

Agenda Item	4
Report No	JMC-06-26

The Highland Council / NHS Highland

Committee: Joint Monitoring Committee

Date: 11 June 2026

Report Title: Chief Officer's Report - Adult Services: Strategic Plan and Delivery Update

Report By: Arlene Johnstone - Chief Officer

1 Purpose/Executive Summary

1.1 This report provides an overview of the Highland Health and Social Care Partnership's strategic direction and delivery in relation to Adult Services.

It outlines:

- the current position and proposed approach to the Joint Strategic Plan, including interim review arrangements;
- the development of key enabling strategies, including the Adult Social Care Commissioning Strategy;
- the current performance position and associated system pressures; and
- progress in delivering the Adult Social Care Finance Plan and associated transformation activity.

The report is presented to support the Joint Monitoring Committee in its role to provide oversight, scrutiny and assurance in relation to the direction of travel and delivery of strategic priorities across Adult Services.

2 Recommendations

2.1 Members are asked to:

- Note** the strategic direction and delivery progress set out in this report; and
- Note** the current performance position and associated system pressures.

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** - The risks associated with delivery are not new but reflect sustained system pressures, including demand for services, workforce capacity and financial sustainability. These are managed through the Partnership's governance and risk management arrangements.

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)** - Work has continued to review and implement the existing Joint Strategic Plan, now in the final year of delivery, informed by the Joint Strategic Needs Assessment.

Implementation continues, in particular through the Joint Transformation Programme, the Adult Social Care Finance Plan and the development of supporting strategies including a Commissioning strategy.

Engagement has also started on refreshing the plan, in line with the requirement under The Public Bodies (Joint Working) (Scotland) Act 2014 to review it at least every three years. This work is being aligned with the engagement process for development of the NHS Highland 10-year Strategy.

Additionally, work continues to agree the future Model of Integration.

With the above in mind, a paper was presented to the Strategic Planning Meeting which requested support from the group to review the Joint Strategic Plan on an interim basis. A new plan would then be developed in the first year of the confirmed integration model.

The Strategic Planning Group supported this approach, recognising that:

- the themes of the current Strategic Plan remain relevant and provide a clear direction of travel;
- there is a need to strengthen the plan through greater detail and improved framing in specific areas;
- supporting strategies and action plans are in place, although these extend beyond the current plan period and require alignment; and
- the development of a new Strategic Plan should be informed by the future model of integration and the NHS Highland 10-year Strategy.

On this basis, it was agreed that the current plan should be refreshed and updated to reflect changes in policy context, emerging intelligence, benchmarking and engagement activity, with a new plan to be developed once the future integration model is confirmed.

6.2 Commissioning - The Adult Social Care Commissioning Strategy (2026–2029) has been developed and sets the strategic direction for how services will be planned, delivered and sustained across Highland.

The Strategy will be supported by a Market Facilitation Plan, Procurement Plan and associated workforce planning, together forming a coherent framework for shaping, supporting and sustaining the local care market.

The Commissioning Strategy is underpinned by a clear case for change, reflecting increasing demand, complexity of need, financial pressures and workforce challenges, and sets out a programme of transformation to ensure services remain sustainable and responsive to population need.

At its core, the Strategy sets a clear direction to shift the balance of care:

- towards community-based and home-based support, prevention and early intervention;
- away from high-cost, institutional and traditional models of care, particularly where these do not deliver best outcomes; and
- towards a more flexible, person-centred system, with greater choice and control through Self-Directed Support options.

This includes a number of key strategic priorities:

- Strengthening community capacity through local care models, third sector provision and community-based support;
- Expanding reablement and early intervention, supporting people to remain independent for longer;
- Rebalancing service provision, including a reduction in reliance on residential care and a greater focus on complex and specialist need where required;
- Developing sustainable market capacity, particularly within the independent sector and community-based provision;
- Increasing uptake of Self-Directed Support Options 1 and 2, including personal assistants and brokerage, to enable more personalised and flexible care arrangements;
- Embedding technology-enabled care and digital approaches to support independence and improve efficiency; and
- Strengthening workforce planning and development to ensure the sustainability of services.

