The Highland Council

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

Date: **20 August 2025**

Report Title: **Delivery Plan and Performance Report – Q1 2025/2026**

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

1.   Purpose/Executive Summary

1.1   This report provides Members with the Q1 2025/2026 Service Performance and Delivery Plan progress monitoring position relevant to the Health and Social Care part of the People Service Cluster.

1.2   This report provides performance information on:

- Corporate Indicators
- Contribution to the Performance Plan
- Service Plan progress
- Service updates

1.3   For the purpose of this report, details have been provided from the PRMS dashboard showing the latest updates on the HSC Service Plan for 2023/2024 where actions have continued into 2025/2026. Information is also included in relation to those indicators which are relevant for Adult Care Services. The Committee will be aware of services delivered by NHS Highland that form part of separate assurance reporting.

1.4   The Delivery Plan 2024-2027 consists of 64 projects/programmes, managed through 6 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 15 May 2025. 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.

1.5   This report provides financial, performance, risk and general information on the following Delivery Plan projects:
- Families First – Home in Highland
- Adult Social Care – Shifting the Balance of Care
- Digital Solutions – Efficiencies in Social Work Recruitment
- Digital Solutions – eRecords

1.6   The content and structure of the report is intended to:
*   assist Member scrutiny and performance management
*   inform decision making and aid continuous improvement, and
*   provide transparency and accessibility

2.   Recommendations

2.1   Members are asked to:

i.   Scrutinise and note the Service's performance and risk information;
ii.   and note the Delivery Plan progress information.

3.   Implications

3.1   **Resource** - There are no specific recommendations at this time with particular implications to highlight.

3.2   **Legal** - No particular implications to highlight. 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.

3.3   **Risk -** Risk implications will be kept under regular review and any risks identified reported to future Committees.
Portfolio/Project risks are identified via the council risk management process and monitored through the Portfolio Boards and are reported by exception only.

3.4   **Health and Safety (risks arising from changes to plant, equipment, process, or people) -** There are no immediate health and safety implications arising from this report.

3.5   **Gaelic –** No particular implications to highlight.

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.   Service Performance – Corporate Indicators

5.1   Service performance in relation to Absence, Complaints, FOIs, and Invoice Payments are set out in the following sub-sections.

5.2 Service Attendance Management

Staff absence is a nationally benchmarked indicator. Effective absence management supports staff, maintains productivity, and contributes to the Council's benchmarked performance. In Q4 2024/2025, the Service lost an average of 4.76 days per employee compared to an average of 3.55 for the Council as a whole.

Service Sickness Absence - Health and Social Care

Average number working days per employee lost through sickness absence

Average Days Lost	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26
Health and Social Care	2.56	2.87	3.24	3.41	3.22	3.89	4.44	4.76
Highland Council	2.08	3.35	3.48	3.24	2.54	3.42	3.95	3.55

5.3 Service Complaints Response Times

Monitoring complaints provides important feedback which can facilitate decision making and service design. Services are responsible for responding to complaints which are issued on their behalf by the Customer and Resolution Improvement Team ('CRIT').

Performance for complaints during Q1 against a corporate target of 80% was as follows:

Service Complaints - Health and Social Care

Number of closed complaints and the % compliant with the legislative timescale

Frontline Resolution within 5 days

	Q2 23/24		Q3 23/24		Q4 23/24		Q1 24/25		Q2 24/25		Q3 24/25		Q4 24/25		Q1 25/26	
Health and Social Care	3	100 %	3	67 %	7	71 %	2	50 %	1	100 %	3	100 %	4	75 %	4	75 %
Highland Council	132	78 %	150	80 %	189	76 %	219	84 %	196	78 %	155	88 %	183	87 %	177	92 %

Investigation Resolution within 20 days

	Q2 23/24		Q3 23/24		Q4 23/24		Q1 24/25		Q2 24/25		Q3 24/25		Q4 24/25		Q1 25/26	
Health and Social Care	9	44 %	12	17 %	6	0 %	4	25 %	5	20 %	10	40 %	4	50 %	8	25 %
Highland Council	85	49 %	67	48 %	98	46 %	86	47 %	101	57 %	90	42 %	71	51 %	68	47 %

Escalated Resolution within 20 days

	Q2 23/24		Q3 23/24		Q4 23/24		Q1 24/25		Q2 24/25		Q3 24/25		Q4 24/25		Q1 25/26	
Health and Social Care	3	33 %	1	100 %	0		1	100 %	1	0 %	1	0 %	0		1	100 %
Highland Council	32	41 %	28	57 %	34	35 %	47	32 %	28	50 %	26	46 %	34	44 %	30	33 %

It should be noted that many Social Work complaints are by their very nature complex, and the time needed to thoroughly investigate and respond to these complaints in an appropriate manner is often significantly longer than 20 days. In many instances, an extension of time is agreed in advance with the complainant who is entitled to receive a fully investigated report rather than one which is compiled to meet the 20 day timescale. In cases where this happens, the agreed extension to time **is not** taken into

account in the figures shown above. It should also be noted that the total number of formal complaints is very small and so any failure to meet the deadlines has a disproportionate impact on the percentage figure.

