The Highland Council

Agenda Item	**5**
Report No	**HCW-20-25**

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

Date: **12 November 2025**

Report Title: **Adult Social Care Assurance and Strategic Update**

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

1. Purpose/Executive Summary

1.1 This paper is an assurance report setting out the detail of the delivery of Adult Social Care by NHS Highland and is for noting. The report also provides a strategic update in terms of the implementation of the Strategic Plan and is presented with the support and assistance of the Chief Officer of the Partnership and the Director of Adult Social Care from NHS Highland.

2. Recommendations

2.1 Members are asked to:

i. **note** the contents of this report.

3. Implications

3.1 **Resource** - There are no specific resource issues arising out of the contents of this report. Members are aware that the delivery of Adult Social Care by NHS Highland is governed by the Integration Scheme in place which does itself give rise to resource issues which are not the subject matter of this report. Members are also aware in terms of the budget previously agreed for 2024/2025 that significant reserves have been allocated to the delivery of Adult Social Care which will be monitored via the Council's Delivery Plan. Members will also be aware ongoing work in terms of the model of integration which may also have resource implications.

3.2 **Legal** - No arising issues. The Committee will be aware that there is an ongoing piece of work taking place with NHS Highland to review the model of integration in place in Highland. At the time of writing the Steering Group has been set up and any updates will be reported in due course.

3.3 **Risk** - NHS Highland and The Highland Council continue to work collaboratively to address the risks represented in terms of the funding available for the provision of Adult Social Care. That issue is considered more fully in the revenue report which is also before this Committee.

The activity in relation to ongoing service delivery is described later in this report and that risk in relation to care homes is more particularly described in the Council's risk register. The Health & Social Care Partnership, through the Joint Monitoring Committee, have also agreed a risk register.

3.4 **Health and Safety (risks arising from changes to plant, equipment, process, or people) –** There are no such issues arising directly from the contents of this report.

3.5 **Gaelic** - No arising issues.

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 report which provides an update and therefore an impact assessment is not required.

5. Overview and Key Issues Across the Adult Social Care Sector

5.1 By way of an overview this report is intended to provide assurance in relation to the delivery of Adult Social Care by NHS Highland. Members will recall that in terms of the integration scheme those services are delegated to NHS Highland but that ultimately the Chief Social Work Officer remains responsible for delivery of those services. It is thus important that this Committee has the appropriate degree of oversight in terms of that commission so that they can be assured in terms of service delivery.

5.2 Detail will also be provided in terms of the provision of an update in relation to the delivery of adult protection by the partnership. There will also be an update in relation to the implementation of the Strategic Plan.

6. Service Delivery and Associated Challenges

6.1 Those key service areas reported upon are as follows: -

- Care-at-Home
- Care Homes
- Delayed Hospital Discharges
- Self-Directed Support

6.2 **Care at Home** – There remains sustained service and financial pressures in the market. Since December 2023, 6 providers have exited the market which generally has the impact such that service is provided directly by NHS Highland as the service of last resort. The Committee will also be aware that the Care Inspectorate had taken action in terms of the Care at Home service provided by NHS Highland in Sutherland. There had been concerns raised such that an Improvement Notice had been lodged and there is ongoing work in terms of that. The position is now such that the Care Inspectorate are satisfied in terms of the service in place as provided by NHS Highland and have confirmed that the Notice issued is no longer in force.

There are however significant challenges, and the current level of unmet need is such that 393 people are waiting for a Care at Home service. At the time of writing there are 39 people delayed in hospital waiting for a package of care at home.

Staff providing care at home services and partner commissioned providers continue to work collaboratively to deliver services. However, the complexity of care at home provision, along with ongoing and acute recruitment and retention, and major competition from other / more desirable employment sectors, continues to result in a reduction of activity across this area. Changes to the rules concerning the eligibility of international workers has also had an impact.

