2.1 Members are asked to:

- i. **Note and comment** on the work undertaken in implementing the HHSCP Joint Strategic Plan and assurance performance information as supplied.

3. Implications

- 3.1 **Resource** - There are no specific resource issues arising from this report, it is expected that the plan will be implemented within existing resource and associated risks and issues escalated to the HSCP and Strategic Planning Group. It is however accepted that in general there are significant resource issues in terms of the delivery of adult social care and those resource issues are governed by the Integration Scheme currently in place, as signed off by the Council and Board in March 2021 and which received Ministerial sign off in February 2022.
- 3.2 **Legal** - The content of this report is to seek to ensure the Partnership's compliance with The Public Bodies (Joint Working) (Scotland) Act 2014.
- 3.3 **Risk** - There are no specific risks arising from this report.
- 3.4 **Health and Safety (risks arising from changes to plant, equipment, process, or people)** - There are no Health and Safety implications as a result of this report.
- 3.5 **Gaelic** - There are no Gaelic implications 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

- 5.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Partnership to have in place a **Strategic Plan** which sets out the arrangements for the carrying out of the integration functions for the area over the period of the plan and which also sets out how these arrangements are intended to achieve, or contribute to achieving, the national health and wellbeing outcomes.
- 5.2 This same Act also directs that a **Strategic Planning Group** requires to be established and in place in to support the development of this Strategic Plan. The Strategic Planning Group continues to oversee the implementation of the Strategic Plan.
- 5.3 The same Act also directs that Locality Planning Groups require to be established to provide a forum for professionals, communities and individuals to collectively develop and deliver locality plans based on the Joint Strategic Plan and local need. In Highland, these groups are called **District Planning Groups**.

6. Implementation Of The Strategic Plan

- 6.1 At the time of writing District Planning Groups are meeting for the 5th time. These groups are gaining engagement, and the Lochaber DPG is taking place more regularly to reflect the transformational change being taken forward at pace in terms of community service redesign.
- 6.2 The Joint Strategic Needs Assessment, as previously reported, has having been considered by the Strategic Planning Group. The next scheduled meeting of the Strategic Planning Group will be replaced by a workshop to explore the Joint Strategic Plan in light of the Joint Strategic Needs Assessment and ensure progress with the implementation of the plan progresses in line with the key findings of the assessment.

7. Performance

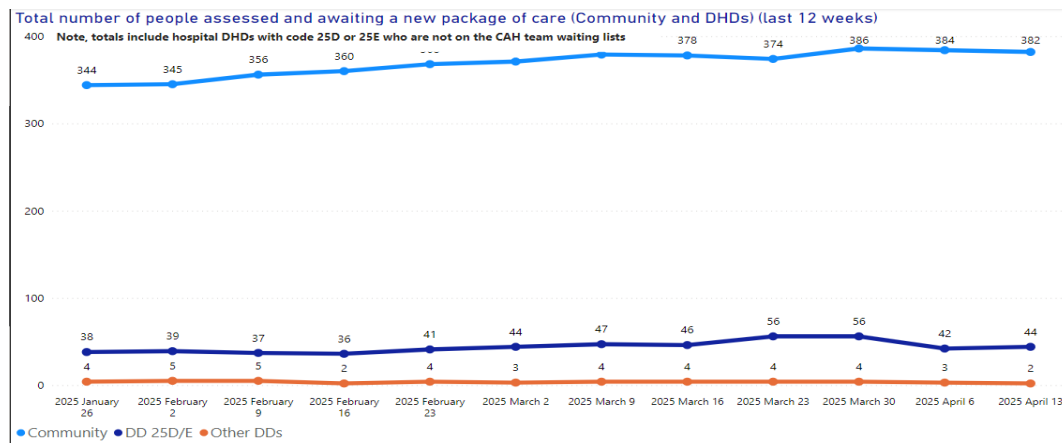
7.1 Care at Home

Our current level of unmet need (13 April 2025) is:

- Community – 382 awaiting a CAH service
- DHDs – 44 awaiting a CAH service.
- Despite ongoing organisational and provider effort to improve flow, the overall unmet need for CAH is 2942 planned hours per week.

Independent providers are reporting experiencing sustainability and financial pressure. A provider exit concluded in April 2025 which has been difficult to source a replacement as a result.

