

The Highland Council

Agenda Item	6
Report No	HCW-09-26

Committee: Health, Social Care and Wellbeing

Date: 27 May 2026

Report Title: Adult Social Care Assurance in terms of Registered Services 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 from NHS Highland.

The report also reflects, in particular, on the delivery of registered services and the engagement with the Care Inspectorate in terms of the monitoring of those services which is principally carried out by officers from NHS Highland in terms of their lead agency role. However, the Chief Social Work Officer retains overarching statutory responsibility for all of these services.

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. 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 aware in terms of the budget agreed for 2025/2026 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 an initial options appraisal in terms of a potential change to the future model of

governance has been completed. Internal and external engagement is about to commence.

- 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 who are the lead agency for the purposes of service delivery but that ultimately the Chief Social Work Officer remains responsible for delivery of those services. The lead agency role is both important and relevant in terms of the monitoring of registered services as detailed in this report.

It is 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. There has been discussion about oversight in terms of the provision of registered services which has arisen as a result of the BBC Disclosure programmes and the Committee is reminded that the lead agency model in place is such that the commissioning team within NHS Highland deal with that oversight and provide regular updates to officers of the Council.

- 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

There is therefore a focus in this report on registered services to provide the necessary assurance in that regard.

6.2 Commissioned Care at Home

There remains sustained service and financial pressures in the market. Although 13 Care at Home providers are currently assessed as low risk (87% of providers), there is significant fragility within commissioned care at home services, primarily due to challenges with staffing and financial sustainability. As such there have been 6 contract terminations over the last 26 months and the largest providers delivering over 50% of services, have highlighted continuation concerns – this is an issue which remains under consideration.

The mode of hospital discharges continue to be an area of concern for care at home providers. This continues to be raised with senior acute and community colleagues. Information quality issues also persist and are being addressed as similar concerns arise from time to time in terms of discharge to care homes. There have been recent discussions with the wider care at home sector about potential technology transformation opportunities, using the transformational fund. These discussions are ongoing and include a pilot project in terms of the Vocala technology which is currently underway.

As of 23 February 2026, there are a total of **400** people assessed and waiting for a package of care at home. Of these, **40** (39 as of 11 May) are within a hospital setting and **360** within the wider community. As of 23 February 2026, there is a total of **2,449** hours of care at home unmet need. There are currently no care at home providers seeking to transfer packages to NHS Highland due to viability and sustainability concerns, arising from staffing. It ought also be noted that there are no care at home providers who are subject to a large scale investigation as a result of adult protection concerns and there are no providers who are currently under formal suspension of admissions.

Despite the fragility of the sector, as at 31 March 2026 all providers attained a Grade 4 (Good) or above in one or more key question area. 2 of these providers also additionally scored 3 (Adequate) in one area.

A note of the Care Inspectorate gradings for all Care at Home providers as at 31 March 2026 is attached as **Appendix 1** to this report.

6.3 Commissioned Care Homes

Demand for a care home placement remains the most common reason for delayed hospital discharges. As of 11 May 2026, there were 80 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. On handover date of 01/04/2025 the home had 22 permanent residents. The current registration is for maximum 39 residents over 65 and presently there are 26 permanent and 4 short stay residents. Staffing is stable but still with agency use. The upper wing has 9 beds and remains closed whilst various works are undertaken. Actions are ongoing in terms of increasing bed availability at Invernevis (also in Fort William) to increase capacity.

The Committee is 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. That focus is consistent with the aspirations of the Strategic Plan agreed by the Partnership.

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 are currently no care homes in Highland which are subject to a large scale investigation as a result of adult protection concerns and there are no care homes where there is a formal suspension of admissions. It ought however be noted that there is reduced occupancy at Morar Highland (formerly Castlehill) following a period of suspension of admissions. There remain significant concerns regarding the stability of some other care home services in terms of their ongoing financial sustainability.

There remains ongoing anxiety regarding reliance on overseas workers, changes to international worker visas and increased challenges to recruitment. There has been some success in accessing displaced workers, but accommodation continues to be a challenge and work is underway to develop a strategic partnership response / approach to accessing housing available between THC and NHSH as well as other housing providers.

There continues to be a challenge in terms of the National Care Home Contract rate and its application in Highland and there remains no progress on a pricing structure that recognises smaller scale provision.

A clear process around hospital admissions and discharges to care homes has been developed and rolled out, which improves resident experience and minimises provider risk.

Currently 96% of all care home beds in Highland are occupied.

