Agenda Item	4
Report No	JMC-01-26

The Highland Council

Committee: **Joint Monitoring Committee**

Date: **12 March 2026**

Report Title: **Transitions Audit**

Report By: **Fiona Malcolm - Chief Officer Integrated People Services – THC**
Fiona Duncan – Chief Social Work Officer & Chief Officer Health and Social Care
Arlene Johnstone - Chief Officer NHSH

1. Purpose/Executive Summary

1.1 This report introduces the audit reports prepared by both NHS Highland and the Highland Council in 2025 in relation to the delivery of transition service by both agencies. The report prepared by NHS Highland is attached at **Appendix 1** and the report prepared by the Highland Council is attached at **Appendix 2**.

1.2 The reports provide the Committee with information in relation to the delivery of transitional arrangements when young people who are considered to be eligible for an adult social care service at the appropriate stage of their lives, transition from children's services (which may be an education only service or an education and social work service) to adult care services.

It ought to be noted that both audits considered the same sample of cases to inform their findings. That sample of young people were being managed by the Joint Transition team and are geographically confined to the Inverness and Inner Moray Firth area. It has been agreed that the findings of both audits should be considered across Highland for all children and young people transitioning from childrens to adults services.

2. Recommendations

2.1 Members are asked to:

i. Note and comment on the issues raised in the audit reports and the implications for the future provision of service across Highland Council and NHS Highland.

3. Implications

3.1 There are no particular Resource, Legal, Community (Equality, Poverty, Rural and Island), Climate Change/Carbon Clever, Risk or Gaelic implications to highlight. However, the report does refer to the financial and service challenges that the services are facing now and will continue to face. Those financial and service challenges are particularly challenging in terms of the "transitions cohort" principally as there are likely to be changes to the service delivery as well as the budget which require to be managed.

4. Impacts

4.1 In Highland, all policies, strategies or service changes are subject to an integrated screening for impact for Equalities, Poverty and Human Rights, Children's Rights and Wellbeing, Climate Change, Islands and Mainland Rural Communities, and Data Protection. Where identified as required, a full impact assessment will be undertaken.

4.2 Considering impacts is a core part of the decision-making process and needs to inform the decision-making process. When taking any decision, Members must give due regard to the findings of any assessment.

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

5. Background

5.1 The report highlights the delivery of transitions services in Highland, across all social work services. As the Committee is aware children's services are provided by The Highland Council in terms of Education Services as well as Social Work Services. The latter may include respite services to children with a disability who are not looked after but also include services to looked after children (with a disability). It is important to bear in mind that transition services are provided to children and young people who transition to adult care services because they are eligible for adult care services. This will not include all children and young people who are provided with a service by The Highland Council. Those eligible young people then become open to adult care services which are provided by NHS Highland.

Historically – and across Scotland – that transition period has been challenging principally as it is at a time of change for children and young people as it generally arises at when a young person's education ends and includes a change of service provision and staff involved with that delivery.

5.2 In terms of children's social work services, the Joint Transitions Team was created in 2018 with the aim of ensuring the smooth transition from Children's Health and Social Care Services to Adult Health and Social Care Services for young people, their carers and families. The original remit of the Joint Transitions Team was to work across the age range from 14 years to 25 years. The Highland Council and NHSH have formed a co-located team to deliver those services. It is important to note that whilst referred to as one team there are 2 sets of staff working together to provide a consistent service to those young people who are in need of an adult care service.

The Highland Council team works with young people from age 14 years up to the age of 19 years if they are enrolled in school or on a legal order and up to age 21 years if they are in Continuing Care, with NHSH providing adult social care services thereafter. The geographical remit of the Joint Transitions Team was limited to the Inner Moray Firth. It is worth noting that the sample considered by both audits included only young people open to this Team albeit the improvement actions will be considered across the Highland area.

5.3 The objective of the reviews, was to ensure that there were effective transition arrangements to identify those young people moving from children's to adult's services. As a result of the Lead Agency model and the fact that these services sat in two separate organisations, Internal Auditors of both the Council and NHSH advised that they would have to undertake separate audits of the transitions process within their respective organisations, rather than one single audit. A sample of 10 cases where service users were to transition from children to adult's services during the current financial year was used to assess the effectiveness of the transition arrangements. All 10 cases came under the responsibility of the Joint Transitions Team as they were located in the Inner Moray Firth Area. Records for each transition case were held on CareFirst, a dedicated SharePoint site and paper records and available to officers from both organisations. Both audits have been considered by the respective audit committees of each organisation involved.

6 The Audits

6.1 Audits have been prepared by audit teams for both agencies with similar remits. The Committee is referred to the reports at **Appendices 1 and 2** in that respect. The Committee should also note that in terms of both reports that the same sample of young people was considered.

In terms of the findings the Committee is referred to page 1 of the Council report at paragraph 2 which provides as follows: -

- "The Council has a clear and effective process for the planning of the transition of young people to adult services.
- There are effective partnership arrangements in place to ensure that delays do not occur in the transition process.
- All relevant services within the Council, including Education, engage effectively with NHS Highland to enable the identification of young people who are either in receipt of services or may require these in the future
- The transition process considers the children's services provided and how these transfer over to adult services
- There is regular reporting to the Council's Health, Social Care and Wellbeing Committee, and the Joint Monitoring Committee to enable effective scrutiny of the transitions process"

That report concluded that Reasonable Assurance can be given in that whilst the system is broadly reliable, areas of weakness have been identified which are set out in the action plan and are being taken forward.

The Audit prepared by NHS Highland provides as follows in terms of key findings:-

- It is clear from a broad range of conversations with staff that the primary focus of delivery and overriding aim is ensuring service users are receiving a package which is outcome-based and in the best interest of the user.

- Within South and Mid, the NHS Highland staff within the transitions team are physically based beside the Highland Council team. All feedback received with regards to this was that this is helping to ensure a close working relationship that is allowing for greater coordination and communication.

- Staff are regularly engaging with schools within the Highland area to look to identify any unknown/potential service users who may require Adult Social Care services upon leaving school.

- Eligibility criteria is used to support consistent and equitable decision making in relation to which individuals and carers needs require the support of health and social care services (in accordance with the National Eligibility Framework as set out by the Scottish Government).

- There is a Dynamic Support Register in place to monitor and coordinate support for individuals with learning disabilities who are at risk of admission to hospital or out-of-area placement. The Dynamic Support Register is a Scottish Government requirement for adults 18+ and is updated monthly in a multi-disciplinary meeting. Currently the DSR is only used for adults with learning disabilities but is also deemed to be an effective way to monitor high risk individuals and manage limited resources. NHS Highland is currently expanding the register to include young people coming through transitions and adults who otherwise fit the criteria but do not have a learning disability diagnosis. NHS Highland has confirmed Scottish Government support with this.

The audit carried out by the NHS concluded that there were 3 areas where substantial improvement was required. It pointed out there is no overarching process document which outlines the end-to-end process which is then supplemented by documentation already in place. There is also currently no defined stage or timescale within transitions process which outlines when the contracts team and/or finance team should be engaged with as part of the development of packages; feedback from these teams suggests that they felt their current involvement came too late in the process, it is noted that this should be within the context of a person centred approach to the transitions process being the primary focus. Further, we identified a limited amount of reporting taking place within the governance structure on the process for transitions to provide assurance and share good practice on the processes in place.