The Strategy also sets out specific commissioning intentions across key service areas, including care homes, care at home, supported living, day services and community-based supports, with a consistent direction to reduce reliance on traditional provision and develop more sustainable, locally responsive models of care.

Together, these approaches provide a clear and coherent basis for commissioning decisions over the next three years and will inform the Partnership's wider transformation and financial sustainability agenda.

Further detail sits within the developing Commissioning Strategy and supporting documents. These are continuing to be refined ahead of formal approval and will be brought forward for assurance in due course.

7 Performance - Performance across Adult Services reflects a position of sustained demand exceeding available capacity, particularly across community-based services and discharge pathways.

The information below provides an overview of current system pressures and progress in key areas aligned to the Partnership's strategic priorities, including supporting people at home, improving flow through the system and increasing choice and control.

7.1 Care at Home - The Partnership's aim remains to reduce unmet assessed critical care needs to zero.

The most recent data shows that approximately 200 people are waiting for a new Care at Home service, with the waiting list reducing from a peak of around 220–230 earlier in the year and stabilising at around 200 in recent weeks.

The majority of those waiting have moderate to substantial needs, reflecting sustained demand for support within the community and the ongoing gap between demand and available capacity.

While there has been some improvement from earlier peaks, the position continues to represent a significant system pressure. This contributes to wider system flow challenges, including delayed discharge, alongside other factors across the system.

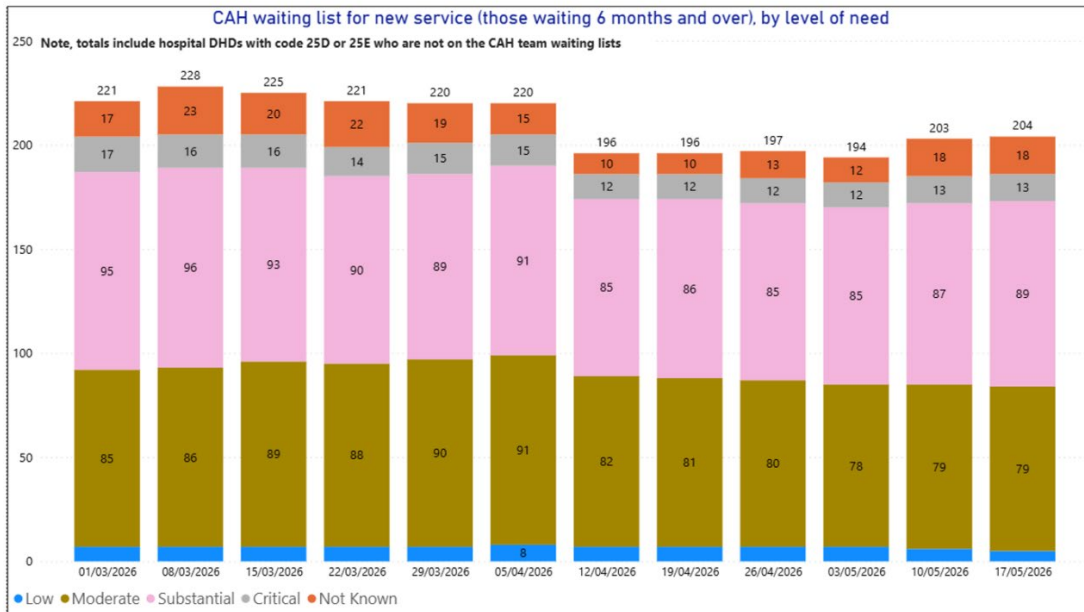


Figure 1: Care at Home Waiting List and Unmet Need

7.2 **Care Homes** - The Partnership's aim is to maintain an appropriate level of long stay care home placements for older adults.

There are currently 69 individuals delayed in hospital awaiting a care home placement. This reflects ongoing pressure within the care home market and continues to impact system flow.

Providers continue to face workforce challenges, particularly in smaller and more remote settings. The Partnership is working collaboratively with providers to sustain capacity and maintain quality.