As at 31 March 2026, 44 of 46 care home providers attained a Grade 4 (Good) or above in one or more key question area. 5 of these care homes additionally scored a 3 (Adequate). **Appendix 1** also provides a note of the Care Inspectorate gradings for all Care Homes as at that date.

6.4 **Care Inspectorate Activity in terms of the provision of registered services**

A note of the Care Inspectorate gradings for all providers is attached as **Appendix 1** to this report.

There is a total of 146 registered care home, care at home and support services in Highland, which are either commissioned from independent providers or delivered in house by NHS Highland.

This section of the report describes the level of performance of registered services over the 12 month period from 1 October 2024 and details NHSH’s engagement, involvement and oversight of this area of activity which is key in terms of the provision of assurance set out in this report. Detail is not provided in terms of support services in this report, but the data is included for completeness within **Appendix 1**. Information in relation to support services will be provided in a future report.

Of the 146 registered care home, care at home and support services delivered in Highland, the composition of this activity is as noted:

	Commissioned	In House	Total
Care Home	45	17	62
Care at Home	16	9	24
Support Service	54	6	60

All of these services are regulated and inspected by the Care Inspectorate who conduct regular inspections and undertake complaint investigations. The frequency of care service inspections is determined by the service's risk level, but a minimum inspection of once a year is likely. Higher risk services and those with lower performance grades are inspected more often, while services that perform well may be inspected less frequently. All new services are inspected within their first year of registration.

Each Care Inspectorate inspection allocates gradings to the relevant Key Question area assessed, using a 6 point scale noted below:

6	Excellent	Outstanding or sector leading
5	Very good	Major strengths
4	Good	Important strengths, with some areas for improvement
3	Adequate	Strengths just outweigh weaknesses
2	Weak	Important weaknesses - priority action required
1	Unsatisfactory	Major weaknesses - urgent remedial action required

The status of all care home, and care at home services as at 30 September 2025, is attached at **Appendix 1**.

In addition to the above snapshot, an overview of quality over the 12 month period from 1 October 2024 to 30 September 2025, has been summarised below. This focus is on inspections undertaken during this period and highlights any service graded Weak (grade 2) or below or a Very Good (grade 5) or above for one or more Key Question area:

Gradings From Inspections During 1 October 2024 to 30 September 2025*					
	Number of Inspections	Grade 2 (Weak) or Below		Grade 5 (Very Good) or Above	
		Commissioned	In House	Commissioned	In House
Care Home	63	3**	1	27	6
Care at Home	11	0	1	4	1
Support Service	30	0	0	18	3

*from inspections conducted and published over this period

**5 inspections to the same provider – counted as 1.

The above confirms that the majority of provision across Highland is of good quality. The issues set out in the table above have now all been dealt with so that as of 12 May 2026 no inspections are showing grades of 2 or below.

The use of the regulator's quality determination is a key component of the wider monitoring oversight undertaken by NHSH. As part of this, NHSH attends Care Inspectorate feedback meetings (both contractual and operational representative where possible) and has full, current and ongoing oversight of the quality of services across the area in terms of Care Inspectorate assessment. All reports issued by the Care Inspectorate for commissioned and in-house services are available on the Care Inspectorate's website.

The following wider arrangements are in place:

- Attendance at Care Inspectorate feedback meetings.
- Timeous internal reporting on issues arising from feedback.
- Supported Improvement Plans if required, are developed with the service provider.
- The Collaborative Care Home Support is directed to support a service, where needed and there is capacity available.
- There is a 4 weekly internal RAG review of care home, care at home and support activity (across commissioned and in house services), with issues escalated as appropriate.
- There is close and ongoing contractual and operational contact with those providers / services presenting as highest risk. These arrangements escalate in seniority and frequency as needed, to appropriately respond to any deteriorating situation.
- There are Care Inspectorate feedback summaries provided to Partnership Chief Officers (normally within 5 working days).
- There is oversight reporting to the Joint Officer Group of RAG status.

This work takes place in tandem with the Chief Social Work Officer and Chief Officer Integrated People Services who are fully sighted in terms of the monitoring and assurance work which takes place.

The Chief Social Work Officer meets with the Link Inspector and Senior NHS colleagues on a monthly basis to enable oversight of service delivery and practice issues to be highlighted and discussed.