6.2 It is apparent that whilst both audits are not in identical terms that there are correlations between the 2 documents. There are single agency actions for both organisations which are being taken forward. Those are set out in the recommendations of both reports and are not repeated within the context of this report. It is however important that there is a partnership approach to the

delivery of services to the cohort of young people transitioning to adult care services and the Committee will note that there is reference to the need to develop an escalation procedure for those cases which are particularly challenging. It is likely that the work going forward in terms of the model of integration to be in place for the partnership will have an impact on the transitions cohort in particular.

7 Next Steps

7.3 There is reference within both reports to documents which have already been agreed and are in place. Those documents include a pathway document in terms of transition planning and a funding flowchart. The pathway document is included as **Appendix 3** to this report for the information of the Committee as it describes the actions taken by the Joint Transition Team as well as the teams acting in the other (geographical) areas. The legal context for those young people is complex and has an impact on case management. The Committee will appreciate that when a young person is considered to be an adult in terms of their transitioning to NHS Highland can be impacted by their care experienced status in terms of eligibility for continuing care and their educational status in terms of attendance at school. Capacity – as an adult – is also important in terms of decision making as whilst parents – or in some cases the local authority – can make decisions for children they are not able to do so when a young person becomes an adult even if that young person does not have capacity to make their own decisions. The legislative position is complex.

7.2 Notwithstanding that complexity it is important that as a partnership all cases are managed in a manner that is consistent and outcome focussed. This aim is clear from the findings of both audits, and the actions identified support that and will be taken forward.

7.3 Whilst not directly referenced in the audits the Committee will be aware of the key role of carers and the role of Self-Directed Support for this cohort of young people. It is important that the policies of both organisations in relation to these key areas are consistent and are outcome focussed. Transitions is a time when this is particularly important at is inevitably a time of change for young people and the intention of such policies ought to be to reduce the impact of such change insofar as possible.

Designation: Chief Officer Integrated People Services, Chief Social Work Officer Highland, and Chief Officer, NHS Highland
Date: 30 January 2026
Author: Fiona Malcolm
Fiona Duncan
Arlene Johnstone
Background Papers: N/A
Appendices: Appendix 1 – NHSH Children's Services Transition Arrangements Internal Audit Report
Appendix 2 – Report Children's Services Transition Arrangements
Appendix 3 – Transitions Pathway

APPENDIX 1

NHS Highland

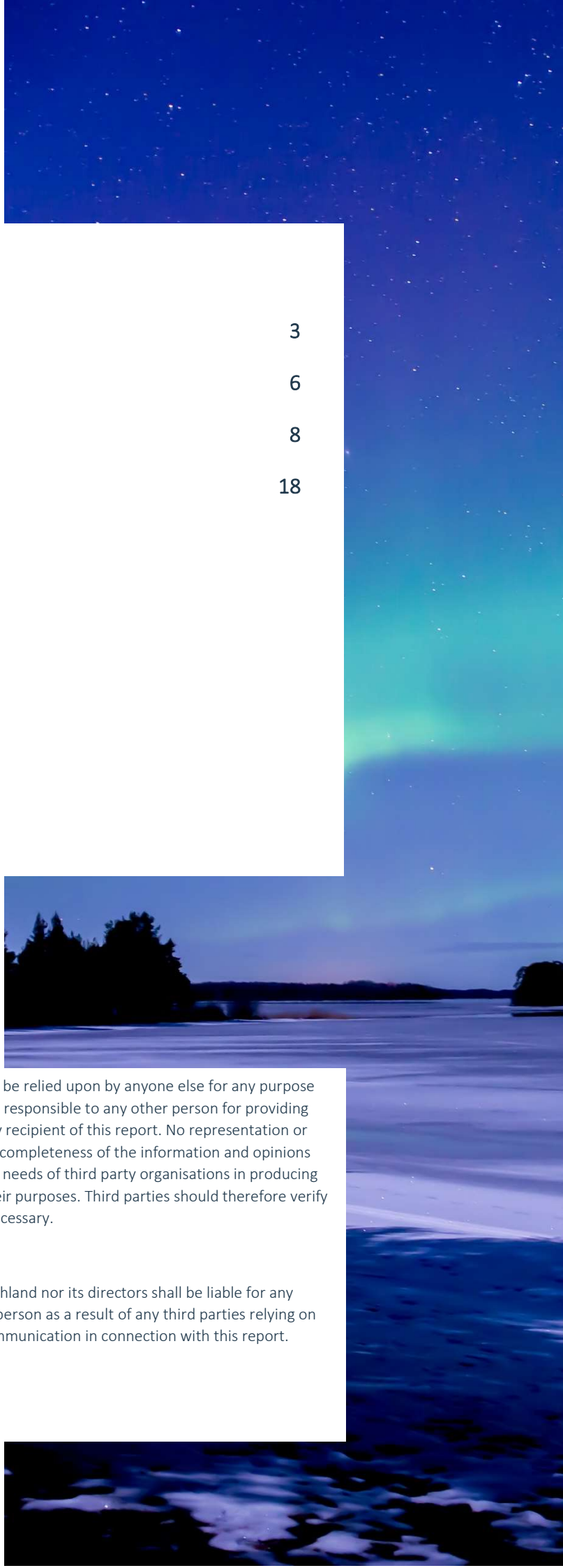
Internal Audit Report 2025/26

Childrens Services – Transition Arrangements

August 2025

Review Sponsor: Arlene Johnstone, Chief Officer Community

azets.co.uk



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Executive Summary

Conclusion

Audit Rating	Substantial Improvement Required

There is a clear culture within the Adult Social Care team such that the focus of all transitions is to ensure that service users are provided with the most suitable outcome-based package possible for their needs. The Adult social work Care staff within the transitions team in South and Mid are co-located with staff from the Highland Council and all feedback noted across our fieldwork identified that this has aided in the transitions process and greater joint working and communication amongst the teams. We also identified that NHS Highland is looking to take proactive steps to improve recording of future service users through expanding the use of the Dynamic Support Register.

However, while there is a range of documentation which supports the process for transitions, there is no overarching process document which outlines the end-to-end process which is then supplemented by documentation already in place. There is also currently no defined stage or timescale within transitions process which outlines when the contracts team and/or finance team should be engaged with as part of the development of packages; feedback from these teams suggests that they felt their current involvement came too late in the process, it is noted that this should be within the context of a person centred approach to the transitions process being the primary focus. Further, we identified a limited amount of reporting taking place within the governance structure on the process for transitions to provide assurance and share good practice on the processes in place.

Background and scope

In 2012, NHS Highland and the Highland Council entered into a Partnership Agreement establishing the arrangements for service integration in relation to both Children's and Adult Social Care Services, via a lead agency model. This resulted in NHS Highland taking lead responsibility for Adult Social Work and Social Care Services and the Highland Council taking lead responsibility for Children's Health and Social Care Services. It is therefore key that NHS Highland has appropriate arrangements in place to identify and plan for service users who will be transitioning from utilising Children's Services to Adult Social Care Services.

We reviewed the arrangements in place within NHS Highland to proactively identify service users who will be transitioning from utilising Children's Services to Adult Social Care Services. We also reviewed the monitoring and reporting arrangements within NHS Highland to provide assurance over the processes in place. This review focused only on the arrangements in place within South and Mid.