Care at Home Unmet Need



Key:

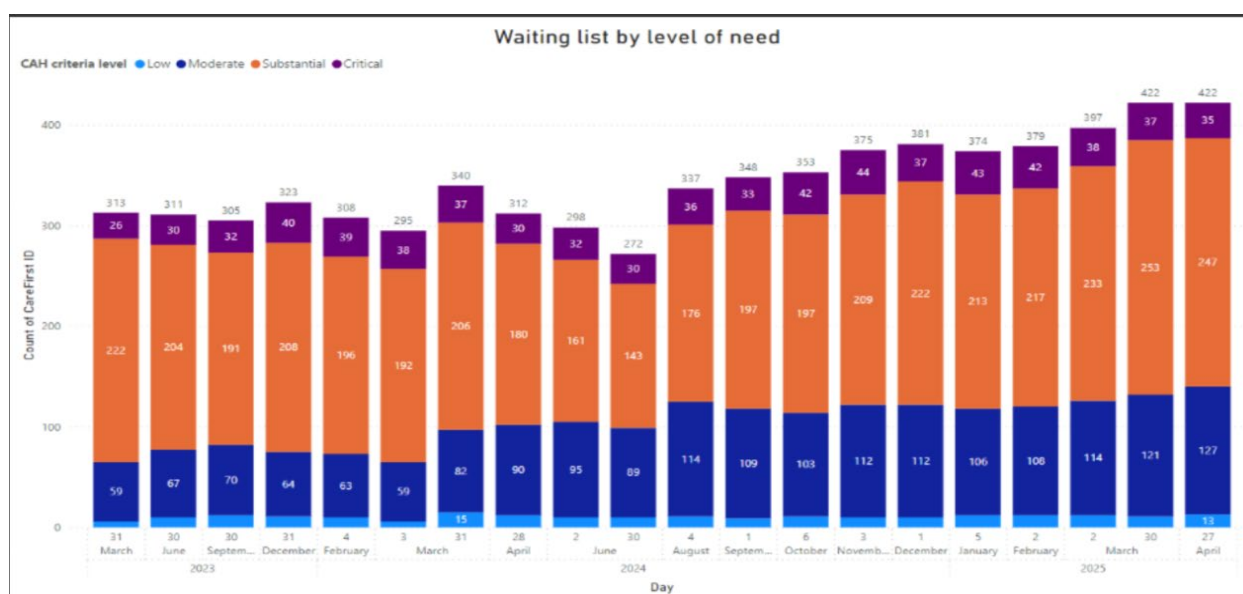
Community - people waiting for a service living at home

DD25D/E - people delayed in hospital where the delay is identified as a wait for the Care at Home service to be available

Other DDs - people who are waiting for a C@H service but the delay is associated with something else.

Actions are being taken to sustain current delivery levels through engagement with the independent sector and support for independent providers through our commissioning model.

For in house services we are undertaking a redesign our practice model of care delivery, focussing on the reduction of variation in practice and allocation between districts and are taking actions to increase the options available for people assessed as having moderate and low need to accommodate the critical and substantial need. This includes developing support through technological solutions and engagement with families. As of 27th April 2025 there were 140 people waiting for a care package assessed as having low or moderate needs and 282 people waiting with substantial and critical need, as illustrated in the following chart:



Work on developing local care models increasing the use of self-directed support option 1,2 and 4 and developing more informal and community supports in geographical locations is also being supported through transformation programme funding of £1.15m. This will develop further sustainable alternatives to traditional service provision.

7.2 Care Homes

Demand for a care home placement remains our most common reason for delayed hospital discharges. As of 14 April, there were 66 people delayed in hospital which is a decrease of 6 from the last reported period.