5.4 Service Freedom of Information ('FOI') Response Times

FOI requests are co-ordinated by CRIT in collaboration with the Service teams which may hold information relevant to the request.

The performance for FOI response times during Q1 against a corporate target of 90% was as follows:

Service Freedom of Information Requests - Health and Social Care

% of FOIs closed compliant with the legislative timescale

% FOIs Compliant - Health and Social Care	Q2 23/24		Q3 23/24		Q4 23/24		Q1 24/25		Q2 24/25		Q3 24/25		Q4 24/25		Q1 25/26	
	25	80 %	24	92 %	35	74 %	40	90 %	42	81 %	44	68 %	52	73 %	56	88 %

% FOIs Compliant - Highland Council	Q2 23/24		Q3 23/24		Q4 23/24		Q1 24/25		Q2 24/25		Q3 24/25		Q4 24/25		Q1 25/26	
	333	88 %	338	89 %	548	77 %	511	81 %	479	76 %	568	73 %	616	71 %	577	81 %

**Tables display the number of FOIs closed within the quarter and % of those that were compliant with the legislative timescale (20 working days) for the service and the Highland Council overall.
The Scottish Information Commissioner requires the Council to achieve a minimum compliance rate of 90%.**

5.5 Service Invoice Payment Times

Payment of invoices within 30 days of receipt is a Council Statutory Performance Indicator. The Council also monitors the number of invoices paid within 10 days of receipt.

The performance for invoice payment times within 30 and 10 days during Q1 against a target of 95% and 77%, respectively, was as follows:

Service Invoice Payment Times - Health and Social Care

Invoice Payment within 30 days	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26
Health and Social Care	97.9 %	98.5 %	97.5 %	96.4 %	95.8 %	97.5 %	97.2 %	97.0 %
Highland Council	96.7 %	95.6 %	93.6 %	87.7 %	91.4 %	92.9 %	92.9 %	93.0 %

Invoice Payment less than 10 days	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26
Health and Social Care	90.0 %	93.0 %	89.0 %	86.2 %	90.8 %	91.9 %	85.3 %	87.6 %
Highland Council	80.9 %	75.3 %	69.7 %	57.0 %	68.5 %	63.8 %	63.3 %	64.7 %

6. **Service Contribution to the Performance Plan (Corporate Plan)**

6.1 The full Performance Plan, "Our Future Highland", <u>can be viewed on the Highland Council website</u>. It sets out how the Council will achieve the Council programme for 2022-2027 and is reviewed annually. The Service's contribution to the Performance Plan is set out below.

Health, Social Care & Wellbeing: Contribution to the Performance Plan							
Strategic Priority 1 **Fair & Caring Highland**	Period	Data	Period	Data	Target Value	Completion/ Update Date	
% of Children and Young People in formal kinship care || CP1.08	FY 23/24	19.2 %	FY 24/25	19.2 %		annual update June	
% of Children and Young People in care in the community || CP1.08 || CHN09	AY 23/24	86.80 %	AY 24/25			annual update June	
Establish a pilot funded by Whole Family Wellbeing Fund in Lochaber || CP1.08	Q4 24/25		Q1 25/26			Completed Q4 23/24	
No. of H&SC staff trained in Solihull Approach - begins 2023/24 || CP1.08	FY 23/24	25	FY 24/25	101			
The average number of children and young people accommodated outwith Highland - Annual || CP1.08	FY 23/24	13	FY 24/25	17		annual update June	
The number of foster carer approvals - annual || CP1.08	FY 23/24	10	FY 24/25	2		annual update June	
Establish 4-yr pilot project re Non-Fatal Overdoses in Inverness || CP1.09	Q4 24/25		Q1 25/26			Completed Q1 24/25	
Strategic Priority 2 **Resilient and Sustainable Communities**	Period	Data	Period	Data	Target Value	Completion/ Update Date	
Direct payments spend on 18+ adults || CP2.05 || SW02	FY 23/24	9.07 %	FY 24/25			annual update December	
Strategic Priority 3 **Accessible and Sustainable Highland Homes**	Period	Data	Period	Data	Target Value	Completion/ Update Date	
% of people aged 65+ with long-term care needs receiving personal care at home || CP2.05 || SW03a	FY 23/24	55.40 %	FY 24/25			annual update December	
HC and NHS develop strategic proposal to reduce no. residents in Residential Care Homes || CP3.05 COMPLETED	Q4 24/25		Q1 25/26			Completed Plan approved Q3 23/24	
Strategic Priority 5 **A Resilient and Sustainable Council**	Period	Data	Period	Data	Target Value	Completion/ Update Date	
ERDs being completed - HSC || CP5.01	Q4 24/25	On Target	Q1 25/26	Completed		Completed Q1 25/26	