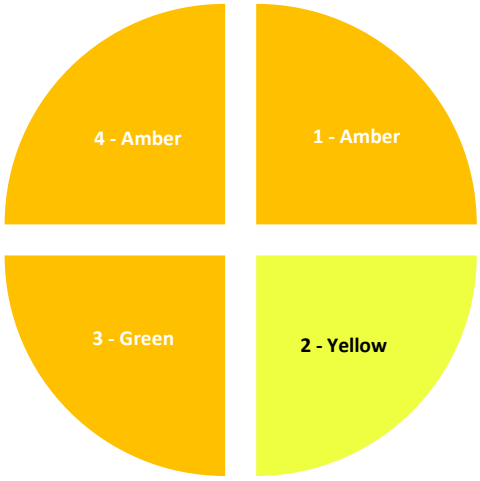
Key Contacts and Audit Team

Key Contacts	Audit team
Simon Steer, Director of Adult Social Care Ruth Macdonald, Interim Deputy Director Adult Social Work and Social Care Leadership Team Claire Watt, Acting Head of Service, Social Work Services	David Eardley, Partner Stephanie Hume, Director Jessica Watkinson, Assistant Manager

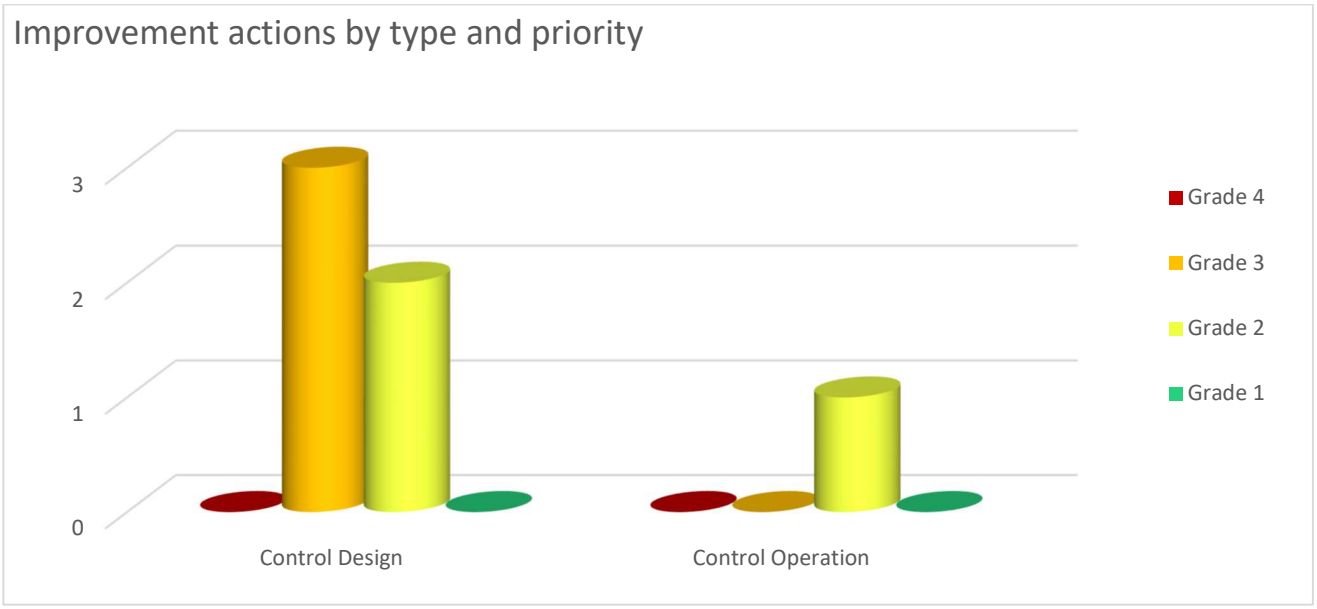
Acknowledgement

We would like to take this opportunity to thank all members of management and staff for the help, courtesy and co-operation extended to us during the year.

Control assessment



- 1. NHS Highland has a clear process for identifying and planning for service users who will be transitioning from Children's Services to Adult Social Care Services, including current service users and forecasting for new service users.
- 2. NHS Highland is engaging with key stakeholders (such as education providers) to identify potential future service users.
- 3. The development of packages include consideration of the sustainability of services, with delegated oversight of all packages to ensure they are considered in the context of the efficiency and effectiveness of the entire service model prior to approval.
- 4. There is regular reporting within the governance structure on the number of expected service users and the processes in place for ensuring transition of services, including sufficient data to support scrutiny and challenge.



Six improvement actions have been identified from this review, five of which relate to the design of controls in place. See Appendix A for definitions of colour coding.

Key findings

Good practice

- It is clear from a broad range of conversations with staff that the primary focus of delivery and overriding aim is ensuring service users are receiving a package which is outcome-based and in the best interest of the user.
- Within South and Mid, the NHS Highland staff within the transitions team are physically based beside the Highland Council team. All feedback received with regards to this was that this is helping to ensure a close working relationship that is allowing for greater coordination and communication.
- Staff are regularly engaging with schools within the Highland area to look to identify any unknown/potential service users who may require Adult Social Care services upon leaving school.
- Eligibility criteria is used to support consistent and equitable decision making in relation to which individuals and carers needs require the support of health and social care services (in accordance with the National Eligibility Framework as set out by the Scottish Government).
- There is a Dynamic Support Register in place to monitor and coordinate support for individuals with learning disabilities who are at risk of admission to hospital or out-of-area placement. The Dynamic Support Register is a Scottish Government requirement for adults 18+ and is updated monthly in a multi-disciplinary meeting. Currently the DSR is only used for adults with learning disabilities but is also deemed to be an effective way to monitor high risk individuals and manage limited resources. NHS Highland is currently expanding the register to include young people coming through transitions and adults who otherwise fit the criteria but do not have a learning disability diagnosis. NHS Highland has confirmed Scottish Government support with this.

Areas for improvement

- Develop a procedure setting out each of the key stages of the transitions process, including the key stakeholders who should be involved at each stage.
- Ensure the stages at which the contracts team and the finance team should be engaged with are clearly outlined. As part of this management should ensure they look to engage with these teams much earlier in the process to ensure robust consideration of all dimensions of achieving clinically appropriate and sustainable packages and support (individually and in aggregate).
- Consider where the most appropriate meeting(s) is for assurances regarding the transition arrangements in place can be provided. This should include any issues identified with processes and lessons learned from both successful transitions and those where delays or issues have occurred.

These are further discussed in the Management Action Plan below.

Impact on risk register

This review is not linked to a specific standalone risk on the Corporate Risk Register; however, it is linked to all service user risks and financial delivery risks.

We have identified a number of issues which if implemented will help strengthen the controls already in place.

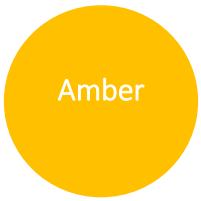
Cultural Observations

Through our discussions with all staff involved in this review it is clear that the culture which exists with regards to transition arrangements is one of looking to ensure service users are provided with the packages and care which they require, when they require it, with delivering outcomes being the primary focus of all conversations. However, there is an acknowledged financial and resource challenge in delivering Adult Social Care services and this is placing strain on the individuals involved in the process in trying to balance competing priorities, with management looking to update and amend processes where possible to ensure all-round long term sustainability.