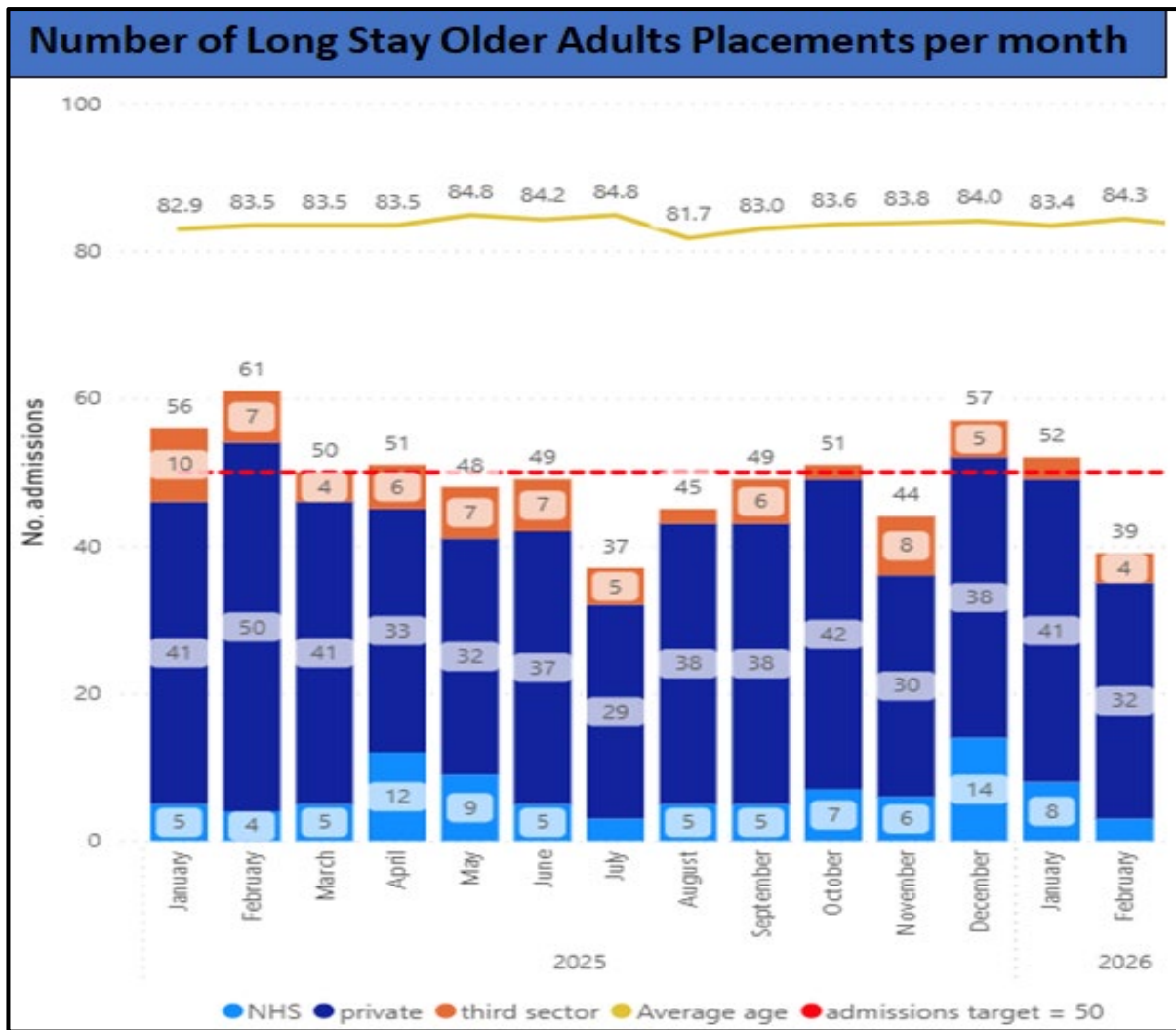


Figure 2: Number of Older Adult Placements per month

7.3 Delayed Hospital Discharges - Delayed discharge remains a significant and sustained system challenge.

Performance continues to reflect sustained system pressure, with no sustained improvement to date.

Performance is impacted by a combination of factors, including community capacity, complexity of need and coordination across services and processes.

Targeted improvement activity is being progressed through the Discharge Without Delay (DWD) programme, with a renewed and accelerated focus on delivery across the system. This includes strengthened programme governance and increased leadership capacity to drive progress and performance improvement.