<u>Red RAG Comment</u> – Number of Foster Carer approvals in FY 2024/2025 was below target due to very low numbers proceding to assessment. The Fostering Service is struggling to recruit sufficient foster carers to meet its needs. This is a national problem, and the Scottish Government recently launched a national fostering recruitment campaign. As yet, Highland has not received any enquiries from this. Activity is underway to review the services own recruitment processes and options for local recruitment campaigns. Currently, we have eight fostering assessments underway.

Where data for 2024/2025 has not been provided this is because it will not be available until later in the year once the information has been processed and verified by the Improvement Service.

7.   Service Plan Progress

7.1   In terms of the Service Plan for the Health and Social Care Service there are several actions and indicators which are considered regularly by officers to monitor service performance. Members will note that these indicators relate to the delivery of children's services (both social work services and the commissioned Child Health Service) as well as the Justice Service and the Mental Health Officer Service which sit within the Highland Council. Further indicators in relation to the service's workforce development and quality assurance are also included. This detail which is recorded on the Council's Performance and Risk Management System (PRMS) is included as **Appendix 1** to this Report.

8.   Service Risks

8.1   The Service maintains a Service Risk Register in line with the Council's Risk Management Strategy and procedure.
The list of Service Risks is outlined in **Appendix 2**.

9.   Delivery Plan Progress Update

9.1   Progress reports on the following Delivery Plan Projects can be found in **Appendix 3**:

- Families First – Home in Highland
- Adult Social Care – Shifting the Balance of Care
- Digital Solutions – Efficiencies in Social Work Recruitment
- Digital Solutions – eRecords

Designation: Assistant Chief Executive - People

Date: 14 July 2025

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Background Papers: N/A

Appendices: Appendix 1 – Service Plan Progress
                      Appendix 2 – Service Risks
                      Appendix 3 – Delivery Plan Progress Reports

Appendix 1

Health & Social Care Service Plan 2023/24 – Actions and Measures

Health and Wellbeing Q1 25/26						
Actions PIs being Monitored in Service Plan	Period	Data	Period	Data	Target Value	Completion/ Update Date
% referrals to Family Nurse Partnership programme	M2 25/26	81.3 %	M3 25/26	80.5 %	85.0 %	
Develop and deliver early health protection, prevention and promotion initiatives for Early Years [Health]	Q4 24/25		Q1 25/26			Completed Q1 24/25
Transform the role of school nurses with 80% of our workforce qualified to Advance Practitioner level	Q4 24/25		Q1 25/26			Completed Q1 24/25
Increase Health Behaviour Change Activity in line with Public Health Data	Q4 24/25		Q1 25/26			Completed Q4 23/24

Highland Health and Social Care Partnership Q1 25/26						
Actions PIs being Monitored in Service Plan	Period	Data	Period	Data	Target Value	Completion/ Update Date
Direct payments spend on 18+ adults || CP2.05 || SW02	FY 23/24	9.07 %	FY 24/25			annual update December
% of people aged 65+ with long-term care needs receiving personal care at home || CP2.05 || SW03a	FY 23/24	55.40 %	FY 24/25			annual update December
HC and NHS develop strategic proposal to reduce no. residents in Residential Care Homes || CP3.05 COMPLETED	Q4 24/25		Q1 25/26			Completed Plan approved Q3 23/24
Highland HSCP: supporting delivery of future Adult Social Care	Q4 24/25		Q1 25/26			Completed Plan Approved Q3 23/24