Our findings have identified that there remains a reliance on staff being aware of when to bring supporting departments such as contracts and finance into the process rather than setting this as an expectation of the process at set intervals to ensure clarity and consistency in this regard.

Management Action Plan

Control Objective 1: NHS Highland has a clear process for identifying and planning for service users who will be transitioning from Children's Services to Adult Social Care Services, including current service users and forecasting for new service users.



1.1 Transitions Process Documentation

Observation

Whilst there are a number of supporting documents in place regarding the transitions process, there is no documented procedure that clearly outlines how NHS Highland forecasts, identifies and plans for service users transitioning to Adult Social Care Services, the key roles and responsibilities of stakeholders involved, and the key stages at which supporting departments such as finance and contracts teams should be involved in the process.

Key information and relevant supporting documents are included on a Transitions Drive which the joint transitions team (across NHS Highland and Highland Council) have access to. Documents include:

- "Transitions Planning Guidance for Young People" document that sets out guidance depending on the age of the young person (covering ages 14-25, noting these are indicative only)
- "Transitions Funding decision chart" for people aged between 16 and 21, to determine whether the funding is the responsibility of the NHS or Highland Council
- Scottish Executive and ARC guidance on the 7 principles for a good transition
- Transitions Planning Pathway for ages 14-15
- The protocol for the link worker role which at the time of fieldwork was being introduced.

However, it was difficult to determine what is considered the main, key process documentation to identify how the process should work from an end-to-end and overarching perspective, and also with regards to the "standard" elements of the process which should be undertaken. (We understand and appreciate the need for some flexibility to ensure smooth transitions for service users given their individual/bespoke needs).

Root cause analysis

1. There is a reliance on staff having an awareness of practices through cumulative knowledge of the processes and "doing", insight into and referring to the range of supporting documentation for elements of the journey, and a close working relationship with the Highland Council to ensure staff are identifying and preparing for transitions.

Risk

There is a risk that staff are unclear on the end-to-end overall process and who should be involved in each stage of the transitions process (and their roles and responsibilities at each stage), resulting in key stakeholders not being included in the process when required.

Recommendations

Ref	Recommendation	Grade	Management Response	Action Owner and Due Date
1.1A	Management should develop procedural guidance setting out the principles and elements of each of the key stages of the transitions process, including the key stakeholders who should be involved at each stage. The supporting guidance should be referenced within the overarching process document as additional guidance to be referred to throughout the process.	3 (Design)	Procedural Guidance to be produced	Chief Officer and CSWO Highland HSCP 30th April 2026

Control Objective 2: NHS Highland is engaging with key stakeholders (such as education providers) to identify potential future service users.

Yellow

2.1 Forecasting New Service Users

Observation

We confirmed that NHS Highland identifies and forecasts new service users utilising a range of sources.

Current service users within Children's Services

The Children's Services Lead Professional will advise NHS Highland that input may be required through completion of Part A of the Personal Outcome Plan (POP) through Care First or via hard copy. The Transitions team are co-located and have regular engagement with the Highland Council in order to identify young people transitioning to Adult Social Care. This is typically through weekly joint transitions meetings, weekly meetings with the Highland Council Lead to discuss urgent cases, and spreadsheets within a shared Transitions Drive with information on individual cases.

Potential services users that Adult Services were not previously aware of

We confirmed that NHS Highland is taking proactive steps to engage with stakeholders such as high schools in Highland. Young people can be identified as potentially requiring adult service or many are signposted to other support if this isn't considered the case.

Per discussion with management, Education still have a responsibility for young people even if not attending a specific building and information is sourced this way. Young people out of the area come through the complex case planning manager and notification also comes from Highland Council Social Work Services.

Forecasting of future service users

Forecasting is undertaken for young people who are:

- Identified by age 14 as having complex needs as it likely means they will require a specific solution that may result in an associated housing solution or support that will be at a higher cost/level than others in receipt of Adult Social Care services in general.
- In high cost, specialist services these may not necessarily become service users; however the Complex Case Planning Manager is appraised of these).

However, we confirmed that no other forecasting takes place for 'unknown' young persons, for example those who may move into the Highland area and require services with management noting that there is a current challenge to accurately quantify the number of young people transitioning in order to plan and prepare (both financially and from a resource perspective).

This means it's difficult to make meaningful and accurate decisions with more complete information (compared to extant processes). Per discussion with the Complex Case Planning and the Transitions Team, there lack of forecasting and extent of related strategic investment in future planning for

transitions as well as for social work teams could significantly increase risks and challenges in delivery of services going forward.

Root cause analysis

1. Management have noted that certain detailed forecasting does not take place as they believe it to be a challenge to accurately identify a level of unknown service users, and as such have focused efforts in identifying and planning for known users. However, there is always going to be some degree of "unknown" service user demand at some point in the system such that the lack of forecast may avoid a "difficult but real" challenge in estimating and planning for such demand.

Risk

There is a risk NHS Highland does not understand and adequately position itself for the level of service users which are likely to require Adult Social Care services in the future. This could impair planning staff and financial resources to help optimise the quality and sustainability of the service, and/or service users being triaged to gain access to services based on availability.

Recommendations

Ref	Recommendation	Grade	Management Response	Action Owner and Due Date
2.1A	Management should consider analysing historical data from both NHS and THC of unknown service users to understand the minimum number on an annual basis; this could be extended, if possible, to identify average financial costs. It is noted this is in the context that circumstances can be highly individualised.	2 (Design)	Forecasting exercise to be undertaken by Strategy & Transformation and Finance Teams, supported by Adult Social Care and SW professional Leadership to inform Financial Plan 2026.	Chief Officer 30th April 2026

Control Objective 3: The development of packages include consideration of the sustainability of services, with delegated oversight of all packages to ensure they are considered in the context of the efficiency and effectiveness of the entire service model prior to approval.

3.1 Engagement with Finance and Contracts Teams

Observation

Contracts Team involvement

We confirmed that there is no formal set step or timescales set within the transition process for the contracts team to be engaged with. The Acting Commissioning, Contract and Compliance Manager confirmed there is a bank of contracted providers and associated rates that the social work team should be using for the development of packages. The social work / transitions team will fill out a funding request that includes the costs and rates from chosen suppliers and this goes to HACAAG for approval.

The contracts team become involved (for instance) where it is felt that the providers on the bank on contracted providers are either unable to deliver the services required or have confirmed they are not able to do so. Management have highlighted that it can be challenging to obtain providers, especially for complex packages, and as such this process can take time and there is a general feeling and feedback from staff that this is not considered early enough in the process to ensure there is sufficient time to engage with the market of providers to develop a package in sufficient time prior to the transition. In addition, for new providers there is a required due diligence and registration process that can also take time to complete.

These issues and themes were confirmed to an extent through our sample testing of 10 service users transitions in which we noted that contracts were engaged with at different stages of the process, depending on the specific case.

Finance Team involvement

The Deputy Director of Finance and Chief Finance Officer Highland Health and Social Care Partnership, Head of Finance, Highland Health and Social Care Partnership and Adult Social Care Accountant also confirmed that finance have a relatively limited involvement in the transition planning process. I Individual packages are typically being costed before finance are engaged. Management consider that they are not involved early enough in the planning associated with the assessment process and only glean insight to financial impacts at HACAAG, having not been involved in pre-ACAAG discussions, or when the costs hit the ledger. As such, they have been described as being reactive to the process.