Sustaining current service delivery levels for care at home is a priority and short-term stabilising actions are being implemented while a commissioning strategy is in development for delivery by the end of the year. That work is supported by the Adult Social Care programme and includes preparation of a Plan setting out the commissioning strategy and intentions as well other associated policies in relation to service delivery.

6.3 **Care Homes -** Demand for a care home placement remains the most common reason for delayed hospital discharges. As of 29 September, there were 54 people delayed in hospital awaiting a placement in a care home.

As previously reported, since March 2022, 6 independent sector care homes have closed. The partnership has acquired Moss Park in Lochaber to prevent closure and a further loss of bed provision. As such NHS Highland have been operating Moss Park since 1 April 2025 and the change of registration has been progressed with the Care Inspectorate. There continue to be no new admissions to Moss Park until the position in terms of staffing stabilises and there are ongoing discussions with the Care Inspectorate in that regard. Work is ongoing in terms of increasing bed availability at Invernevis (also in Fort William) to increase bed availability. The Committee are also aware that there is work ongoing in terms of a Fort William masterplan to consider how service will be delivered in the future with a focus on shifting the balance of care and supporting people to stay in their own homes for as long as they are able to do so.

Reduced overall bed availability continues to have an impact on the wider health and social care system and the ability to discharge patients timeously from hospital.

There is a constant review of in-house capacity in terms of supporting the position to increase nursing beds in particular. The Committee is aware that Mackintosh Centre in Mallaig was fully re-opened at the end of last year. A recruitment process has taken place with a view to considering the possible re-opening of Dail Mhor as a

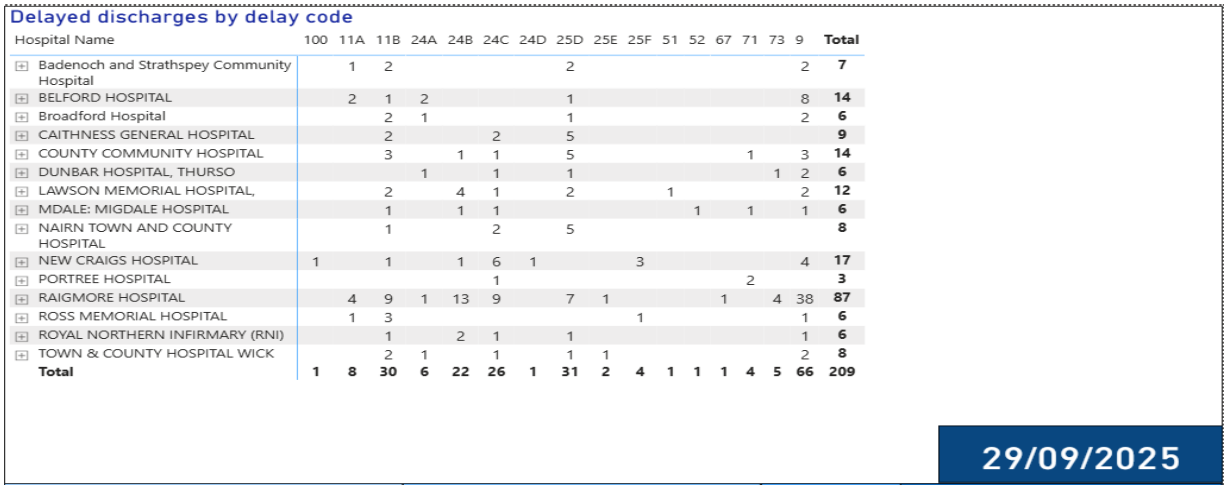
respite centre in Strontian and was unsuccessful. As a result, there is work ongoing with the community and the third sector to support future care delivery. This is part of the local care model work supported by the Delivery Plan. Recruitment has also taken place successfully in Gairloch such that Strathburn re-opened on a phased basis in May.

A new independent nursing home has opened in Milton of Leys, Inverness. Pittyveigh is operated by Parklands and once full can accommodate 58 residents. Of more concern has been the situation at Castlehill Care Home which is a care home in Inverness operated by Morar. Further details are provided in the section on Adult Support and Protection.