Integrated Children's Services Plan [ICSP] Q1 25/26						
Actions being Monitored in Service Plan	Period	Data	Period	Data	Target Value	Completion/ Update Date
Develop a performance matrix to evaluate the Whole Family Wellbeing Programme	Q4 24/25	Some Slippage	Q1 25/26	Completed		Completed Q1 25/26
Develop early intervention and preventative services with 3rd sector	Q4 24/25		Q1 25/26			Completed Q2 24/25
Establish the Children's Rights and Participation Team	Q4 24/25		Q1 25/26			Completed Q2 24/25
Improvement measured against the ICS Planning Board's Performance Management Framework	Q4 24/25	On Target	Q1 25/26	Completed		Reported Annually
Introduce Family Group Conferencing - due to start Q3 22/23	Q4 24/25		Q1 25/26			Completed Q2 24/25
Provide leadership and support to the Whole Family Wellbeing Programme	Q4 24/25		Q1 25/26			Completed Q2 24/25
Shift the balance of care to promote family-based care	Q4 24/25		Q1 25/26			Transferred to Delivery Plan
Report on changing the language of care across Highland Council	Q4 24/25		Q1 25/26			Completed Q1 24/25
Establish a pilot funded by Whole Family Wellbeing Fund in Lochaber || CP1.08	Q4 24/25		Q1 25/26			Completed Q4 23/24
Guidelines for changing the language of care	Q4 24/25		Q1 25/26			Completed Q4 23/24
Listen to the Voices of Families through the evaluation of annual family feedback	Q4 24/25		Q1 25/26			Completed Q4 23/24
Listen to the Voice of Families involved with Tier 3 Acute Medical Dietetic Services	Q4 24/25		Q1 25/26			Completed Q4 23/24

Integrated Children's Services Plan [ICSP] Q1 25/26

PIs being Monitored in Service Plan	Period	Data	Period	Data	Target Value	Completion/ Update Date
% of Children and Young People in care in the community || CP1.08 || CHN09	AY 23/24	86.80 %	AY 24/25			annual update December
No. of accommodated children and young people	M2 25/26	322	M3 25/26	318	301	
No. children needing to live away from the family home but supported in kinship care increases - Monthly	M2 25/26	20.1 %	M3 25/26	20.2 %	23.0 %	
Home in Highland: No. of accommodated children and young people - residential	M2 25/26	56	M3 25/26	55	58	
Home in Highland: No. Children in secure accommodation	M2 25/26	3	M3 25/26	3	3	
No. 'Promise Conversation Cafes' held each year - due to start reporting FY23/24	FY 23/24	5	FY 24/25	6	6	
% Spend on Out of Authority accommodation	FY 23/24	28 %	FY 24/25	62 %	28 %	changed from quarterly to annual reporting Oct24
The number of children and young people accommodated outwith Highland will decrease - Monthly	M2 25/26	18	M3 25/26	16	16	
The number of foster carer approvals - quarterly	Q4 24/25	1	Q1 25/26	2	3	

Protection Q1 25/26

Actions PIs being Monitored in Service Plan	Period	Data	Period	Data	Target Value	Completion/ Update Date
% Adult Support Protection Referrals/Inquiries completed within 7 days	FY 23/24		FY 24/25			
Analysis of core themes from Highland Child Protection Dataset	Q4 24/25	Completed	Q1 25/26			Completed Q4 24/25
% of child protection re-registrations within 18 months || CHN22	FY 23/24	3.80 %	FY 24/25			Annual update June
Increase training opportunities offered - due to start Q4 22/23	Q4 24/25		Q1 25/26			Transferred to Delivery Plan
No. assessments for Bail Supervision	Q4 24/25	104	Q1 25/26		1	
Uptake of specialist CP advice and guidance to health staff Qtr	Q4 24/25	405	Q1 25/26	416		
Establish 4-yr pilot project re Non-Fatal Overdoses in Inverness || CP1.09	Q4 24/25		Q1 25/26			Completed Q1 24/25
Implement the Scottish Child Interview Model in Highland	Q4 24/25		Q1 25/26			Completed Q4 23/24

Quality Assurance Q1 25/26

Actions PIs being Monitored in Service Plan	Period	Data	Period	Data	Target Value	Completion/ Update Date
Build business intelligence approach in HSC	Q4 24/25		Q1 25/26			Completed Q2 24/25
Monitor the progress of the registered Service Improvement Plans and ensure the timelines are met	Q4 24/25	On Target	Q1 25/26	Completed		Ongoing
Utilise the PMF and business intelligence to support improvement - due to start Q3 22/23	Q4 24/25	On Target	Q1 25/26	Completed		Ongoing