This was confirmed through our sample testing of 10 service users transitions in which we noted that there is not a specific step early in the process where it is a requirement to discuss packages with finance, and while we can see finance representation at HACAAG this is not clearly evidenced earlier in the process, although we note that finance should be present and contribute at district care planning.

Root cause analysis

1. There is a primary focus in looking to obtain the services which is right for the individual service user, and as such early engagement with contracts and finance appear more secondary considerations within the process once the parameters for the service to be commissioned have been identified.

Risk

There is a risk that service users are unable to obtain the packages required/identified as a result of being unable to obtain a contracted provider (including within available resourcing/to demonstrable best value) to undertake the work which may result in an adverse impact on the overall wellbeing and expectations of service users. Packages being developed which are not financially sustainable as a result of a lack of engagement with finance earlier in the process is likely to result in greater financial strain on Adult Social Care Services and wider implications for the organisation's overall financial position.

Recommendations

Ref	Recommendation	Grade	Management Response	Action Owner and Due Date
3.1A	As part of the documentation of the overall process within MAP 1.1A, management should ensure the stages at which the contracts team and the finance team should be engaged with are clearly outlined. As part of this management should ensure they look to engage with these teams much earlier in the process. There may be a need to flex the level and extent of involvement of these respective teams based on the nature, scope, resource implications and/or other factors of each case. This could help optimise support team input into the most impactful cases/most significant and complex elements of this work.	3 (Design)	Principles and expectations of Finance and Contracts Team engagement and contribution to be established by Chief Officer, through written direction and follow up via SLT report out.	Chief Officer 31th October 2025

3.2 Sustainability of Service Considerations

Observation

Through discussions with management and review or meeting minutes we note that there is a clear and consistent concern amongst staff regarding the limited consideration for the sustainability of packages prior to approval both financially and resourced based. While due to be considered at HACAAG, there is currently no specific step within the earlier parts of the process which requires an assessment of the overall sustainability of packages and in the context of the other packages currently in place and being developed.

Root cause analysis

1. Packages are outcome focused on the needs of the service users; understandably, this will always be a primary concern for Adult Social Work staff. While the context of the financial pressures are acknowledged across the organisation and steps are being taken to increase the visibility of financial sustainability, there is historic practice of involving finance and contacts (as linked to MAP 3.1) once the solution has been identified.

Risk

There is a risk service users are allocated a package that either cannot be delivered in the short term or is not sustainable financially or sustainable in the wider resource environment in the medium to long term, resulting in a potentially significant impact for service users care and wellbeing. This also impacts the organsation's overall optimisation between care, quality and resource management.

Recommendations

Ref	Recommendation	Grade	Management Response	Action Owner and Due Date
3.2A	Management should ensure that as part of the action from 1.1A there is a defined stage within the process which requires staff developing the plan and those reviewing the plans to consider the sustainability of the package in the context of delivery of the overall service. This should be as early in the process as possible in order to ensure expectations are managed on what can be delivered.	Grade 2 (Operation)	Principles and expectations of Finance and Contracts Team engagement and contribution to be established by Chief Officer, through written direction and follow up via SLT report out.	Chief Officer 31st October 2025

Control Objective 4: There is regular reporting within the governance structure on the number of expected service users and the processes in place for ensuring transition of services, including sufficient data to support scrutiny and challenge.

Amber

4.1 Monitoring and Reporting on Transition Arrangements

Observation

We confirmed that should any reporting on transition arrangement take place this would be via the Joint Officer Group, SLT, HACAAG, Highland Health and Social Care Committee and Joint Monitoring Committee.

However, management noted that transitions processes is not a standard item on the agenda for these meetings, and reporting / discussions are more strategic across the entirety of Adult Social Care, rather than the transitions process itself.

As such there is a lack of specific monitoring and reporting on the processes in place to assess and gain assurance as to how the process is working, or where there are opportunities for lessons learnt and identifying improvements to be made.

We reviewed the minutes and action notes of the following committees and identified the following:

Joint Officers Group

We reviewed five minutes from March 2025 to June 2025 and confirmed that no specific discussion on the process of transitions from Children's Services to Adult Social Care Services, with the exception of reference to our Azets audit and a discussion on alignment of Children Services and Adult Social Care Plans to create a better life course approach were discussed.

SLT

We reviewed seven minutes from April 2025 to May 2025 and confirmed that there were no specific discussions on the process of transitions from Children's Services to Adult Social Care Services.

HACAAG

We obtained and reviewed the action notes for six HACAAG meetings and confirmed that each meeting discussed individual cases (including new cases, reviews, on hold / pending) with actions to be taken noted and outcomes where decisions have been made. However, the terms of reference also mentions maintaining an overview of activity and cost of service across North Highland; however, we did not identify this in the meeting minutes reviewed.

Highland Health and Social Care Committee

We reviewed the minutes of three Highland Health and Social Care meetings from September 2024 to January 2025 and confirmed no specific discussion on the process of transitions from Children's Services to Adult Social Care Services. From discissions with management we note there was an

annual report that went to the Health and Social Care Committee in July 2025 that addressed elements of transitions. We obtained this report and noted the following:

'Section 3.6 Impact Analysis makes reference to increase in delays relating to young people transitioning from children to adult services, with aims to streamline this area alongside the DSR system and process.'

Joint Monitoring Committee

We reviewed the minutes of two JMC meetings from December 2024 to March 2025 and confirmed that at one of these meetings the process of transitions from Children's Services to Adult Social Care Services were discussed. This included discussion around the need for 'closer scrutiny and a strategic, targeted approach was required for transitions from Children's to Adult Services, with particular reference to the increasing numbers of those with high levels of dependency and disability, and those affected by poverty and low employment' and that 'Strategic Plans did not yet dovetail as effectively as had been hoped in relation to the transition process from Children's to Adult services and this was an area that would benefit from further consideration at a future committee'.

Root cause analysis

1. Whilst transitions arrangements are sometimes referred to within conversations regarding Adult Social Care Services as a whole, there appears less of a strategic focus from a governance/oversight perspective on obtaining assurances and understanding performance in the effectiveness of the transition arrangements processes in place.

Risk

With transitions being somewhat tangential to discussion, a lack of assurance on the processes in place to optimise this process may impair efficient and effective scrutiny, challenge and decision making to support continuous improvement.

Recommendations

Ref	Recommendation	Grade	Management Response	Action Owner and Due Date
4.1A	Management should consider where the most appropriate meeting(s) is/are for assurances on transition arrangements. Assurance provided should include any issues identified with processes and lessons learned from both successful transitions and those where delays or issues have occurred. Management should also use this as an opportunity to consider the different practices across NHS Highland and how good practice can be shared/optimised and streamlined for as much of a "one Highland" approach as possible.	3 (Design)	Work is currently underway to revise both Management and Governance structures within the HSCP. The Chief Officer will ensure that these recommendations are captured within this work	Chief Officer 31st October 2025

4.1B	Once reporting routes are clarified, the Terms of Refence of such group(s) should be updated to include the requirement to consider transition arrangements/performance.	Grade 2 (Design)	Agreed as per above	Chief Officer 31st October 2025

Appendix A – Definitions

Audit Ratings

Immediate major improvement required

- Controls evaluated are not adequate, appropriate, or effective to provide reasonable assurance that risks are being managed and objectives should be met.