The current Highland focus is on embedding a whole-system approach to discharge, with priority workstreams including:

- Planned Date of Discharge (PDD) to improve forward planning and pace of discharge;
- Home First / Discharge to Assess (D2A) approaches to support earlier discharge and assessment in community settings;

- Development of Integrated Discharge Teams, with an initial focus on Raigmore to improve coordination and decision-making at the acute–community interface; and
- Strengthening frailty pathways and community hospital flow to reduce delays and improve system resilience.

The DWD programme is a central component of the Partnership’s response to system flow and delayed discharge pressures.

In addition, wider system activity is being progressed, including the Highland Power of Attorney campaign, recognising that the absence of Power of Attorney can delay decision-making and contribute to delays in discharge.

While targeted improvement work is underway, sustained improvement in performance will depend on increasing community capacity and strengthening discharge pathways across the system.

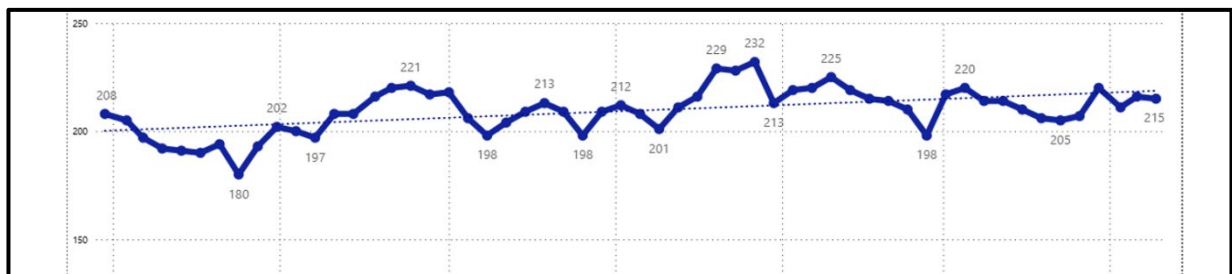


Figure 3: Highland Delayed Discharge – May 2025– May 2026

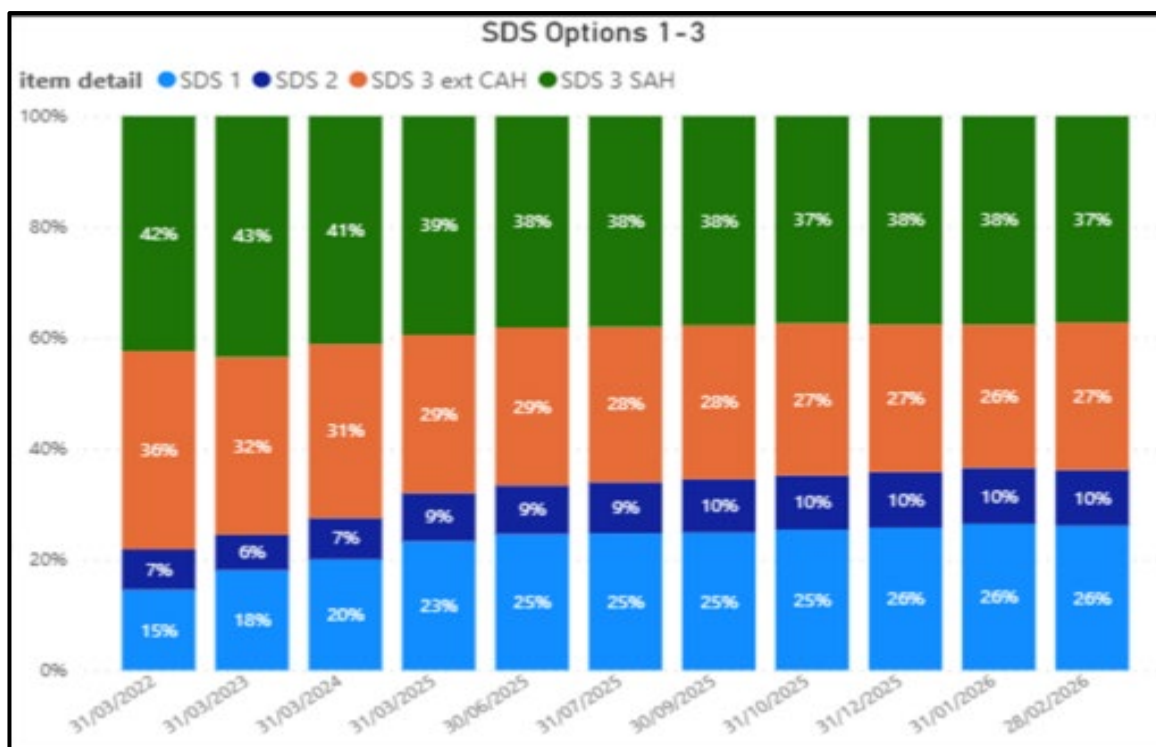
7.4 Self-Directed Support (SDS) - The Partnership continues to promote increased uptake of Self-Directed Support (SDS) Options 1 and 2, alongside a reduction in reliance on traditional Option 3 provision.