Replace Social Work Case Management System Q1 25/26

Actions PIs being Monitored in Service Plan	Period	Data	Period	Data	Target Value	Completion/ Update Date
Define the Target Operating Model [TOM] for SW case management system	Q4 24/25		Q1 25/26			Transferred to Delivery Plan
Establish the programme to deliver the TOM for SW case management system	Q4 24/25		Q1 25/26			Transferred to Delivery Plan
Replace the current Case Management System for Social Work	Q4 24/25		Q1 25/26			Transferred to Delivery Plan

Workforce Development Q1 25/26

Actions PIs being Monitored in Service Plan	Period	Data	Period	Data	Target Value	Completion/ Update Date
No. of H&SC staff trained in Solihull Approach - begins 2023/24 || CP1.08	FY 23/24	25	FY 24/25	101	90	
ERDs being completed - HSC || CP5.01	Q4 24/25	On Target	Q1 25/26	Completed		Completed Q1 25/26
Ensure all new Criminal Justice staff are vetted to Level 2	Q4 24/25	No Significant Progress	Q1 25/26	Completed		Not progressing in near future
Incentivise staff to become mentors and practice assessors	Q4 24/25		Q1 25/26			Complete Q2 24/25
Mental Health Officer Posts Total FTE	Q4 24/25	22.00	Q1 25/26	22.00	20.90	
The AWI Waiting List - month	M2 25/26		M3 25/26		0	
Develop the Grow Your Own Scheme to increase trainee opportunities	Q4 24/25		Q1 25/26			Completed Q1 24/25
Embed and grow the Social Work relief pool to cover all areas of Highland	Q4 24/25		Q1 25/26			Completed Q4 23/24
Create an implementation group for "Safe and Together"	Q4 24/25		Q1 25/26			Completed Q2 23/24

Appendix 2

Health and Social Care Service Risk Register

Ref.	Risk Title	Inherent Risk Score	Residual Risk Score	Response Type
HSCO1	NHS Integration Scheme	12	9	Treat
HSC02	HSC Staffing Levels	16	16	Treat
HSC03	Young People's Transitions	9	6	Treat
HSC04	Covid 19 Inquiry	9	9	Tolerate
HSC06	Replacement Case Management System	12	9	Treat
HSC07	LSCMI Assessments	6	6	Treat
HSC08	ViSOR	6	3	Treat
HSC09	Delivering Services to Nationally agreed standards	12	6	Treat
HSC11	Lack of availability of S22 Doctors leaving vulnerable adults at risk.	9	9	Treat
HSC12	Lack of connectivity to NHSH Systems	12	6	Treat
HSC13	Failure to deliver the National Neurodiversity Specification	12	9	Treat

Response Types

Treat – mitigating actions being taken and regularly monitored.

Tolerate – the risk will be monitored.

Appendix 3

Delivery Plan Progress Update

1.0 Families First – Home in Highland
2.0 Adult Social Care – Shifting the Balance of Care & Accommodation Solutions
3.0 Digital Solutions – Efficiencies in Social Work Recruitment
4.0 Digital Solutions – eRecords

1. Home in Highland

1.1 Overall RAG

Reason for Project RAG Rating and Corrective Action:

| M3 25/26 |

Transfer of roles and responsibilities ongoing this will include budgets and service priorities including returning of children from out of area as well as review of existing care placements for provided care homes. FGDM continues to be implemented across whole authority and benchmarking of outcome measurements underway

1.2 Key Milestones & Requests for Change

MILESTONES		CURRENT STATUS
Starts Apr24 / Completes Jun24	Home in Highland: Children's Rights team	M3 24/25 Completed
Starts April 24; Completes Aug. 24	Home in Highland: FGDM and SCIM team permanent	M6 24/25 Completed
Starts Jul24 / Completes Oct24	Efficiencies from SW Procurement: Opening the WFWP Fund	M7 24/25 Completed
Starts Apr25 / Completes May25	Home in Highland: Establish cross service/agency forum	M3 25/26 Some Slippage
Starts Apr25 / Completes Jul25	Home in Highland: Short breaks to resume across Highland	M3 25/26 Some Slippage
Start Apr25 / Completes Oct25	Home in Highland: Five young people to be returned to Highland from OOA	

In April 2025 the Delivery Plan Portfolio Board approved proposals to rename the previously named Home to Highland workstream to Home In Highland. This was undertaken to better reflect the balance of returning children from Out of Area placements that is led by the Home to Highland team and the need to increase the focus of preventing children and young people from needing to go out of authority in the first place. This more proactive approach includes the development of a multi-agency strategic panel that will consider not just young people out of authority but also children and young people on the edge of care to look at how services and resources can be arranged to prevent placements outwith authority wherever possible. Work is underway to develop strategic and operational process around this, including outreach provision, Family Group Decision Making, partner agencies, placement services and kinship as well as the Home 2 Highland team whose

experience in this area will help inform proactive approaches to support young people to remain in their communities.