Currently 99% of all care home beds in Highland are occupied.

6.4 **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 209 on 13 October 2025.

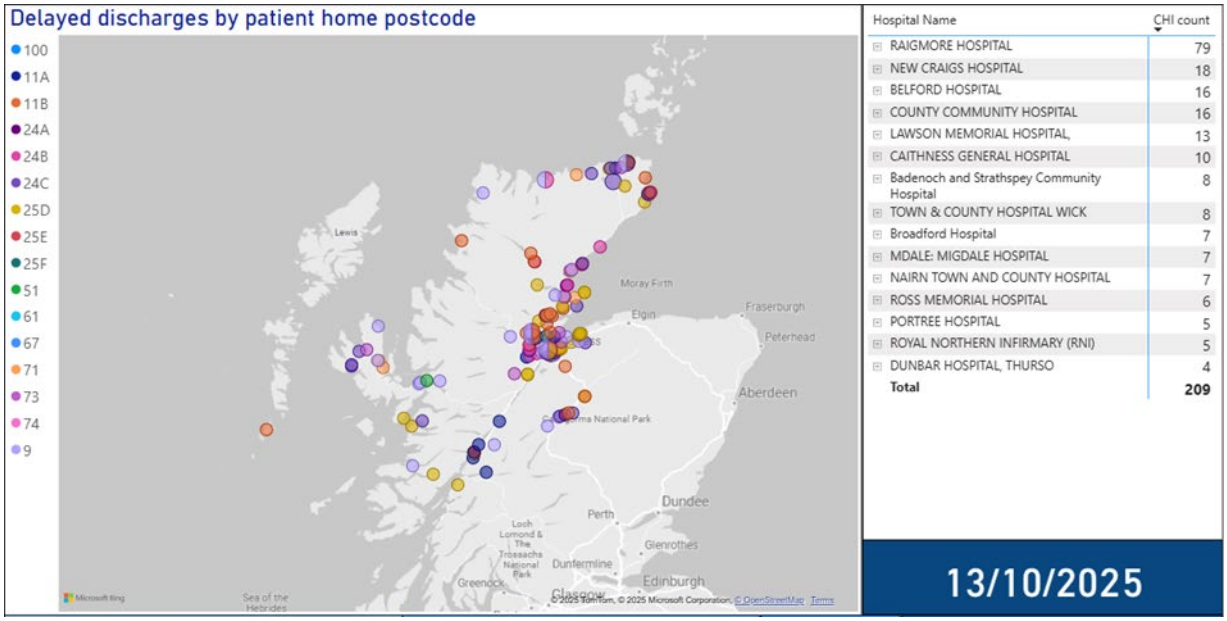
As set out above some of the reasons for those delays are as a result of care home and care at home availability and there are other more nuanced reasons set out in the table below. In terms of the coding used it should be noted that those waiting for a care home are broadly represented by code 24 and those waiting for care at home are represented by code 25. The interpretation of the codes is added for the assistance of the Committee at **Appendix 1** to this report, but it is worth noting that there is detail sitting behind the various codes in terms of their interpretation.



Delayed discharges by delay code

Hospital Name	100	11A	11B	24A	24B	24C	24D	25D	25E	25F	51	52	67	71	73	9	Total
Badenoch and Strathspey Community Hospital		1	2					2								2	7
BELFORD HOSPITAL		2	1	2				1								8	14
Broadford Hospital			2	1				1								2	6
CAITHNESS GENERAL HOSPITAL			2			2		5									9
COUNTY COMMUNITY HOSPITAL			3		1	1		5						1		3	14
DUNBAR HOSPITAL, THURSO				1		1		1							1	2	6
LAWSON MEMORIAL HOSPITAL,			2		4	1		2			1					2	12
MDALE: MIGDALE HOSPITAL			1		1	1						1		1		1	6
NAIRN TOWN AND COUNTY HOSPITAL			1			2		5									8
NEW CRAIGS HOSPITAL	1		1		1	6	1			3						4	17
PORTREE HOSPITAL						1								2			3
RAIGMORE HOSPITAL		4	9	1	13	9		7	1				1		4	38	87
ROSS MEMORIAL HOSPITAL		1	3							1						1	6
ROYAL NORTHERN INFIRMARY (RNI)			1		2	1		1								1	6
TOWN & COUNTY HOSPITAL WICK			2	1		1		1	1							2	8
Total	**1**	**8**	**30**	**6**	**22**	**26**	**1**	**31**	**2**	**4**	**1**	**1**	**1**	**4**	**5**	**66**	**209**