6.5 Delayed Hospital Discharges

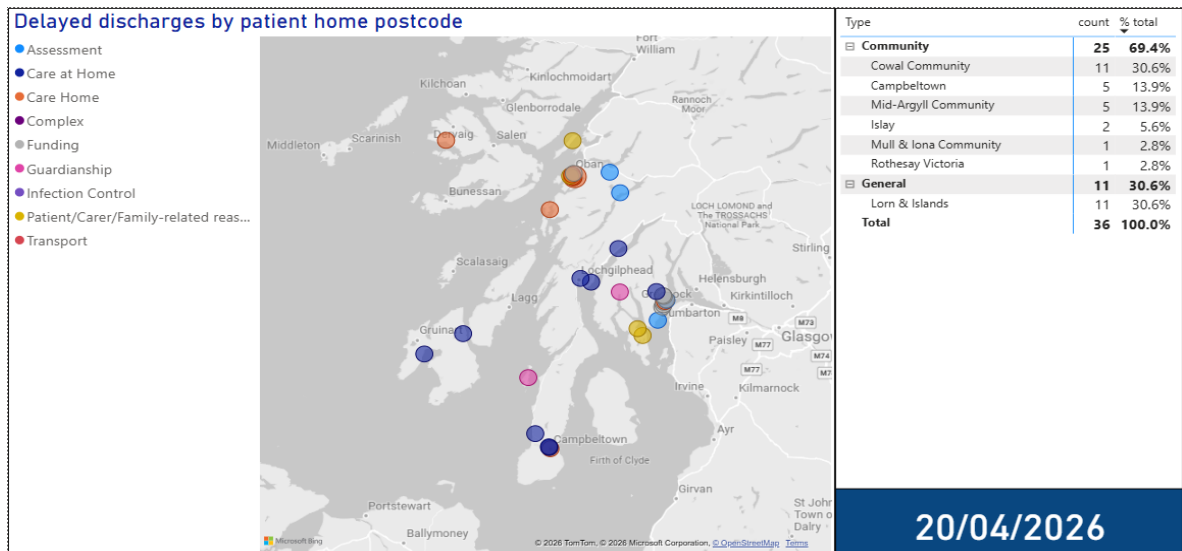
There has been an overall reduction in people affected by delayed discharge from a peak of 235 at the end of November 2024 to 216 on 11 May 2026. Some of the delays are as a result of lack of care home and care at home availability as well as other more nuanced reasons and these are set out in the table below.

In addition to the table, **Appendix 2** to this report provides even greater detail in terms of the reasons for delay. The Appendix uses a range of codes plus descriptions – with those waiting for a care home broadly represented by code 24 and those waiting for care at home are represented by code 25. This detail is provided to assist with understanding the variety of reasons why an individual may remain in hospital after being considered suitable for discharge.

Delayed discharges by delay code

Hospital	Assessment	Care at Home	Care Home	Complex	Guardianship	Infection Control	Patient/Carer/Family-related reasons	Total
B&S Community		2	3					5
Belford		5	1				1	7
Broadford					2			2
Caithness General	4	2	5		1		1	13
County Community	1	8	7		1		1	18
Dunbar	1		4		1		1	7
Lawson Memorial	3		3		6		3	15
Migdale	1		4		2			7
Nairn Town & County	2	3	1		3			9
New Craigs	3	1	2	5	3		1	15
Portree	1				2			3
Raigmore	28	11	26		8	9	9	91
RNI			2		1			3
Ross Memorial	3		1		1		1	6
Wick Town & County		2	3				1	6
Total	47	34	62	5	31	9	19	207

20/04/2026



There continues to be a reduction in "standard delays" and for "other" delay reasons, which are reasons usually related to complexity.

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.

7. Community Health & Social Care Performance – Highland Summary:

7.1 There have been recent findings by Audit Scotland in terms of Health & Social Care performance, and a summary table is included as **Appendix 3** at the end of the report where members will also find a link to the wider report.

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):

7.2 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 (NI 1–19):

- 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 (NI18)

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.

- 7.3 Highland's performance in terms of the indicators which relate to the reduction of inequalities is mixed, reflecting the national picture. Key strengths include: Premature mortality (NI11) – significantly lower than the Scotland average.

There are three areas where Highland performance is materially below the Scottish average:

- N14 Readmissions within 28 days
- N18 Adults with intensive care needs receiving care at home
- N19 Days in hospital when clinically ready (Delayed Discharge)

The most concerning area of performance across the dataset is Delayed Hospital 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).

