The Highland Council / NHS Highland

Agenda Item	**6**
Report No	**JMC-02-26**

Committee: **Joint Monitoring Committee**

Date: **12 March 2026**

Report Title: **Chief Officer's Report Adult Services**

Report By: **Arlene Johnstone - Chief Officer**

1 Purpose/Executive Summary

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

2 Recommendations

2.1 Members are asked to:

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

3 Implications

3.1 **Resource** - There are no specific resource issues arising from this report, it is expected that the plan will be implemented within existing resource and associated risks and issues escalated to the HSCP and Strategic Planning Group. It is however accepted that in general there are significant resource issues in terms of the delivery of adult social care and those resource issues are governed by the Integration Scheme currently in place, as signed off by the Council and Board in March 2021 and which received Ministerial sign off in February 2022.

3.2 **Legal** - The content of this report is to seek to ensure the Partnership's compliance with The Public Bodies (Joint Working) (Scotland) Act 2014.

3.3 **Risk** - There are no specific risks arising from this report.

3.4 **Health and Safety (risks arising from changes to plant, equipment, process, or people)** - There are no Health and Safety implications as a result of this report.

3.5 **Gaelic** - There are no Gaelic implications as a result of this report.

4 Impacts

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

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

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

5 Background

5.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Partnership to have in place a **Strategic Plan** which sets out the arrangements for the carrying out of the integration functions for the area over the period of the plan and which also sets out how these arrangements are intended to achieve, or contribute to achieving, the national health and wellbeing outcomes.

5.2 This same Act also directs that a Strategic Planning Group requires to be established and in place in to support the development of this Strategic Plan. The Strategic Planning Group continues to oversee the implementation of the Strategic Plan.

5.3 The same Act also directs that Locality Planning Groups require to be established to provide a forum for professionals, communities and individuals to collectively develop and deliver locality plans based on the Joint Strategic Plan and local need. In Highland, these groups are called District Planning Groups.

6 Implementation of the Joint Strategic Plan (2024 – 2027)

6.1 Strategic Planning Group (SPG)

Since the last reporting period:

- The SPG has begun phase two of aligning the Joint Strategic Plan with the JSNA (2025), including identifying priority themes for the 2027–2030 plan.
- Work is underway jointly with NHS Highland colleagues to ensure alignment with the development of the new NHS Highland Strategic Plan.
- District Planning Groups continue to report significant variation in local pressures, particularly around workforce, rural fragility and transport/access challenges.

6.2 Commissioning

Work continues on the development of the Adult Social Care Commissioning Strategy and Intentions (2026–2029). A draft has undergone initial engagement, and feedback is now being incorporated into a final version for presentation to the JMC later in the year. The Strategy will sit alongside a Market Facilitation Plan, Procurement Plan and associated workforce plan, together forming the framework for how we shape, support and sustain the local care market.

Commissioning activity across care homes and care at home continues to be heavily influenced by workforce availability, local market fragility and affordability. These pressures remain a central determinant of our ability to maintain service continuity, meet increasing levels of need, and strengthen flow across the system.