Substantial improvement required

- Numerous specific control weaknesses were noted. Controls evaluated are unlikely to provide reasonable assurance that risks are being managed and objectives should be met.

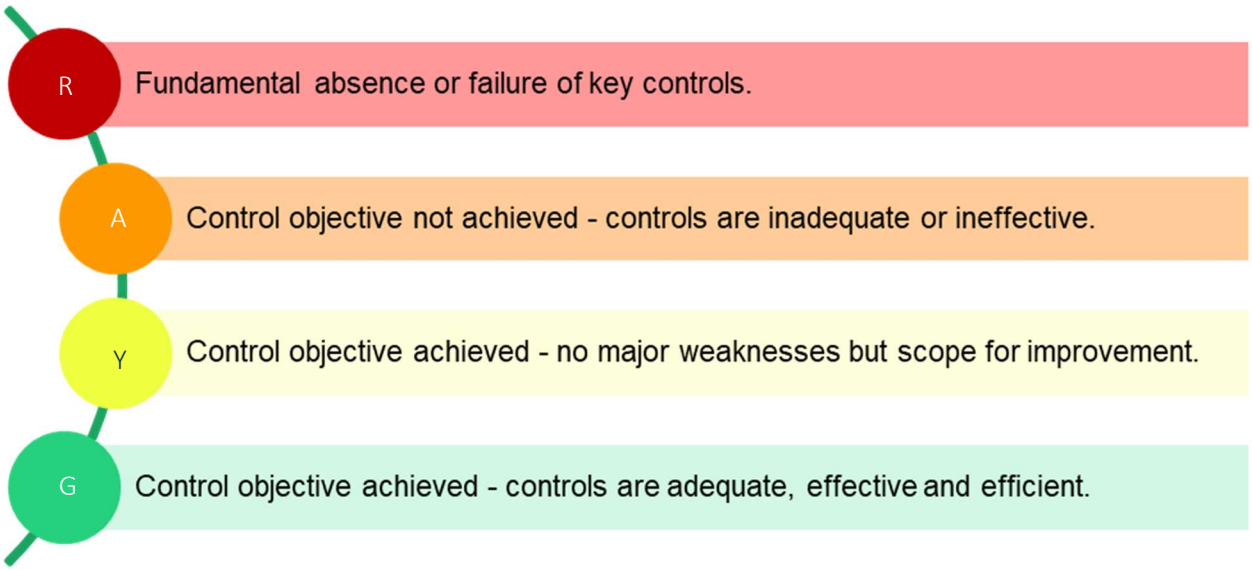
Minor improvement required

- A few specific control weaknesses were noted; generally however, controls evaluated are adequate, appropriate and effective to provide reasonable assurance that risks are being managed and objectives should be met.

Effective

- Controls evaluated are adequate, appropriate, and effective to provide reasonable assurance that risks are being managed and objectives should be met.

Control assessments



Management action grades

4	•Very high risk exposure - major concerns requiring immediate senior attention that create fundamental risks within the organisation.
3	•High risk exposure - absence / failure of key controls that create significant risks within the organisation.
2	•Moderate risk exposure - controls are not working effectively and efficiently and may create moderate risks within the organisation.
1	•Limited risk exposure - controls are working effectively, but could be strengthened to prevent the creation of minor risks or address general house-keeping issues.

Appendix 2

Internal Audit Final Report

People Cluster

Children's Services transition arrangements

Description	Priority	No.
Major issues that managers need to address as a matter of urgency.	High	1
Important issues that managers should address and will benefit the Organisation if implemented.	Medium	4
Minor issues that are not critical but managers should address.	Low	1

Audit Opinion

The opinion is based upon, and limited to, the work performed in respect of the subject under review. Internal Audit cannot provide total assurance that control weaknesses or irregularities do not exist. It is the opinion that **Reasonable Assurance** can be given in that whilst the system is broadly reliable, areas of weakness have been identified which put some of the system objectives at risk, and/ or there is evidence that the level of non-compliance with some of the controls may put some of the system objectives at risk.

Distribution:
Assistant Chief Executive, People
Chief Officer, Health and Social Care
Chief Officer, Integrated People Services
Strategic Lead, Care and Support
Practice Lead (Health and Disability)
Lead Officer Strategy, Performance and Quality Assurance

Draft Date: 25/08/2025
Final Date: 02/10/2025

1. Introduction

1.1 In 2012, the Highland Council and NHS Highland entered into a Partnership Agreement, establishing the arrangements for service integration in relation to both Children's and Adult Social Care Services, via a lead agency model. This resulted in the Highland Council (The Council) taking responsibility for Children's Health and Social Care Services and NHS Highland (NHSH) taking responsibility for Adult Social Care Services.

1.2 In 2018, The Joint Transitions Team was created with the aim of ensuring the smooth transition from Children's Health and Social Care Services to Adult Health and Social Care Services for young people, their carers and families. The original remit of the Joint Transitions Team was to work across the age range from 14 years to 25 years. The Highland Council and NHSH have formed a co-located team to deliver this.

The Council team worked with young people from age 14 years up to the age of 19 years if they are enrolled in school or on a legal order and up to age 21 years if they are in Continuing Care, with NHSH providing adult social care services after.

The geographical remit of the Joint Transitions Team was limited to the Inner Moray Firth Area.

1.3 The objective of the review was to ensure that there were effective transition arrangements to identify those moving from children's to adult's services. Internal Auditors of both the Council and NHSH have undertaken separate audits of the transitions process within their respective organisations. A sample of 10 cases where service users were to transition from children's to adult's services during the current financial year were used to assess the effectiveness of the transition arrangements. All 10 cases came under the responsibility of the Joint Transitions Team as they were located in the Inner Moray Firth Area. Records for each transition case were held on CareFirst, a dedicated SharePoint site and paper records.

2. Main Findings

2.1 *The Council has a clear and effective process for the planning of the transition of young people to adult services.*

This objective was partially achieved. There was a process for transition from children's to adult services and the basic steps for this were set out in 3 documents; a draft NHSH Standard Operating Procedure and a draft Transitions Pathway. There was also a funding flow chart confirming resource allocation between the Council and NHSH. However, parts of the process were not all formally documented, in particular the expectation of all parties with regard to meeting agendas and record keeping. This made it difficult to get a concise universally accepted understanding of a case's status and who was responsible for any outstanding matters.

Prior to the existence of the draft Standard Operating Procedure, draft Transitions Pathway and funding flow chart there was a Joint Transitions Protocol (2016) to establish best practice in transition planning. This was not being used and was considered out of date by the Joint Transitions Team. This usefully referred to key tasks and expectations where both organisations were lead agency and referred to a quality assurance mechanism for monitoring adherence to service pathways. There was therefore scope to better document the transitions process (See Action Plan M1).

2.2 *There are effective partnership arrangements in place to ensure that delays do not occur in the transition process.*

This objective was partially achieved. There was evidence that all 10 of the sample cases had been made known to NHSH adult services in a timely manner and evidence of joint working between the Council and NHSH at an operational level to achieve the transition outcomes. There was inconsistency in recording key information relating to transitions for example allocating social workers and in evidencing handover of key information (although Council social workers did confirm there were verbal exchanges of

information). For the 10 cases, 5 had transitioned on time by the expected date. 5 of the cases had not transitioned because they had not reached the handover date but from the evidence reviewed (with 1 exception referred to below) were on course to meet these dates.