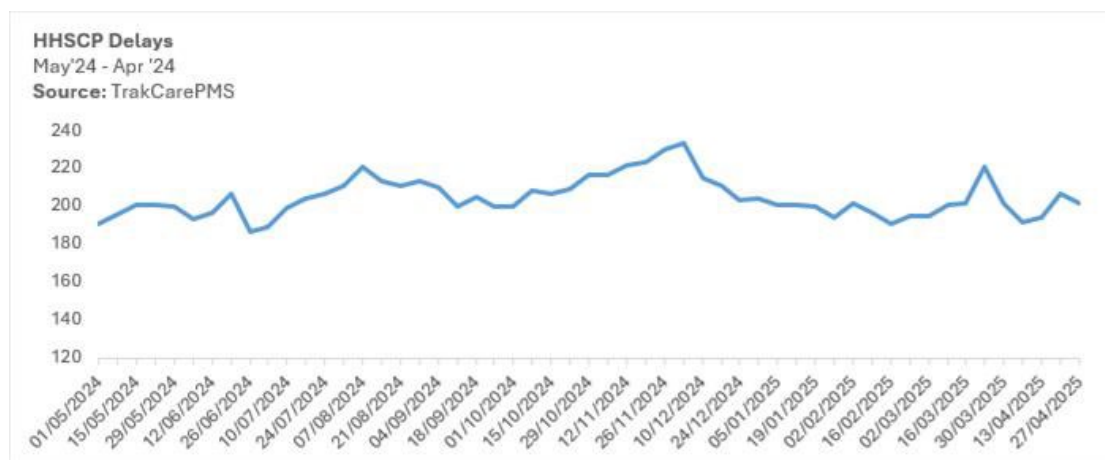
Reduced overall bed availability is having an impact on the wider health and social care system and the ability to discharge patients timely from hospital. We are continuing to increase our in house provision with the reopening of Strathburn in Gairloch this month, building on previous increased capacity at the Mackintosh centre, reopened in November 2024. Additional independent capacity is also being realised with the opening of a new care home in Inverness in June 2025.

Actions being taken in Care at Home, as described above, local care models, the use of TEC and redesigns such as that in Lochaber will enable us to support people for longer at home and improve access to care homes for those with the highest need.

7.3 Delayed Hospital Discharges

There has been an overall reduction in people affected by delayed discharge from a peak of 235 at the end of November 2024 to 186 by May 25th 2025 in Highland.

HSCP Delayed Discharges



Increased leadership scrutiny is overseeing improvements in response to actions being taken to reduce delay associated with Guardianship in particular and the improved position is being driven by a redesign overseen by the Unscheduled Care Portfolio Board and includes a number of redesigns aiming to prevent delay. These are illustrated by the following diagram:

DISCHARGE WITHOUT DELAY - THERE'S NO PLACE LIKE HOME PROGRAMME

Highland Key Actions

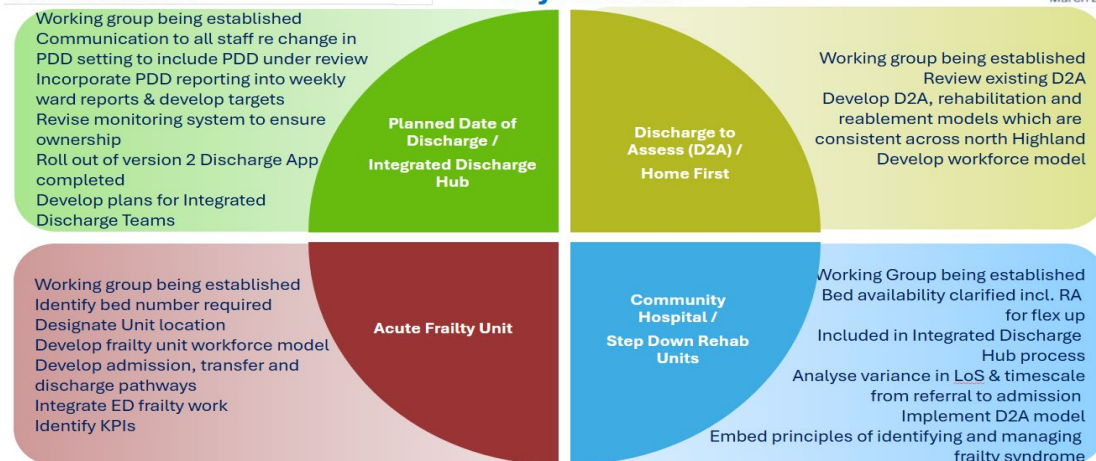


Healthier
Scotland
Scottish
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Right Care
Right Place
SCOTLAND