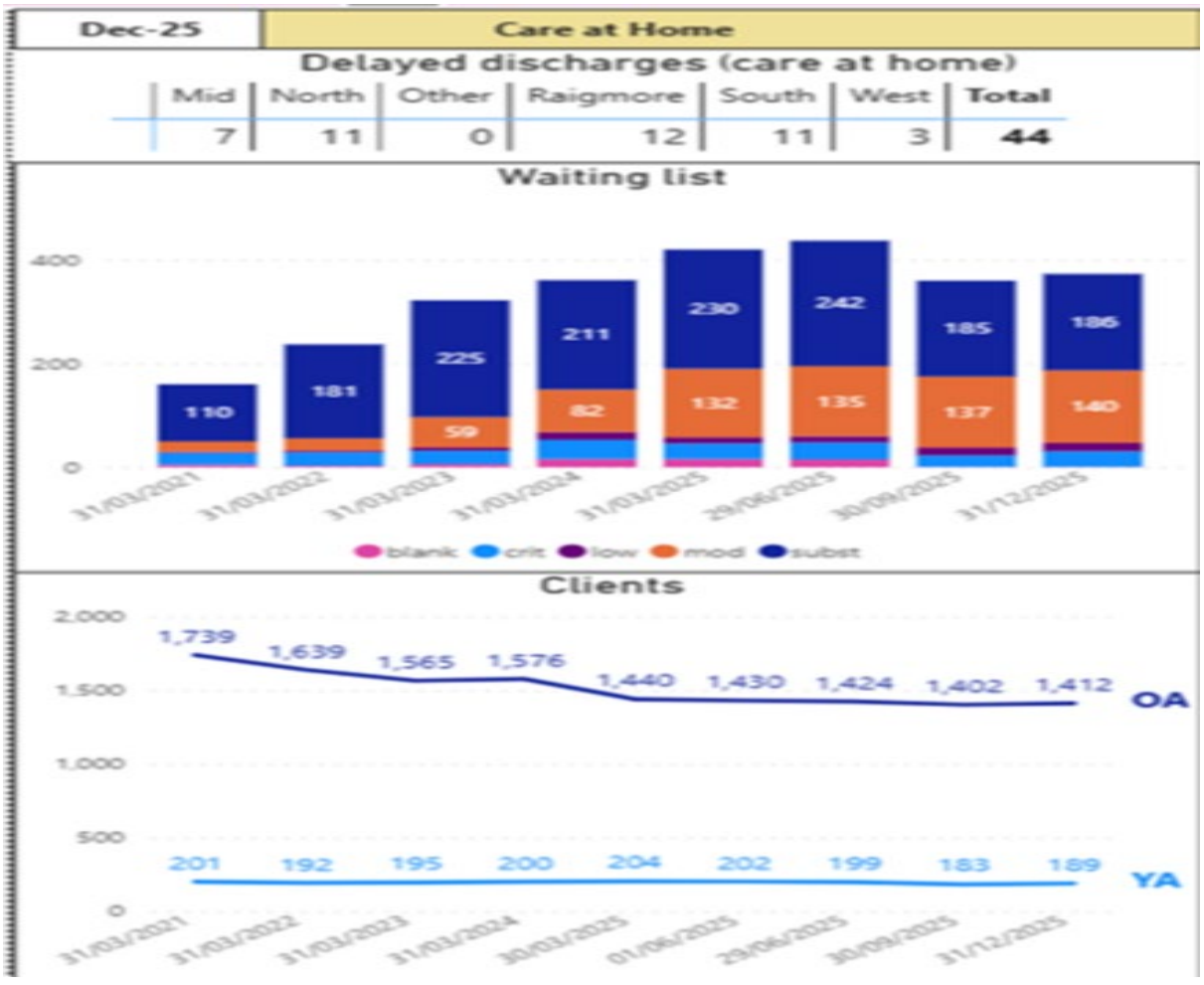
Collectively, this work is building the foundations for a more sustainable commissioning environment, ensuring future investment and service models are aligned to population need, market stability and the wider transformation ambitions of the Partnership.

6.3 Taken together, this activity is helping to strengthen the strategic alignment of the Partnership, ensuring that planning, commissioning and locality structures are aligned around sustainability, population need, and the future direction of the Joint Strategic Plan.