29/09/2025



There has been a reduction in "standard delays" and for "other" delay reasons, which are reasons usually related to complexity.
The Urgent and Unscheduled Care Portfolio Board in NHS Highland continues to focus on the following areas and will do so over the winter months until March 2026:

- Community Urgent Care Model
- Emergency Department Improvement Plans
- Discharge without Delay
- Targeted pathway redesign

A key metric for the programme is the reduction of delayed hospital discharges. In addition, this metric links the work of the Urgent and Unscheduled Programme Portfolio Board to the Adult Social Care Transformation Programme Work operated by STAG within NHS Highland.

6.5 **Self-Directed Support and Support for Unpaid Carers -** The Committee is aware of the importance of carers to sustainable service delivery in terms of unpaid carers and also those carers who are formally employed as personal assistants as an Option 1 care service.

Option 1. (Direct Payments)
There has been sustained levels of growth for both younger and older adults in our urban, remote and rural areas. This accounts for 11% of all commissioned spend for this flexible and popular personalised care option.

Payment Cards
On 15 July, NHS Highland identified a system failure affecting access to payment card accounts, preventing some users from paying personal assistants and care providers. (The provider of SDS payment cards is an external company).

The Committee is aware that there have been some challenges with the service provider who provides and supports payments cards for those in receipt of direct payments which caused significant turbulence in terms of the payment of cards and although support was offered by NHS Highland this did cause some difficulties because of the numbers involved, Those challenges – with some limited exceptions - have now been resolved.

Emergency payment arrangements were quickly implemented, though high call volumes and limited technical capacity delayed full resolution. Despite partial system recovery, inconsistent access impacted SDS Officers and cardholders. Emergency payments were made via Highland Brokerage on the 18 July and 23 July with additional payments paid direct to personal assistants to maintain service continuity.

Core services were largely restored at the end of July, and users were informed of the delays. SDS Officers have access to individual accounts and are prioritising the significant backlog as users can now use their card to purchase services.

Emergency payments for adult services remained available for critical cases between July and September.

To address the backlog and support the 850 service users, NHS Highland is in the process of recruiting to an additional SDS Support Officer on a 6-month secondment.

NHS Highland acknowledges the disruption and is working with the provider to prevent recurrence.

Option 2.
Numbers have reduced in previous years, although there has been a sustained increase in service provision during 2024 and 2025 with numbers now exceeding pre pandemic levels. There are currently 318 people who are receiving a service.

Option 3. (Direct service provision)
There has been a reduction in the number of people supported during 2024 into 2025 reflecting the significant market challenges and financial stressors impacting the whole care sector in terms of the challenges in delivering services across the Highland area.

Despite these welcome increases in both Option 1 and 2, this does highlight the unavailability of other care options, and the increasing difficulties in the ability to commission a range of other care services, suggesting a significant market shift in Adult Social Care service provision.

Unpaid Carers
In terms of unpaid carers both the Council and NHS Highland recognise the importance of their caring role and that is also recognised by the Scottish Government in terms of support which is offered to that cohort and is delivered using the carer's wellbeing fund. Details in terms of that are set out in the table at the end of this section. That assistance is targeted to support unpaid carers to maintain their caring role.