For 3 of the 10 cases (2 which had transitioned and 1 which had yet to do so) there were also delays in NHSH taking over responsibility for the service provision resulting in Self Directed Support payments and agreement had been reached whereby the Council would continue to meet these costs. For 1 of these cases the delay could be explained by the difficulties of obtaining a guardianship order but the other 2 demonstrated delays in the planning process which may have been prevented by the Joint Transitions Team establishing early agreement on what funding would be required and who would be liable for payment.

For 1 of the 5 cases that had not yet transitioned this was because there had been significant delays to transition. Suitable residential accommodation provided by NHSH adult services had not been identified so the individual continued to occupy a Council residential site affecting the provision of respite accommodation for other children's service users. In this case the Council and NHSH have been in dispute over payment obligations. There was a Partnership Integration Scheme between the Council and NHSH that set out arrangements to be followed to resolve disputes. However, this was not being fully utilised to seek operational resolution (See Action Plan H1).

2.3 *All relevant services within the Council, including Education, engage effectively with NHS Highland to enable the identification of young people who are either in receipt of services or may require these in the future.*

This objective was substantially achieved. For the area reviewed, there were processes in place to enable communication within Council services, including Education, to enable early identification of young people who are either in receipt of services or may require these in the future, to enable a managed transition to NHSH provision. For 9 of the 10 cases the individual had been known to the Joint Transitions Team several months or even years ahead of any expected transition date and for the 1 other case the Education Service had referred the individual direct to NHSH indicating they had understood the process. There was joint working between the Council part of the Joint Transitions Team and both the child health and disabilty service and Education respectively.

Education Practice Leads (who liaise with schools to assess young people and then refer young people to the Joint Transitions Team) acknowledged there was scope to further improve Education staff's knowledge on making sure all young people who may require a service were made known to them. There remains a risk that existing service provision may be subject to change as service users reach adulthood, so raising awareness of the transition process and service is key. (See Action Plan L1).

2.4 *The transition process considers the children's services provided and how these transfer over to adult services.*

This objective was substantially achieved. There were adequate processes in place to ensure that transition arrangements consider the children's services provided and how these transfer over to adult services. At an operational level there was evidence of joint working between the Council social work part of the Joint Transitions Team and the NHSH social work team. There was evidence of an NHSH social worker being made aware of the service user in advance of the transition date and all parties had access to child plans, care plans and observations on the systems (CareFirst and SharePoint). However, there was an opportunity to further support the transition process through improved record keeping, for 1 of the sample cases the details of when an NHSH social worker had been allocated had not been recorded and processes were not in place to ensure that expected transiton dates were recorded in one place.

A failure to adequately record key information regarding transitions cases could hinder an effective and timely consideration of services required for transition. There was a risk of disagreement and dispute between partners in the Joint Transitions Team over their responsibilities if there were inadequate or inconsistent records for each case. (See Action Plan M2).

2.5 *There is regular reporting to the Council's Health, Social Care and Wellbeing Committee, and the Joint Monitoring Committee to enable effective scrutiny of the transitions process.*

This objective was not achieved. The Health, Social Care and Wellbeing Committee regularly received the minutes of the Joint Monitoring Committee (JMC) for noting. There was separate reporting on children's and adults' services by the Council and NHSH to the JMC. For the minutes of the meetings reviewed there were very little reported on the work of the Joint Transitions Team or the transitions process to either Committee, with the exception of updates on the Adult Social Care improving transition outcomes project which was part of the Council's Delivery plan. The separate reports on adults and children's services reported on progress achieving respective strategic plans, key performance indicators and financial performance of the respective partners. But there was little reference to the Joint Transition Team's objectives, work, performance or budgets. There were isolated transition references in the separate reports for example the Council referred to a significant cost pressure related to one case. There was scope to improve the transparency surrounding and communication of the Joint Transitions Team's remit and operations to allow members of the JMC to effectively scrutinise the process (See Action Plan M3).

There was a risk register prepared by the Joint Officer Group which was reported to the JMC for review. This listed the transitions process as a risk and recorded some mitigating actions. However, there was scope to enhance the risk register and risk reporting in line with best practice by establishing a clear risk appetite, better defining scoring criteria, allocating individuals as risk owners, detailing mitigation strategies with explanations of their impact, and setting out clear actions with defined timescales.

There was also an opportunity to increase transparency surrounding both partner organisation's risks that could impact transitions arrangements administered by the Joint Transitions Team. (see action plan M4).

3. Conclusion

3.1 There was good evidence that, at an operational level, the Joint Transitions Team was working collaboratively and prioritising the needs of young people during their transition to adult services. While adequate processes existed to support transitions from the Council to NHS Highland, these did not consistently result in timely service delivery. The absence of comprehensive written procedures, current agreements, and proactive planning can hinder the effectiveness of service provision.

This audit has highlighted clear opportunities to strengthen existing processes. Implementation of the recommendations outlined in Section 4 of this report will support management in making improvements.

It is important to note that this audit was conducted during a period of review of the integration scheme model, which may influence future developments in service delivery and governance.

4. Action Plan

Ref	Priority	Finding	Recommendation	Management Response	Implementation	
					Responsible Officer	Target Date
H1	High	The Council and NHSH have been in dispute over payment obligations. There was a Partnership Integration Scheme between the Council and NHSH that set out arrangements to be followed to resolve disputes. However, this was not being fully utilised to seek operational resolution.	An effective method for early resolution of disputes including an escalation process should be agreed and implemented so any potential delays in transferring accommodation are communicated to senior managers as early as possible.	In relation to operational disputes which result in increased risk to a service an escalation process should be co designed and implemented by THC and NHSH that links to the risk register allowing for early communication to senior management.	Chief Officer Health and Social Care	31/12/25
M1	Medium	Parts of the transitions process were not formally documented, in particular the expectation of all parties with regard to meeting agendas and record keeping.	The Joint Transitions Team would benefit from setting out all key tasks in the transitions process in a formal document including a minimum expectation for meeting records, specifically having action points for each meeting to show tasks, assigned responsibility and timescales so that there is clear accountability.	Joint meeting template to be agreed including actions and timescales, to be recorded on Client's file.	Strategic Lead Care & Support	31/12/25
		A Joint Protocol to establish best practice and set out respective lead agency responsibilities and a quality assurance mechanism existed but was not being used and considered out of date.	The Joint Protocol should be reviewed and brought up to date particularly to include a robust quality assurance mechanism for assessing the Transitions Service's performance.	Updated Joint Transition procedures to be agreed between the Council and NHSH be in line with National Transitions to Adulthood Strategy for Young Disabled People 2025-2030. To include pathway of support, funding and timescale. Introduction of a checklist identifying tasks for each organisation and timescales within the transition journey.	Strategic Lead Care & Support	31/03/26