7 Performance

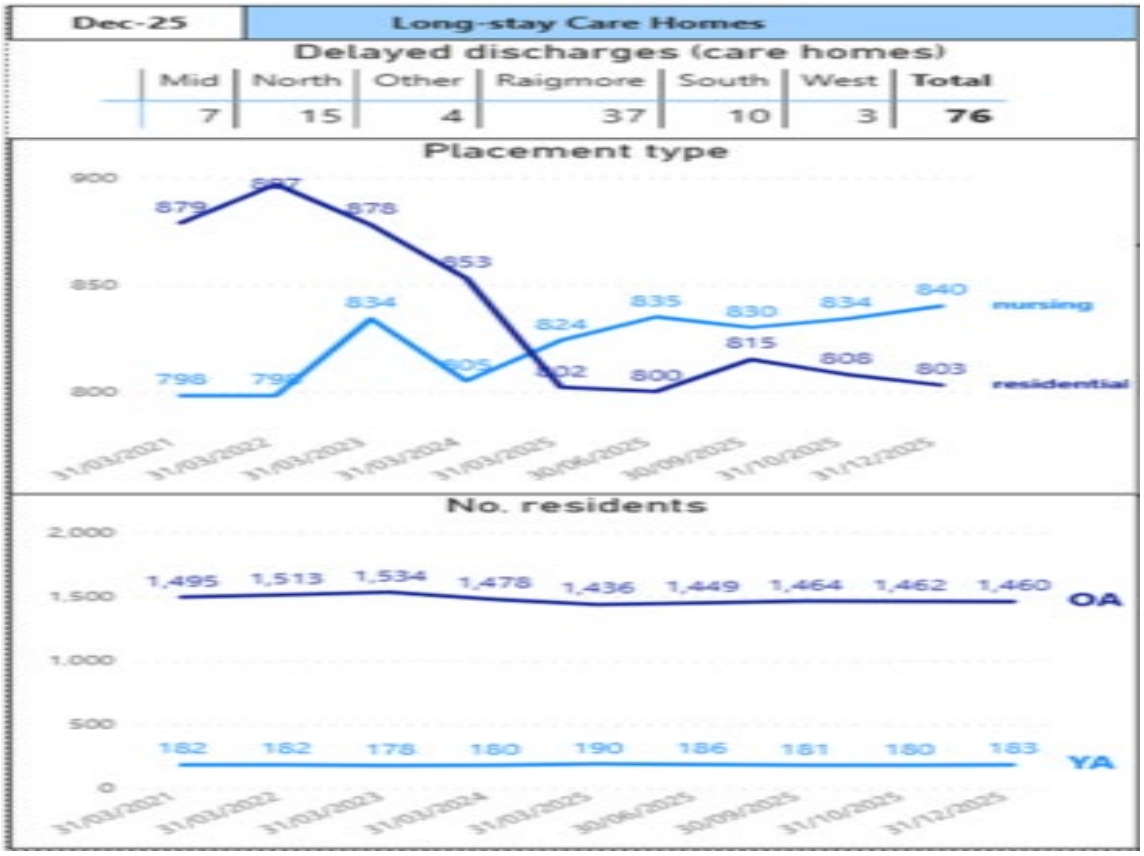
7.1 Care at Home

There remain sustained pressures in the market and maintaining current delivery remains a priority. In this reporting period (January 2026) there are 373 people waiting for a CAH service, continuing the trend of a reduction in activity across this area. There are 44 people delayed in their discharge from hospital awaiting a care at home service. This has increased from 34 in the previous reporting period.
These pressures continue to shape our medium-term priorities for workforce stabilisation and market resilience, both of which are essential to maintaining safe delivery and improving flow across the whole system.



7.2 **Care Homes**

Demand for a care home placement remains our most common reason for delayed hospital discharges. There has been recent sustained unavailability in the inverness area due to quality concerns and the number of delays associated with a wait for a Care Home has increased in this reporting period to 76 people.
The ongoing fragility of local care home capacity remains a key strategic risk, reinforcing the need for redesign, improved market confidence, and investment in sustainable models of residential and community support.

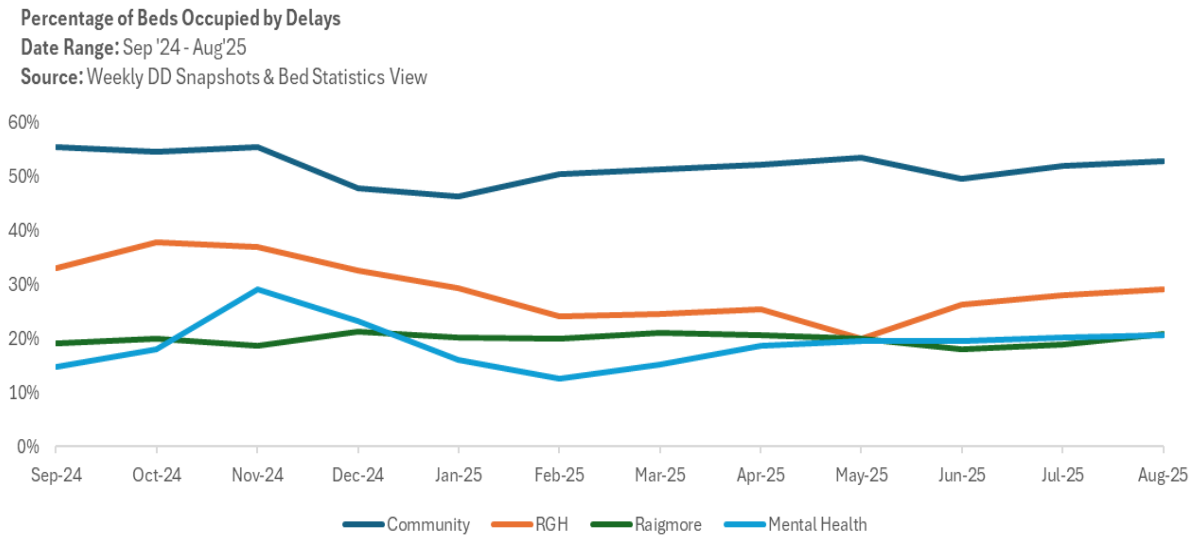


7.3 **Delayed Hospital Discharges**

The trend in the number of people experiencing delay in hospital remains static.

Approximately 50% of all community hospital capacity is filled by people who are currently experiencing a delay in their discharge planning.