Carers Services Update
Carers Week (9-15 June 2025): Carers Week 2025 featured a range of inclusive activities, including video interviews, Easy Read materials, daily feedback sessions, and a two-day hospital roadshow. A year-long staff engagement initiative was launched to address low uptake of carer training. A practical toolkit was introduced to support unpaid carers in the workplace, offering guidance on identifying carers among colleagues, training resources, signposting tools, and support for compassionate conversations with staff who have caring responsibilities.

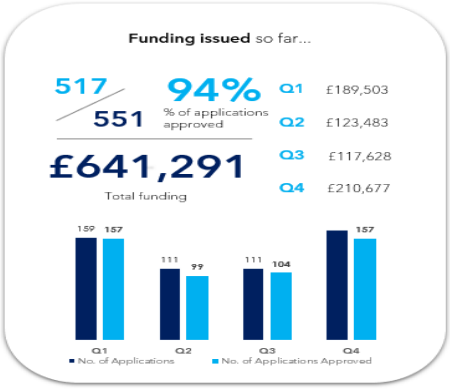
NHSH Staff Networks and Carer Awareness: The Unpaid Carers Network was formally launched, supported by new intranet resources including a Workforce Policy Page and Marketing Materials Hub. Planning for an internal Carers Roadshow was completed, with rollout commencing in July.

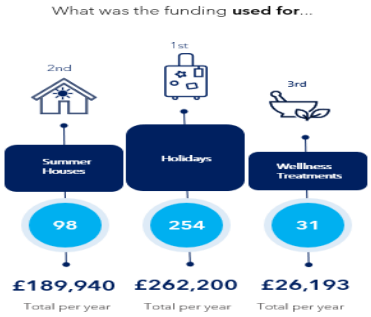
Carers Projects and Commissioned Services: New projects were initiated, including *North Coast Connections* and a regional partnership with *Voluntary Lochaber*. A Quarterly Carer Partnership Forum was established to strengthen collaboration across services.

Improving Processes: Key improvements included the redesign of public-facing web pages, updates to monitoring reports, and streamlining of residential respite booking processes. These enhancements aim to improve accessibility, data tracking, and operational efficiency.

Carer Wellbeing Fund: The Carer Wellbeing Fund reopened for referrals in the 2025/26 financial year. The application process was refined to capture more relevant data, supporting improved decision-making.

The following 2 diagrams illustrate fund activity throughout 2024/25.





7. Adult Support and Protection

In terms of other issues which the Committee ought to note in terms of the assurance of ongoing safe service delivery the position in terms of large-scale investigations should be noted. A **Large-Scale Investigation or LSI** is a specific type of Adult Support and Protection investigation. It applies to services provided by agencies and/or organisations, and can include day services, outreach facilities, NHS facilities, care homes, supported accommodation, or when someone is receiving services in their own home. It becomes large scale when there is a view that a particular service may be placing more than one resident or service user at risk of harm. As such they are more common in care homes where there will inevitably be more than one service user in placement. The Care Inspectorate is also likely to be involved.

At the time of writing there is 1 such investigation underway in Highland in relation to care home provision. That is in relation to the Care Home which has recently been the subject of a BBC documentary. Those concerns are significant and are being managed by NHS Highland in terms of their role supporting the protection of vulnerable adults. That process sits separately from any enforcement action taken by the Care Inspectorate who are the regulatory authority to ensure the safe delivery of care by providers. At the time of writing the provider had complied with the previously

issued improvement notice setting out work required by the Care Inspectorate to improve standards. However a further notice has been issued and at the time of writing improvements are required by 31 October 2025. An update will be provided at Committee. Details in respect of current care provision can be found on the Care Inspectorate's website. Given the level of concerns there continues to be a close working relationship between the Care Inspectorate and NHS Highland. The Chief Social Work Officer is sighted at all times in terms of these concenrs.

