Agenda Item	7
Report No	JMC/13/26

The Highland Council / NHS Highland

Committee: **Joint Monitoring Committee**

Date: **24 September 2026**

Report Title: **Adult Social Care Commissioning Strategy and Intentions 2026-2029**

Report By: **Arlene Johnstone**
Chief Officer, Highland Health and Social Care Partnership

1 Purpose/Executive Summary

1.1 This report presents the final Adult Social Care Commissioning Strategy and Intentions 2026-2029 document, for support by the Joint Monitoring Committee.

1.2 The strategy sets out how the Highland Health and Social Care Partnership will commission, reshape and deliver adult social care services over the next three years. It builds upon the Joint Strategic Plan for Adult Services 2024-2027 and the Highland Joint Strategic Needs Assessment 2025 and provides a commissioning framework and implementing vehicle to address rising demand, increasing complexity, workforce pressures, provider instability and significant financial challenge.

2 Recommendations

2.1 Members are asked to:

i. **Note** the commissioning direction and intent towards prevention, reablement, community-led support, Self Directed Support options, technology enabled care and supporting more people to live independently at home.

ii. **Support** the Adult Social Care Commissioning Strategy and Intentions 2026-2029 document.

iii. **Note** that supporting delivery plans including a Market Facilitation Plan, Procurement Plan and Workforce Plan will now be developed and brought forward through appropriate governance routes.

iv. **Agree** that the Joint Monitoring Committee will retain strategic oversight of implementation and annual review arrangements.

3 Implications

3.1 **Resource** - The strategy establishes a commissioning direction for Adult Social Care within the context of the Partnership's available resources, recognising the current financial pressures facing the system and the need to achieve long-term sustainability. Delivery will require prioritisation, rebalancing of investment, service redesign and implementation of the Highland Care Model. The detailed resource implications

associated with implementation will be considered through the development of supporting delivery plans and future governance arrangements.

3.2 **Legal** – The strategy supports delivery of the statutory Joint Strategic Plan prepared under the Public Bodies (Joint Working) (Scotland) Act 2014, and aligns with national commissioning, procurement and integration guidance. It also supports the wider legislative framework governing adult social care and Self Directed Support.

3.3 **Risk** – Key risks include:

- Increasing demand and complexity of need
- Workforce shortages and recruitment challenges
- Financial sustainability pressures
- Care home and care at home market fragility
- Delayed discharge pressures
- Delivery of transformational change at sufficient pace and scale

These risks will be managed through established governance, programme management and performance monitoring arrangements.

3.4 **Health and Safety (risks arising from changes to plant, equipment, process, or people)** - There are no direct health and safety implications arising from the strategy.

3.5 **Gaelic** - There are no specific new implications for Gaelic arising from the strategy

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 **Integrated (Equality) Impact Assessment - Summary**

4.3.1 Equality Impact Assessment screening was undertaken on 21 May 2026.

4.3.2 The Screening process has concluded that the strategy is expected to have a positive impact on older adults, disabled people, unpaid carers and those requiring complex support. It is also expected to support wider community resilience and workforce development.

4.3.3 Members are asked to consider the summary in **Appendix 1** to support the decision-making process.

4.3.3

Impact Assessment Area	Conclusion of Screening
Equality	• Children and Young People – *no impact* • Children affected by disability – *no impact* • Gender - *positive* • Age – p*ositive* • Disability - *positive* • Race – *no impact* • Sexual orientation – *no impact*
Socio-economic	*Positive*
Human Rights	*Positive*
Children's Rights and Wellbeing	*No impact*
Island and Mainland Rural	*Positive*
Climate Change	*No impact*
Data Rights	*No impact*

5 Background

5.1 The Joint Strategic Plan for Adult Services 2024-2027 established the vision of:

"*Working together to support our communities in Highland to live healthy lives and to achieve their potential and choice to live independently where possible."*

5.2 The Joint Strategic Plan currently in place was developed prior to publication of a Joint Strategic Needs Assessment and therefore did not contain detailed commissioning intentions. The publication of the JSNA in 2025 provided a robust evidence base for the development of a specific Adult Social Care Commissioning Strategy and Intentions document.