Reducing delayed discharges remains a key metric for the work overseen by the Urgent and Unscheduled Care Portfolio Board. Teams continue to hold daily reviews of all individuals and their planned discharge dates and ensure discharge planning activity is in place.
Reducing delayed discharge remains the most critical enabler of whole-system improvement, and progress in this area will continue to be central to our transformation, commissioning and financial recovery priorities.

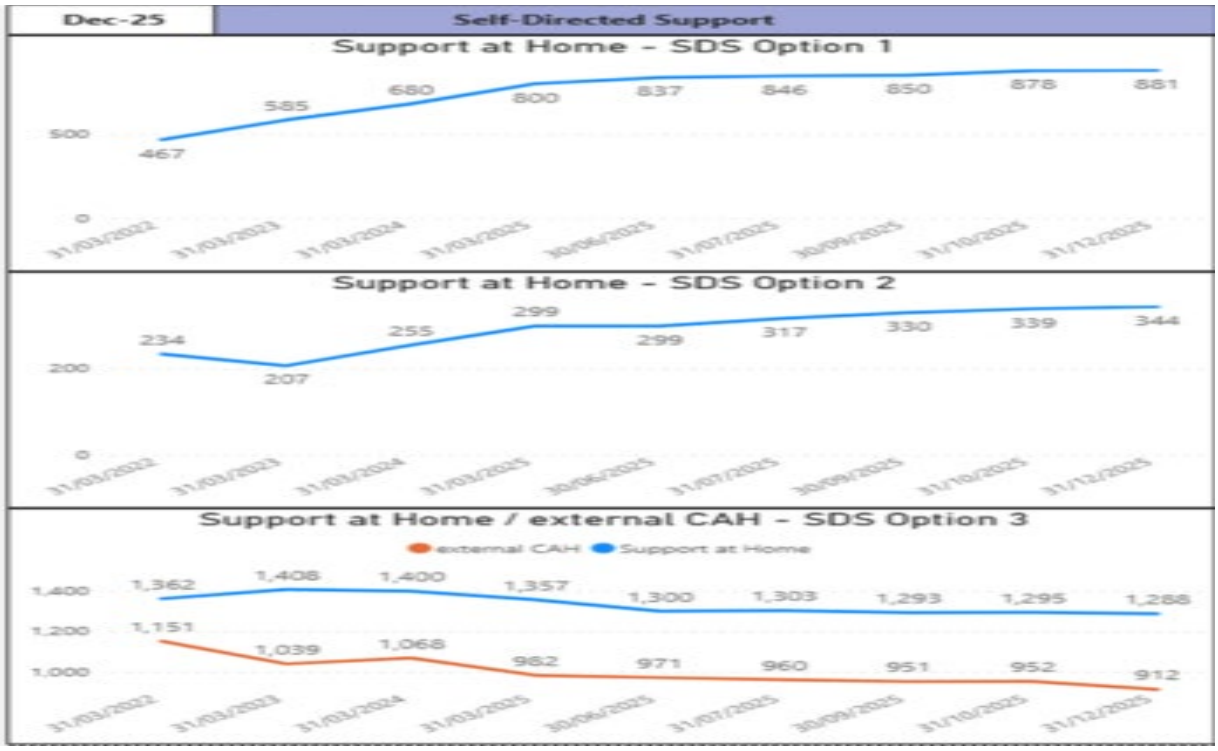


7.4 **SDS**

The trends in growth for Options 1 and 2 and reduction in option 3 remain and are in line with the aims of the Joint Strategic Plan.

Work is focussed on sustaining current providers and exploring opportunities with a wide range of providers.

The continuing shift toward Options 1 and 2 aligns with our commitment to promoting choice and independence, but the stability and capacity of the personal assistant workforce and community developments will be pivotal to sustaining this direction of travel.



7.5 **Audit Scotland: Community Health & Social Care Performance – Highland Summary**:

[Community health and social care: Performance 2025 | Audit Scotland]

A summary table is included as **Appendix 1** at the end of the report.

7.5.1 Audit Scotland's national performance briefing provides an assessment of how Integration Authorities (IAs) are delivering community health and social care across Scotland. The national picture is one of declining performance, rising demand, and persistent variation between areas, compounded by significant data limitations that hinder the ability to fully understand and track outcomes.

Within this context, the Highland Health & Social Care Partnership's performance shows a mixed but largely positive profile when assessed against the Core Suite of Integration Indicators, broadly categorised in three themes (summarised in the table at the end of the report):

7.5.2 **Prevention & early intervention / balance of care**
Highland performs consistently at or above Scotland's average in several core indicators linked to prevention and community-based care. These include:

- The percentage of adults reporting they can look after their health well (NI1)
- Emergency admissions and emergency bed days (NI12, NI13)
- End of life care delivered in the home/community (NI15)
- Falls among people aged 65+ (NI16) – a key prevention measure.