Finally in terms of assurance it should be noted by Committee that the Care Inspectorate have recently completed an inspection within Highland to consider the following question:

"**How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?"**

The inspection in Highland considered this question by examining the provision of services for and lived experience of adults living with mental illness and their unpaid carers. Given that focus the inspection was led by the Head of Mental Health and Learning Disability and the Chief Social Work Officer had oversight in terms of that work. The inspection has concluded and reports in positive terms. It is available online at the following link JIAS Integration and outcomes - focus on people living with mental illness - highland.pdf

8. Strategic Plan Update

8.1 The challenges in the sustainable delivery of adult social care services are recognised by the partners to the Strategic Plan and in terms of those challenges The Highland Council has set aside £20m from reserves over the next 3 financial years with a view to delivering change within the field of adult social care. Key drivers relate to the identification of accommodation solutions and the shift of the balance of care which is also a key performance target. Those drivers are recognised in the Council's delivery plan which reflects the vision set out in the Strategic Plan for the Partnership.

In terms of the local delivery of the Strategic Plan, District Planning Groups (DPGs) were established in April 2024. They are the main engagement vehicle with local communities to ensure joint working and engagement with people in communities to develop local implementation plans. Meetings are scheduled every 3 months in line with the meeting of the Strategic Planning Group and are supported by a standard Terms of Reference, Agenda, Action Plan and Action Note format. Meetings have been held for every District as per the agreed schedule.

Key priority areas raised in the latest meetings include:

- Workforce challenges. Discussion has included opportunities for work experience and apprenticeships, enabling the workforce to be adaptable, flexible and innovative, actions to address recruitment challenges, childcare.
- Integrating care provision – concerns about future models and ongoing integration of health and social care.
- Alternatives to hospital acute hospital admission and attendance.
- Expanding and maintaining membership.
- Addressing Delayed Discharges.
- Working with the third and voluntary sectors.

- Opportunities to work differently with the communities to share plans and work together across the age ranges from cradle to grave.
- Collaborative working.
- Mental health and psychiatric service access.
- Access to vaccinations services.

8.2 The Committee will recall that in terms of the Strategic Plan which informs the Council's operational Delivery Plan that the intention is to seek to shift the balance of care such that people can be supported to stay in their homes for longer. Key to that will be the expansion of the care sector and that is referenced in previous sections to this report in terms of the delivery of SDS – and in particular Direct Payment – options. In terms of that work funding, has been agreed from the fund referred to in para 8.1 with a view to expanding that by way of a "local care model delivery". Funding has also been provisionally agreed to commission a Shared Lives service. A further key area of work is the master plan which is being developed for Lochaber. Engagement with stakeholders will commence to consider options for future care delivery with a focus – in terms of the Delivery Plan – to shift the balance of care and to keep people in their homes and communities longer.

8.3 The Committee receives regular reporting in terms of the Delivery Plan and at the last meeting information was provided in terms of the delivery of the first workstream being shifting the balance of care and accommodation solutions. A report in relation to the Delivery Plan, which is included as part of this meeting's agenda, provides some detail in relation to the second element of that workstream namely improving transitions outcomes and that detail will not be repeated in the context of this report.

Designation:	Assistant Chief Executive - People
Date:	21 October 2025
Author:	Fiona Malcolm, Chief Officer Integrated People Services
Background Papers:	None
Appendices:	Appendix 1 - ASC