5.3 The development of the strategy has taken place over November 2025 to June 2026. It has been led by a joint Council / NHS Reference group and informed by:

- Joint Strategic Needs Assessment 2025
- Provider input, discussion and feedback
- Strategic Planning Group discussion
- Health and Social Care Committee engagement

5.4 The final strategy is attached at **Appendix 2**. The document represents a significant step forward in translating the Joint Strategic Plan into a clear commissioning programme for Highland. It provides a comprehensive assessment of need, identifies the changes required to secure sustainable adult social care services, and establishes a clear direction of travel focused on independence, prevention, community support and financial sustainability.

5.5 The strategy establishes the **Highland Care Model** as the Partnership's overarching transformation programme. The model will be:

- Person centred and rights based
- Locality led and place based
- Integrated and multidisciplinary
- Preventative and proactive
- Digitally enabled and data informed
- Co-produced with communities.

The commissioning activity described within document ultimately intends to:

- Increase the number of people supported at home.
- Increase uptake of SDS Options 1 and 2.
- Expand prevention and community supports.
- Develop Local Care Models.
- Increase use of technology enabled care.
- Develop the appropriate balance of in-house, independent, third-sector and community provision
- Focus in-house services on areas of greatest strategic value, including reablement and complex care.

5.6 The HHSCP Partnership intend to publish this strategy alongside an easy read version, and progress implementation of the strategy. Further enabling documents - supporting Market Facilitation, Procurement and Workforce - will also be prepared.

5.7 Delivery will be undertaken through a phased programme of transformation focused on implementing the Highland Care Model, strengthening community-based provision, improving sustainability of the care market, and rebalancing services towards prevention, independence and support at home.

Continued engagement with people who use services, unpaid carers, providers, staff, communities and third sector partners will be an important component of implementation. A Highland Adult Social Care Conference will be held in November 2026, followed by locality-based workshops in February 2027, helping to shape the ongoing development of the Highland Care Model through a place-based and collaborative approach.

5.8 Progress will be monitored through existing governance arrangements and reported to the Joint Monitoring Committee and Health and Social Care Committee, with the strategy subject to annual review and refresh.

Designation:	Chief Officer, Highland Health and Social Care Partnership
Date:	7 September 2026
Author:	Gillian Grant, Interim Head of Commissioning
Background Papers:	Previous updates provided with the Chief Officer reports (most recently 11 June 2026)
Appendices:	Appendix 1 – Equality Impact Assessment Appendix 2 – ASC Commissioning Strategy and Intentions 2026-2029

APPENDIX 1

Equality Impact Assessment (EQIA) Template: Please complete alongside the guidance document

Title of work: Adult Social Care Commissioning Strategy and Intentions 2026–2029	**Date of completion:** 21 May 2026	**Completed by:** Commissioning Strategy Reference Group Gillian Grant, Interim Head of Commissioning

Description of work

The **Adult Social Care Commissioning Strategy and Intentions 2026–2029** sets out the Highland Health and Social Care Partnership's strategic approach to commissioning adult social care services as an implementation vehicle of the Joint Strategic Plan, for which an EQIA has already been completed:
Equality Impact Assessment - Highland Health and Social Care Partnership Strategic Plan for Adult Services 2024-2027

The commissioning strategy and intentions:
- Defines prioritisation and direction of travel for commissioned services
- Focuses on delivery within financial and demographic constraints
- Supports a shift toward community-based care and support at home, reflecting what individuals report they want.

The EQIA has been informed through structured discussion at the Commissioning Strategy Reference Group, alongside existing strategic and operational intelligence.

Outcome of work

The strategy sets out a change and transformation programme built around the Highland Care Model and a shift in the balance of care towards supporting more people to live independently and well at home. The strategy includes intentions to increase use of Self-Directed Support (Options 1 and 2), strengthen community-based supports and prevention, expand technology-enabled care, and rebalance the delivery landscape (including reducing reliance on higher-cost institutional models where safe and appropriate).