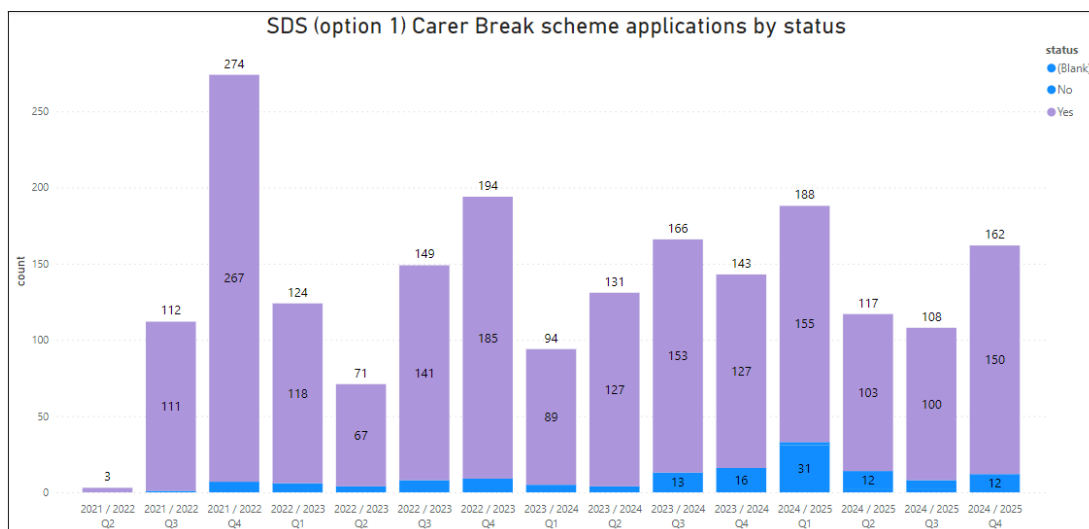
March 2025



7.4 SDS

7.4.1 SDS Option 1 (Carer Well-being Fund)

We are continuing to use powers within the Carers Act to provide an Option 1 Well-being fund for unpaid carers. It seeks to make resources available to carers via a simple application process supported by a social worker or a carers link worker etc. The scheme is largely free from resource allocation decision-making processes and seeks to rely on professionals and carers coming together to identify the kind of help that would be right for them. Help is targeted to support unpaid carers to be willing and able to maintain their caring role.

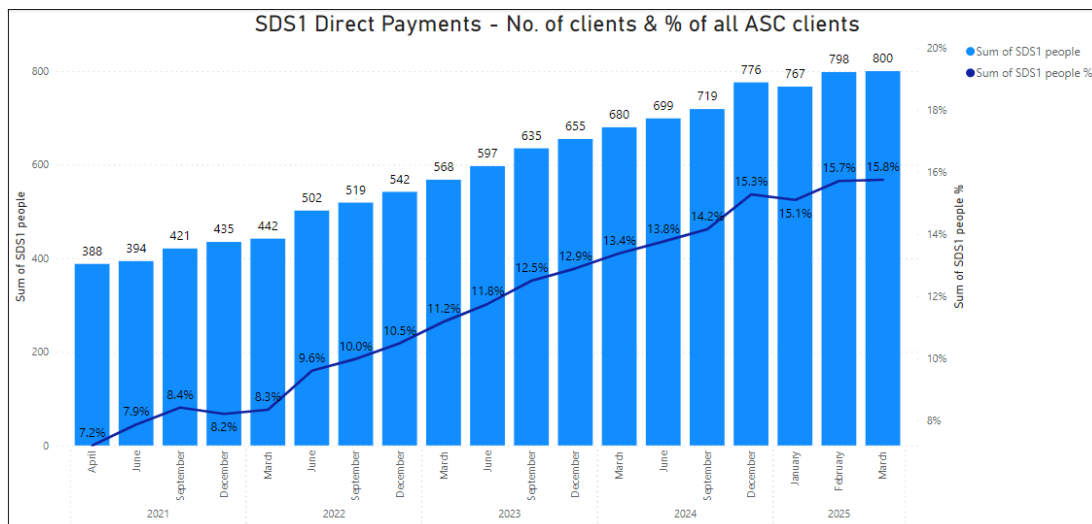


7.4.2 SDS Option1 (Direct Payments)

Option 1's account for 11% of all commissioned spend for this flexible and popular personalised care option.