Appendix 1 – ASC Report

code	reason	grouping
9	Awaiting place availability in Specialist Facility for high level older age groups (65+) where the Facility is not currently available and an interim option is not appropriate	care home
9	Awaiting place availability in Specialist Facility for high level younger age groups (<65) where the Facility is not currently available and no interim option is appropriate	care home
9	Care Home/facility closed	care home
23C	Non-availability of statutory funding to purchase Care Home Place	care home
24A	Awaiting place availability in Local Authority Residential Home	care home
24B	Awaiting place availability in Independent Residential Home	care home
24C	Awaiting place availability in Nursing Home	care home
24D	Awaiting place availability in Specialist Residential Facility for younger age groups (<65)	care home
24DX	Awaiting place availability in Specialist Facility for high level younger age groups (<65) where the Facility is not currently available and no interim option is appropriate	care home
24E	Awaiting place availability in Specialist Residential Facility for older age groups (65+)	care home
24F	Awaiting place availability in care home (EMI/Dementia bed required)	care home
25A	Awaiting completion of arrangements for Care Home placement	care home
25D	Awaiting completion of arrangements - in order to live in their own home - awaiting social support (non availability of services)	CAH
25E	Awaiting completion of arrangements - in order to live in their own home - awaiting procurement/delivery of equipment/adaptations fitted	CAH
25X	Awaiting completion of complex care arrangements - in order to live in their own home	CAH
27A	Awaiting place availability in an Intermediate Care facility	care home

code	reason	grouping
51	Legal issues (including intervention by patient's lawyer) eg informed consent and/or adult protection issues	other
51X1	Awaiting case conference	other
51X2	Consideration of S13za of the Social Work (Scotland) Act 1968(local authority application)	other
51X4	Awaiting allocation of Mental Health Officer (local authority application)	other
51X5	Awaiting Mental Health Officer completion of reports (local authority application)	other
51X6	Awaiting completion of medical reports (local authority application)	other
51X7	Awaiting application to be lodged (local authority application)	other
51X8	Awaiting court date (local authority application)	other
51XB	Awaiting solicitor (private application)	other
51XC	Awaiting legal aid (private application)	other
51XE	Awaiting Mental Health Officer completion of reports (private application)	other
51XF	Awaiting completion of medical reports (private application)	other
51XG	Awaiting application to be lodged (private application)	other
51XH	Awaiting court date (private application)	other

code	reason	grouping
9	Adults with Incapacity Act	other
9	Awaiting allocation of Mental Health Officer (local authority application)	other
9	Awaiting allocation of Mental Health Officer (private application)	other
9	Awaiting application to be lodged (local authority application)	other
9	Awaiting application to be lodged (private application)	other
9	Awaiting case conference	other
9	Awaiting completion of complex care arrangements - in order to live in their own home	other
9	Awaiting completion of medical reports (local authority application)	other
9	Awaiting completion of medical reports (private application)	other
9	Awaiting court date (local authority application)	other
9	Awaiting court date (private application)	other
9	Awaiting legal aid (private application)	other
9	Awaiting Mental Health Officer completion of reports (local authority application)	other
9	Awaiting Mental Health Officer completion of reports (private application)	other
9	Awaiting solicitor (local authority application)	other
9	Awaiting solicitor (private application)	other
9	Consideration of 513za of the Social Work (Scotland) Act 1968 (private application)	other
9	Consideration of S13za of the Social Work (Scotland) Act 1968(local authority application)	other
9	Patient exercising statutory right of choice - interim placement is not possible or reasonable	other
9	Safe Guarder appointed / additional reports requested (local authority application)	other
9	Ward closed - patient well but cannot be discharged due to closure	other
11A	Awaiting commencement of post-hospital social care assessment (including transfer to another area team). Social care includes home care and social work OT	other
11B	Awaiting completion of post-hospital social care asessment (including transfer to another area team). Social care includes home care and social work OT	other
23D	Non-availability of statutory funding to purchase any Other Care Package	other
25F	Awaiting completion of arrangements - Re-housing provision (including sheltered housing and homeless patients)	other
44	Waiting availability of transport	other
46X	Ward closed - patient well but cannot be discharged due to closure	other
52	Financial and personal assets problem, eg confirming financial assessment	other
61	Internal family dispute issues (including dispute between patient and carer)	other
67	Disagreement between patient/carer/family and health and social care	other
71	Patient exercising statutory right of choice	other
72	Patient does not qualify for care	other
73	Family/relatives arranging care	other
74	Other patient/carer/family-related reason	other
100	Reprovisioning/Recommissioning	other