8. Implementation of the Joint Strategic Plan (2024 – 2027)

- 8.1 Since the last reporting period the Strategic Planning Group has begun phase two of aligning the Joint Strategic Plan with the Joint Strategic Needs Assessment (2025), including identifying priority themes for the 2027–2030 plan.

Work is underway jointly with NHS Highland colleagues to ensure alignment of the Strategic Plan 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.

8.2 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. It is important that these documents reflect the aspirations of the Strategic Plan as agreed by the Partnership.

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.

Designation: Assistant Chief Executive - People

Date: 12 May 2026

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Background Papers: N/A

Appendices: Appendix 1 – Care Inspectorate Gradings for all
Registered Services as at 31/3/2026
Appendix 2 – Extract from Audit Scotland Report
Appendix 3 – Delayed Discharge Codes

Link referred to - [Community health and social care: Performance 2025 | Audit Scotland](#)

Appendix 2 – Delayed Discharge Codes – ASC Report

code	reason	grouping	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	Adults with Incapacity Act	other
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	Awaiting allocation of Mental Health Officer (local authority application)	other
9	Care Home/facility closed	care home	9	Awaiting allocation of Mental Health Officer (private application)	other
23C	Non-availability of statutory funding to purchase Care Home Place	care home	9	Awaiting application to be lodged (local authority application)	other
24A	Awaiting place availability in Local Authority Residential Home	care home	9	Awaiting application to be lodged (private application)	other
24B	Awaiting place availability in Independent Residential Home	care home	9	Awaiting case conference	other
24C	Awaiting place availability in Nursing Home	care home	9	Awaiting completion of complex care arrangements - in order to live in their own home	other
24D	Awaiting place availability in Specialist Residential Facility for younger age groups (<65)	care home	9	Awaiting completion of medical reports (local authority application)	other
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	9	Awaiting completion of medical reports (private application)	other
24E	Awaiting place availability in Specialist Residential Facility for older age groups (65+)	care home	9	Awaiting court date (local authority application)	other
24F	Awaiting place availability in care home (EMI/Dementia bed required)	care home	9	Awaiting court date (private application)	other
25A	Awaiting completion of arrangements for Care Home placement	care home	9	Awaiting legal aid (private application)	other
25D	Awaiting completion of arrangements - in order to live in their own home - awaiting social support (non availability of services)	CAH	9	Awaiting Mental Health Officer completion of reports (local authority application)	other
25E	Awaiting completion of arrangements - in order to live in their own home - awaiting procurement/delivery of equipment/adaptations fitted	CAH	9	Awaiting Mental Health Officer completion of reports (private application)	other
25X	Awaiting completion of complex care arrangements - in order to live in their own home	CAH	9	Awaiting solicitor (local authority application)	other
27A	Awaiting place availability in an Intermediate Care facility	care home	9	Awaiting solicitor (private application)	other
51	Legal issues (including intervention by patient's lawyer) eg informed consent and/or adult protection issues	other	9	Consideration of S13za of the Social Work (Scotland) Act 1968 (private application)	other
51X1	Awaiting case conference	other	9	Consideration of S13za of the Social Work (Scotland) Act 1968(local authority application)	other
51X2	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
51X4	Awaiting allocation of Mental Health Officer (local authority application)	other	9	Safe Guarder appointed / additional reports requested (local authority application)	other
51X5	Awaiting Mental Health Officer completion of reports (local authority application)	other	9	Ward closed - patient well but cannot be discharged due to closure	other
51X6	Awaiting completion of medical reports (local authority application)	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
51X7	Awaiting application to be lodged (local authority application)	other	11B	Awaiting completion of post-hospital social care assessment (including transfer to another area team). Social care includes home care and social work OT	other
51X8	Awaiting court date (local authority application)	other	23D	Non-availability of statutory funding to purchase any Other Care Package	other
51XB	Awaiting solicitor (private application)	other	25F	Awaiting completion of arrangements - Re-housing provision (including sheltered housing and homeless patients)	other
51XC	Awaiting legal aid (private application)	other	44	Waiting availability of transport	other
51XE	Awaiting Mental Health Officer completion of reports (private application)	other	46X	Ward closed - patient well but cannot be discharged due to closure	other
51XF	Awaiting completion of medical reports (private application)	other	52	Financial and personal assets problem, eg confirming financial assessment	other
51XG	Awaiting application to be lodged (private application)	other	61	Internal family dispute issues (including dispute between patient and carer)	other
51X	Awaiting court date (private application)	other	67	Disagreement between patient/carer/family and health and social care	other
H			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

Appendix 3. 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%	NI15 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