Work remains ongoing to re-establish short break provision across Highland and the anticipated re-opening of Thor House as a short break provision is progressing now that planning approval has been given for the alternative children's home (Mowat Court) being developed for the current residents of Thor House. Recruitment is ongoing for the short break provisions elsewhere.

Work continues to support young people to return from out of area and 5 young people have or are returning from spot purchased placements by the end of June. At present we have three young people in secure care.

1.3   Financial Summary

MEASURES OF SUCCESS		CURRENT STATUS
£⚠	Family First Approach: Savings 24/25, 25/26, 26/27, 27/28	£ 0
£⚠	Family First Approach: Investment	£ 195,000

There is a significant overspend forecast for children's services and this is in the main sitting within our looked after cohort of children. Although there remains momentum in returning children from purchased or out of area placements, the significant rise in costs (ranging from 22%-42%) means that savings are not being achieved. The service continues to experience pressure in identifying provided placements and there remain a number of high-cost packages of care in place supporting young people to remain safe. Rigorous scrutiny of the budget is underway and there is a correlation with the workstream for fostering and kinship which will reduce the need for children and young people to go out of area

1.4   Key Risks

KEY RISKS ASSESSED / RESPONSE	CURRENT RISK RATING	RESPONSE
Home in Highland: Spot Purchased Placements Annual Cost Uplift	15	Treat
Home in Highland: Requirement for Residential Placements Increases	15	Treat
Home in Highland: Adults in Childrens Units	20	Treat

1.5   Forward Plan

Whilst our overall numbers of children in care continue to reduce the increase in costs for purchased placements has meant we have not seen a corresponding saving, and this has had a significant impact on Children's services overspend. One bespoke high-cost provision for a vulnerable young person has resulted in a significant budget pressure but alternative providers have been identified, and this will mean a reduction in the financial overspend.
The implementation of the strategic multi agency Resource Panel is due to commence in August 2025 and this will provide strategic oversight of potential

placement needs as well as authorisation of interventions to prevent placements wherever possible and safe to do so. The Kinship team has successfully recruited social work staff and will be at least partially operational by September 2025 with a two-year target of increasing the number of kinship placements (as apposed to other placement types) by 30% by 2027.

Discussions and planning remain ongoing with Adult Services re the challenges of transitioning older young people into adult service provision.

2.   Shifting the Balance of Care & Accommodation Solutions

2.1   <u>Overall RAG</u>

Following a review of the Programme Risks and the overall status of the ASC Transformation Programme, the current status of the delivery of savings against targets required, the associated governance process leading to delays in decision making and associated delays made in initiating transformational projects, the overall RAG status of the two overarching projects which make up this Workstream has been changed from Amber to Red. This was discussed and agreed at the PCS Portfolio Board on 22/5/25.

2.2   <u>Key Milestones & Requests for Change</u>

The key initiatives that make up the Adult Social Care Transformation Programme are:

- Shared Lives Service
- Self Service and Income Maximisation
- Lochaber Project (Initial phase Care Villages)
- Technology Enabled Care
- Local Care Models and Self-Directed Support (SDS) Project.
- Handyperson and Care and Repair Scheme
- Care and Commissioning Strategies development
- Community Led Service Delivery

<u>Shared Lives Service</u>

The Shared Lives Business Case was presented to NHS Highland Executive Directors Group on 26th May where it was agreed to support the project and progress to funding approval by the Joint Chief Executives which was given at the meeting on 5th June.

<u>Self-service and Income Maximisation</u>

Work to develop the Project Brief has commenced, alongside defining the 'AS IS' position through business process analysis.

Early discussions around Community Brokerage and understanding linkages with the Local Care Models project have taken place.

The Project Manager is currently identifying areas of 'good practice' from other areas of the UK to help shape the project approach.

Lochaber Project

A Strategic Outline Business Case for Lochaber's future care model will be developed in accordance with the Green Book Methodology, ensuring a rigorous and transparent approach to the project. This process will begin with the development of strategic objectives and desired outcomes, with the first phase expected to take up to three months. It is anticipated that this will form a blueprint for how the programme will approach the design and development of place-based approaches to care across all Highland areas and will include solutions to support all client groups in need of adult care services.