The current trajectory remains broadly aligned to this direction of travel, with targets to increase uptake of Option 1 (Direct Payments) to 30% and Option 2 (Individual Service Funds) to 11% of the overall cohort, while reducing reliance on Option 3 provision to 50%. The total number of individuals supported across all SDS options is maintained at approximately 3,425 people.

Performance data indicates a sustained increase in the use of Options 1 and 2, with a corresponding reduction in the proportion of people supported through Option 3.

This reflects a continued shift towards more personalised and flexible models of care, enabling individuals to exercise greater choice and control over how their support is arranged. However, progress in increasing uptake at scale remains dependent on the availability of appropriate market capacity, including the development of brokerage services, personal assistants and community-based provision.

Work is ongoing to strengthen these enabling arrangements, supporting individuals to access a wider range of providers and more flexible models of care, in line with the Partnership’s commissioning and transformation priorities.



7.5 Taken together, performance reflects a system operating under sustained pressure, with demand continuing to exceed available capacity in key areas. While there are areas of progress, particularly in the uptake of more personalised care and in targeted flow improvement activity, the scale of challenge in community capacity and delayed discharge remains significant.

These pressures directly inform the Partnership’s focus on commissioning, transformation and financial sustainability.

7.6 **Adult Social Care Transformation Activity** - Transformation activity continues to be progressed in line with the Adult Social Care Finance Plan and is being delivered on a whole-system, partnership basis across NHS Highland and The Highland Council.

The programme is centred on delivery of the proposed care model for Highland set out in the Strategic Plan, which provides the shared framework for transforming adult social care through a person-centred, locality-led and preventative approach.

Transformation activity is supported through targeted investment from the Transformation Fund and is aligned to the Partnership’s commissioning priorities and financial sustainability requirements. This work is being progressed in alignment with The Highland Council delivery plan, ensuring that transformation activity is coordinated across the Partnership and supports delivery of agreed priorities.

Delivery is being progressed jointly across health and social care services, with a strong emphasis on collaboration with communities, providers and the third sector.

Key areas of transformation activity include:

- development of Local Care Models and Community Led Support approaches, delivered in partnership to support more accessible, community-based services and reduce reliance on statutory provision;

- investment in community capacity and wellbeing hubs, working with local partners to enable earlier intervention and preventative support;
- expansion of brokerage and independent support, supporting increased uptake of Self-Directed Support Options 1 and 2 and improving access to personal assistants and community-based care; and
- targeted support for innovation and co-production with communities, enabling new approaches to care delivery which reflect local need and strengthen sustainable models of support.

This programme of work represents a partnership-led shift in how care is delivered across Highland, reducing reliance on traditional and high-cost models of care and enabling more people to live independently within their communities.

Delivering this transformation requires sustained alignment across commissioning, operational delivery, workforce planning and partner organisations. While progress is being made, the scale of change required remains significant and is closely linked to the broader financial recovery and sustainability agenda.

This report forms part of the Joint Monitoring Committee's ongoing oversight of delivery of the Joint Strategic Plan and associated transformation and financial sustainability programme.

Designation: Chief Officer, Highland HSCP

Date: 26 May 2026

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Background Paper: N/A

Appendices: N/A