Ref	Priority	Finding	Recommendation	Management Response	Implementation	
					Responsible Officer	**Target Date**
M2	Medium	There was an opportunity to further support the transition process through improved record keeping.	The Joint Transitions Team should improve record keeping to better support an effective transitions process. It would be good practice to ensure the systems are kept up to date for all referrals, requests for service and allocated workers. Having a written record of the planned transition date for all different services for each service user would ensure both parties in the Joint Transitions Team have an indisputable set of dates where services should transfer.	Procedures to be agreed between The Council and NHSH that will include a recorded planned transition date within transition pathway and will be recorded within the Transition checklist of the client.	Strategic Lead Care & Support	31/03/26
M3	Medium	There were very few references to the work of the Joint Transitions Team (or the transitions process reported to either the Health, Social Care & Wellbeing Committee or the Joint Monitoring Committee so performance was difficult to scrutinise.	The Partnership should agree a set of indicators to monitor the performance of the Joint Transitions Team and transitions process. These should be regularly reported to the Joint Monitoring Committee.	The recommendation will be implemented. Implementation of this recommendation along with M4 will allow for joint monitoring, review analysis and reporting of the Joint transition team only, this should also include all children's Disability services with a sub section of Joint Transition team, this should be a co-produced report by the Council and NHSH.	Lead Officer Strategy, Performance and Quality Assurance with input from Strategic Lead Care & Support	31/12/25
M4	Medium	There was a risk register prepared by the Joint Officer Group and reported to the Joint Monitoring Committee for review. This listed the transitions process as a risk and briefly listed some mitigating actions. There was scope to enhance the risk register and risk reporting in	The risk register should be updated to reflect good risk management practices by: • Establishing the risk appetite • Clarifying risk scoring criteria • Including more detailed mitigation actions	The recommendation will be implemented. This recommendation would allow for clear communication between agencies of the current service risks and the implications of NHSH risks to the Council both now and for forecasting measures and should include all	Lead Officer Strategy, Performance and Quality Assurance	31/12/25

Ref	Priority	Finding	Recommendation	Management Response	Implementation	
					Responsible Officer	**Target Date**
		line with best practice by establishing a clear risk appetite, better defining scoring criteria, allocating individuals as risk owners, detailing mitigation strategies with explanations of their impact, and setting out clear actions with defined timescales.	• Improving accountability with clear risk ownership • Explaining how mitigations reduce risk • Setting timescales for actions • Improving visibility of risks from all partner organisations that may affect transition arrangements. The risk register should be reviewed regularly to show how mitigations are influencing risk levels.	children's Disability Services along with Joint Transitions team.		
L1	Low	Whilst referrals were being made to the Joint Transitions Team by Education there was scope to increase staff awareness of the referral process to ensure young people who may require a service were being identified and assessed.	A communication and training refresh should go out to targeted key people in schools to facilitate referrals.	This recommendation will be implemented. This should be co-produced by both Education services and the children's disability team as will have a pan Highland effect.	Strategic Lead Care and Support	30/06/26

Transitions Planning Guidance for Young People (note post 18 comment applies to care experienced young people only **Appendix 3**

Important Note_- Ages given are indicative only. Please ensure that you also look back at the previous columns to ensure the tasks are completed (particularly in relation to need for AWI legislative interventions). The Service Lead is indicative, it is recognised that some young people may have a different pathway.

From Age 14: Children Services Lead	**By Age 15: Children Services Lead**	**At Age 16:**	**At Age 17:**	**At Age 18:**	**At Age 19:**	**At Age 21:**	**At Age 25: Adult Services Lead**
Children's Services Lead Professional advises NHSH District Health and Social Care Service that input may be required . Agreement sought between children's and adults services in terms of whether a young person is likely to require an adult care service Part A of the POP used to alert Adult H&SC Care Team either on Care First or hard copy. Adult service acknowledges receipt **within 1month** Young People with complex needs who will require housing and support into adulthood should be added to the complex case list. Post school	Child's Plan with transitions' focus agreed. Impact of Benefit changes considered and factored in. Capacity issues actioned as appropriate Advocacy Issues actioned as appropriate. Carers needs actioned as appropriate POP considered. Adult Social Care professional allocated and POP commenced as appropriate to indicate intended outcomes and independent living options if these are likely to be required. **Future living options**	Child's Plan with transitions' focus agreed. Impact of Benefit changes considered and where appropriate accessed. Potential for further education, training, work or volunteering explored. Positive Pathway Agreement actioned where appropriate Carers needs considered and need for ongoing support for carers considered	Work on POP continues and any necessary accommodation option agreed and identified by young person and their supporter and/or legal proxy. ***Post 18 S-DS reassessed*** . ***Potential for further education, training, work or volunteering explored.***	P.O.P. ***completed*** capturing intended outcomes and plans for independent living/ accommodation options together with education/training/work/volunteering actions to be agreed and identified by young person and their supporter or legal proxy. Information required in terms of care experienced young person remaining in accommodation on a continuing care basis Carer's Support Plan completed where appropriate Benefits accessed. 'Aftercare Support' continues to be delivered up to age 26 (to an eligible young person and should be managed by that young person or their proxy Consider ordinary residence guidance if young person is expressing a wish to stay in or move to an out of area placement.	Ongoing review and monitoring of P.O.P. with young person and their supporter/legal proxy to include all outcomes referred to previously Carers Support Plan updated	Ongoing review and monitoring of P.O.P. with young person and their supporter/legal proxy to include all outcomes referred to previously . Review of Aftercare Support up to age 26 by children's services	Ongoing review and monitoring of P.O.P. with young person and their supporter/legal proxy to include all outcomes referred to previously . Review of Aftercare Support up to age 26 by children's services

outcomes discussed including Housing. Capacity & Advocacy Issues considered. .	**and planning for accommodation Post 'Care Placement'** P**lanning <u>completed at least</u>** 12 months before the confirmed leaving date Ongoing need for liaison with the young person and any advocate						

Glossary of Terms

Care Experienced - A young person who has previously been looked after by the local authority whether by way of a supervision order or a Permanence Order or as a result of an arrangement pursuant to s25 Children (Scotland) Act 1995 (with consent of parents or if no person with parental rights and responsibilities who is able to provide accommodation)

***P.O.P.* -** (Personal Outcome Plan) is the tool that is used by staff to undertake an outcomes-focussed assessment in partnership with an individual. It sets out what the individual is seeking to achieve and details agreed outcomes, to which resources may be awarded.

Complex Case list – A young person is in a purchased residential placement in our out of Highland and/or it is anticipated that the young person will require housing and support option before 25yrs and/or the package is in excess of £30k and/or there are potentially high levels of risk (agreed at Complex Case Forum meetings)

Post Care Placement - place where the young person resides when they are no longer looked after.

Continuing Care - Duty upon the local authority (children's services) to provide young people whose final placement is in foster, kinship or residential (non secure) care with the same accommodation which was provided at the time the young person ceases to be looked after unless such a placement is not wanted by the young person or if the local authority takes the view that continuing to provide such accommodation would have an adverse effect on that young person's welfare. Note too that continuing care and its provision by children's services is in relation to those services provided by children's services in terms of accommodation – costs costs (if any) will be met by adult care services as required.

Aftercare – Duty upon the local authority (children's services) to provide advice, guidance and assistance to eligible care leavers if those needs cannot be met through existing universal services

Carer's Support Plan- People who have an unpaid caring role may need support to sustain what is often a very demanding role. 'Connecting Carers' is a Highland-wide, third sector carers centre service that can undertake an assessment and agree an outcomes-focussed Carers Support Plan with the Carer.