Work is well underway locally to promote the opportunities that taking on Personal Assistant (PA) role can offer people.

This work is being complemented by an initiative to increase Independent Support across specific geographies



8. Sutherland Care at Home (Escalated Issue)

The Sutherland Care at Home Service was inspected by the Care Inspectorate between 7th and 9th April 2025. This was the first formal inspection of Sutherland Care at Home Service following the separation of the registration from a North Highland service to separate registrations for the services in Caithness and Sutherland (Sutherland was registered in April 2024)

The inspection found that Sutherland had not met the requirements of the previous inspection. The inspectors focused on the following:

- Key Q1. How well do we support people's wellbeing:
The inspection focused on 1.3 People's health benefits from their care and support
- Key Q2. How good is our leadership:
The inspection focused on 2.2. Quality assurance and improvement is led well
- Key Q3. How good is our staff team:
The inspection focused on:
3.2 Staff have the right knowledge, competence and development to care for and support people and
3.3 Staffing arrangements are right, and staff work well together
- Key Q5. How well is our care and support planned:
The inspection focused on:
5.1 Assessment and personal planning reflects people's outcomes, and
5.2 Families and carers are involved

The inspectors identified significant concerns, issuing grades of 1 for Key Q1,2 and 3 and 2 for Key Q5. On 14th April 2025 the service was issued with an Improvement Notice. The service was given until 25th May to make changes and improvements. The requirements were:

by 25 May 2025 you must ensure that

- users experience safe and compassionate care and treatment that meets their health, safety and wellbeing needs and preferences. This includes but is not limited to support with administration of medication, skin integrity and moving safely.
- you keep people safe and healthy by ensuring medication is handled and administered correctly. You must, at a minimum:
- there is effective governance at service
- that people are supported at all times by sufficient numbers of suitably skilled staff to meet their health, safety and wellbeing needs.

The following immediate actions have been taken:

- Large Scale Investigation (LSI) procedures/processes were put in place
- An interim Manager was re-deployed from their substantive post to operationally manage the service
- A Core Team established to oversee improvement work
- An NHS Highland Assurance Group was established, chaired by the Director of Adult Social Care
- A group has been established to look at options to improve Out of Hours to support to carers/lone workers.
- Recruitment events have been undertaken: three “rapid recruitment” events were held on 20th (Golspie), 21st (Lochinver) and 22nd May (Bettyhill) with the support of Adult Social Care Attraction Officer. Six permanent appointments were made, and seven bank posts offered.

The Care Inspectorate have been in regular contact with the service either in person on site in Golspie or via Teams since 9th April 25.

9. Wellbeing Hubs (Escalated Issue)

9.1 There are six wellbeing hubs in Sutherland, one in Caithness and one in Lochcarron.

A Wellbeing Hub is a locally run and owned charitable/not-for-profit organisation that provides a range of services and activities to meet the needs and interests of the people in their area and by doing so support them to remain connected, active and healthier. They may offer various types of support, such as health and wellbeing services including meals, exercise, advice, and referrals; social and recreational opportunities including clubs, classes, outings, and events; education and training opportunities including courses, workshops, and mentoring; volunteering and employment opportunities, such as roles, placements, and skills development

Wellbeing Hubs are facing challenges in securing adequate and sustainable funding to support their diverse and evolving roles and activities. Given the broad range of needs and services that a Wellbeing Hub provides, it is anticipated that all Wellbeing Hubs would receive and seek funding from more than one source. This could include service provision agreements with public sector agencies or other organisations, independent charitable grants, donations and fundraising, social enterprise income, or legacy donations

NHS Highland contract with the Hubs with variation in the funds awarded which has remained static since initial contract was drawn up

NHS Highland has been in dialogue with the hubs to understand how best we can support them in the valued work they do. A very constructive meeting was held with the hubs in mid-May and further meetings are planned through May and June 2025.

Designation: Chief Officer, Highland HSCP

Date: 26th May 2025

Author: Rhiannon Boydell, Head of Service, Integration, Strategy and Transformation HHSCP

Background Paper: None

Appendices: None