Aligned to this project is the purchase of Moss Park Care Home in Fort William earlier this year. The Council has acquired the care home, which has been operated by NHS Highland since April. This acquisition is aimed at ensuring continuity of care in Lochaber for the next 2-3 years, while a longer-term care model is developed that will address the care needs of adults across all ages and need.

A Project Brief has been completed and was presented to the Adult Social Care Programme Board for approval on 11th June 2025.

The ASC Programme Board agreed that this piece of work needs to sit alongside the Green Book Exercise being led by Property Services. The interdependencies need to be clear in terms of community engagement and the requirement for the outcome of the Green Book exercise to support any necessary investment

Local Care Models and Self-Directed Support (SDS) Project

- Initial implementation progressed in Strontian and Acharacle.
- Appreciative Inquiry (AI) process underway in Skye and Lochalsh.
- Engagement continues in East Sutherland and Ullapool.
- Scheduling to be initiated for AI steps in Inverness/Raigmore.

Handyperson and Care and Repair Service

Funding was approved at joint CEXs meeting on 19th June 2025 to cover uplift in contract costs whilst the transformation fund is in place.   Work is now required in terms of considering how a reprofiled contract could contribute to the implementation of the Strategic Plan.

Care and Commissioning Strategies Development

Strategy Development workshop on 6th May has produced an initial draft Strategic Framework. This was presented to ASC Programme Board on 11/5 and approval given to further develop with key senior stakeholders.

2.3   Financial Summary

The Savings Target for 2025/26 is £7m. Work is on-going with NHSH to develop financial models and savings plans to achieve this target.

At The Highland Council meeting on 15 May 2025, Members were updated on the status of the Transformation Reserve. In 2024/25, £2.271m of the £20m earmarked reserve was committed for change and transformation activity. At the meeting, Members agreed to commit a further £5.6m of the reserve to support overspends in Adult Social Care Services provided by NHSH in 2024/25. The total amount of reserve either committed or spent in 2024/25 was therefore £7.871m. In Q1 2025/26, a further £172,494 had been spent primarily on programme and project management resources both in The Highland Council and NHS Highland.

A number of Business Cases are currently being assessed and evaluated through the agreed programme governance processes between THC and NHSH so the levels of reserves committed to projects is continually changing.

2.4   Key Risks

A review of the eight programme risks was completed in April 2025 and because of this, three risks have now become issues. These are…

ASC01 – Failure to deliver required savings.
ASC05 – Use of Investment.
ASC07 – Decision making and governance delays.

Mitigating Actions have been developed to address these issues and an Action Plan is in the process of being agreed with NHSH.

The remaining programme risks are being reviewed on a quarterly basis with any changes reported to the PCS Portfolio Board.

2.5   Forward Plan

Shared Lives Service

The Steering Group are meeting on 30/6 to begin project initiation and plan. A Project Initiation Document will be developed by the Project Manager with input from the group, detailing resources and timeline to commission the service.

Self-service and Income Maximisation

Workshop on 2/7/25 with key stakeholders to review project brief, share current good practice that has been identified and agree on the project approach and next steps.

Lochaber Project

The Project Manager is to prepare a covering report for the Joint Officers Group and the Joint Chief Executive's Meeting which covers both the Project Brief for this Project and the Green Book Exercise. Once approved by the ASC Programme Board this will be presented to the JOG and CEXs for information and agreement to proceed.

Work has also commenced on identifying an appropriate external organisation to facilitate community engagement.

Technology Enabled Care

Both TVI business cases will be considered through partnership governance for funding once they have been signed off by NHSH.

Local Care Models and Self-Directed Support (SDS) Project

The Project Lead is preparing a paper for the joint Chief Executive's which expands the Local Care Models proposals to include the Hubs and which looks to adopt a similar funding approach to the Whole Family Wellbeing approach delivered by Children's Services.

Handyperson and Care and Repair

Contract award letters were issues w/c 23/6/25 with contract mobilisation to be completed for the official contract start date of 1/7/25. Work will then commence to review the SLA between both organisations to ensure supporting processes are fit for purpose and best value is achieved from the new contract.

Care and Commissioning Strategies Development

A workshop will be held with key stakeholders on 2/7/25 to further develop the initial draft of the strategic framework document.

3.   Efficiencies from Social Work Procurement

3.1   Overall RAG

Reason for Project RAG Rating and Corrective Action:	M2 25/26	○ R
Further savings have been identified and work with providers is ongoing		○ A
		● G
		○ C

This programme continues to be on target. Efficiencies for 2025/2026 have been identified and work continues with providers to achieve these.