The proportion of adults with intensive care needs receiving care at home (NI18) is lower than the national average, indicating ongoing challenges in delivering complex care in the community at scale.

7.5.3 **Person-centred and accessible care**
Audit Scotland notes declining satisfaction nationally; however, Highland's results contrast positively. Highland performs at or above the national average across nearly all experience indicators (NI2–9):

- Coordination of services (NI4)
- Quality ratings for care and support (NI5)
- Experience of GP services (NI6) – markedly higher than Scotland
- Quality of life outcomes (NI7)
- Feeling safe at home (NI9)
- Carer outcomes (N18)

Despite operational pressures, people in Highland generally report positive experiences of support and access, suggesting strong relational practice, effective coordination, and good frontline delivery in many areas.

7.5.4 **Reducing inequalities**
Highland's performance in inequality related indicators is mixed, reflecting the national picture. Key strengths include:
Premature mortality (NI11) – significantly lower than the Scotland average.

However, the most concerning area of performance across the dataset is:
Delayed discharge (NI19) – where Highland performs significantly worse than Scotland. Highland's figure (2,208.8 per 1,000 population) is more than double the national comparator (952).

7.5.5 The national assessment from Audit Scotland provides important strategic context for the Partnership's performance. While Highland continues to demonstrate relative strengths in prevention, experience of care and several system-flow indicators, the findings also reaffirm the scale of the challenge posed by delayed discharge and wider capacity constraints. These national insights reinforce the direction of travel set

out in our transformation and financial recovery work and highlight the need for sustained whole-system focus on improving flow, strengthening community capacity and ensuring financial and operational sustainability.

These national findings reinforce the strategic direction already set locally, highlighting the need to strengthen community capacity, improve flow, and maintain a sustained focus on financial and operational sustainability.

7.6 **Adult Social Care Finance Plan and Adult Social Care Transformation Activity**
As reported to the Committee in December 2025, the Adult Social Care Finance Plan endorsed by both Chief Executives sets out a two-track approach to achieving financial sustainability:

Track 1 – Financial Recovery: Concentrating on immediate measures to manage in-year financial pressures and stabilise budgets.

Track 2 – Service Redesign and Sustainability: A medium- to longer-term transformation programme aimed at creating a more efficient and sustainable model of care. This includes redesigning in-house Care at Home and Care Home services to improve efficiency, exploring new delivery approaches to increase capacity, and aligning investment towards prevention and early intervention.

7.7 In summary, despite significant operational pressures, the Partnership continues to make progress in strengthening planning, stabilising key services, and laying the foundations for a more sustainable model of care. The ongoing oversight of the Joint Monitoring Committee remains critical as we progress this work, and further updates will be provided as the transformation programme advances.

Designation:	Chief Officer, Highland HSCP
Date:	2 February 2026
Author:	Rhiannon Boydell - Head of Service, Integration, Strategy and Transformation HHSCP Arlene Johnstone, Chief Officer, HHSCP
Background Paper:	None
Appendices:	Appendix 1

Appendix 1

Summary of Core Integration Performance Indicators (Highland vs Scotland)

Ref & Indicator	Highland	Scotland	Ref & Indicator	Highland	Scotland
NI1 Adults able to look after their health	93.0%	90.7%	**NI11** Premature mortality (per 100k)	389	442
NI2 Supported to live independently	71.9%	72.4%	**NI12** Emergency admissions per 100k adults	9,549	11,859
NI3 Say in care/support	60.5%	59.6%	**NI13** Emergency bed days per 100k adults	118,628	120,407
NI4 Services seem well coordinated	65.9%	61.4%	**NI14** Readmissions within 28 days	116	104
NI5 Rate care/support as excellent or good	75.6%	70.0%	N**I15** Last 6 months of life at home/community	89.2%	88.9%
NI6 Positive experience of GP services	80.4%	68.5%	**NI16** Falls per 1,000 (age 65+)	14.8	22.7
NI7 Quality of life maintained	73.6%	69.8%	**NI17** Care services graded good+	81.2%	81.9%
NI8 Carers feel supported	32.0%	31.2%	**NI18** Adults with intensive care needs receiving care at home	56.5%	64.7%
NI9 Feel safe at home	78.2%	72.7%	**NI19** Days in hospital when clinically ready (per 1,000 population)	2,208.8	952