3.2   Key Milestones & Requests for Change

MILESTONES   CURRENT STATUS

Starts Apr24 / Completes Jun24	Efficiencies in SW Procurement: Category & Contracts Manager appointed	**M3 24/25 Completed**
Starts Jul24 / Completes Oct24	Efficiencies from SW Procurement: Opening the WFWP Fund	**M7 24/25 Completed**
Starts Sept24 / Completes Dec25	Efficiencies from SW Procurement: Contracts review complete	**M2 25/26 On Target**
Starts Sep24 / Completes Jan25	Efficiencies from SW Procurement: Savings identified	**M7 24/25 Completed**
Starts Jan25 / Completes Apr25	Efficiencies from SW Procurement: Model contracts offered to providers	**M12 24/25 Completed**
Starts Apr25 / Completes Jun25	Efficiencies from SW Procurement: Commissioning framework in place	**M2 25/26 On Target**
Starts Aug25 / Completes Sep25	Efficiencies from SW Procurement: Review annual progress Sept25	
Starts Aug26 / Completes Sep26	Efficiencies from SW Procurement: Review annual progress Sept26	
Starts Oct26 / Completes Mar27	Efficiencies in SW Procurement: Project Closure and transfer to BAU	

The Contracts team has agreed fees with all but one provider for 2025/2026 and negotiations are ongoing with this provider in relation to fees and service requirements. The Strategic Commissioning Group continues to monitor any new procurement requests.

3.3   <u>Financial Summary</u>
Efficiencies for 2025/2026 have been identified and work continues with providers to achieve these.

£⚠	Efficiencies from SW Procurement: Savings 24/25, 25/26, 26/27	**£ 200,000**

3.4   <u>Key Risks</u>

KEY RISKS ASSESSED / RESPONSE	CURRENT RISK RATING	RESPONSE
Efficiencies from SW Procurement: Negative impact on Clients	**16**	**Treat**
Efficiencies from SW Procurement: Resistance to Framework Changes	**12**	**Treat**

3.5   <u>Forward Plan</u>

The Strategic Commissioning Group has updated its core membership as a result of management Changes within Children's Services to ensure that governance of commissioning remains strong.

As part of its governance strategy the Contracts Team has been working with the Aberdeen City / Aberdeenshire shared social work team to create Highland specific

Contract Management, Reviewing and Procurement process templates which will be implemented over the summer of 2025.

4.   eRecords

4.1   Overall RAG

Reason for Project RAG Rating and Corrective Action:	M3 25/26	○ R
		● A
		○ G
		○ C

Some slippage. Project Brief drafted by AM & DC and approved by SRO JP - awaiting feedback from NHSH eHealth before proceeding to Business Case. Next milestone is to submit Business Case to PCS Portfolio Board on 14/08/25. There has also been close collaboration with Morse developer Cambric Systems Limited - demo and discussions regarding form development and implementation strategy. Corrective action: deliver Business Case on time so that proposal can be reviewed at August PCS Portfolio Board meeting then proceed to next governance phase (JOG)

4.2   Key Milestones & Requests for Change

MILESTONES		CURRENT STATUS
Starts Apr24 / Completes Dec24	eRecords: Digital storage strategies	M7 24/25 Completed
Starts Dec 24 / Completes July 25	eRecords: Agree Project Brief with NHSH	M3 25/26 Some Slippage
Starts March 25/ Completes Dec 25	eRecords:Agree Business Case and full costings at Partnership JOG	M3 25/26 Some Slippage
Starts Aug 25 / Completes Aug 25	eRecords: Present Business Case at PCS Portfolio Board	

Project Brief drafted and issued to HC and NHS project team for comment. Next milestone is to present the Business Case at August's PCS Portfolio Board meeting. Activity has taken place with Morse developer Cambric Systems Limited – demo and discussion regarding strategy and effort needed to implement appropriate forms for Child Health. Approach is to identify all relevant templates on the Cambric mForms library then match against forms needed for Highland. The goal is to amend existing forms rather than start new ones – this is estimated to be the most cost- and time-efficient strategy.

4.3   Financial Summary

There are no Delivery Plan Savings or Investment associated with this project.

4.4   Key Risks

KEY RISKS ASSESSED / RESPONSE	CURRENT RISK RATING	RESPONSE
eRecords: No Funding	9	Tolerate
eRecords: Insufficient NHSH eHealth priority and resource	9	Tolerate
eRecords: Insufficient NHSH Morse Oversight Group priority	9	Tolerate

4.5   Forward Plan
Confirm Project Brief content with wider team and prepare Business Case ready for presentation to August's PCS Portfolio Board meeting.