Key rebalancing intentions include:
- Reduce the number of people with unmet assessed critical care needs.
- Increase the combined number of people actively using SDS Options 1 and 2 and reduce reliance on current Option 3 services.
- Increase the number of people supported to live at home and reduce the number of people supported in residential settings.
- Increase the ratio of activity commissioned from independent providers and alternative community solutions and reduce the footprint of provision delivered in-house by NHS Highland.

The intended outcomes of the strategy are to:
- Better meet the needs of adults in need and at risk across Highland
- Deliver services aligned to choice, flexibility and control (Self-Directed Support principles)
- Improve personal outcomes through personalised approaches
- Provide transparency on how services will be delivered and prioritised
- Support rebalancing of care, including increasing community-based provision

Who

Stakeholders: (who will this work affect?)

- The strategy impacts:
  - Adults accessing social care support
  - Adults at risk and those with complex needs
  - Unpaid carers and families
  - Care workforce (independent, third sector and NHS/Local Authority)
  - Wider communities and voluntary sector partners

Disability and older age groups - are disproportionately represented in adult social care populations. This strategy is expected to deliver positive impacts for these disproportionally represented groups.

Workforce – we are looking to increase the number of support routes to join the market, creating a positive impact.

Communities – not everything is available to everyone in all areas. We are intending to offer a suite of options in communities to strengthen community fabric and equalisation of access.

How do you know

The strategy and this EQIA are informed by national and local policy, population needs evidence, engagement activity and service/finance data.

Key sources include:

- Highland Joint Strategic Needs Assessment (JSNA) 2025 (published March 2025; revised June 2025) – population profile, inequalities, rurality/access deprivation and projected demand.
- Joint Strategic Plan for Adult Services 2024–2027 – vision, outcomes and statutory planning context.
- Adult social care activity, demand and finance profile set out in the strategy (including delayed discharge, care home and care at home activity, and budget/forecast position).
- Service area commissioning actions and intentions and the consolidated intentions plan.
- Engagement through an NHS Highland / Highland Council Reference Group and discussion at Strategic Planning Group, Health and Social Care Committee, provider engagement and senior leadership review.
- Professional and operational experience of the Reference Group.
- Scottish Human Rights Commission report Economic, Social and Cultural Rights in the Highlands and Islands (2024), which identifies challenges associated with access to health and social care, transport, workforce availability, poverty, housing and rural service provision.
- Feedback and learning from service users, carers, providers and community stakeholders obtained through commissioning engagement activity.
- Consideration of equality, human rights, safeguarding and rurality and island community impacts.

What will the impact of this work be?

The impact will be as noted:

- Improved equality of access across Highland (including rural areas)
- Strengthening of community infrastructure ("community fabric")
- Increased choice, flexibility and personalised outcomes
- Expansion of employment opportunities within care sector
- More transparent and consistent service offer

More specifically, by characteristic, this is as noted:

Characteristic	Positive	Negative	Neutral	Comments
Gender	X			The move to self-direction and greater choice, control and flexibility should ensure that all equality groups have the opportunity to maximise the personalisation of their care. This should offer a significant positive impact
Age	X			The strategy should have a positive impact on adults of all ages as highlights the need to plan around needs. Potential impact relates to service delivery challenges and implementation of strategy rather than the strategy itself.
Disability	X			The strategy should have positive impact on needs. Potential impact relates to service delivery challenges and implementation of strategy rather than the strategy itself.
Religion or Belief			X	Unclear whether there are any issues in relation to different religions.
Race			X	Unclear whether any issue in relation to strategy and different races. Many services will be commissioned for individuals and groups only after Social Work assessment and care-planning. These Social Workers are required to promote equality in their practice and seek to mitigate the impact of oppression.
Sexual Orientation	X			It is recognised that LGBT+ individuals can experience barriers to accessing services and may be at greater risk of social isolation. The strategy's focus on personalised, community based support may contribute positively to inclusion and access.
Gender reassignment			X	No anticipated negative impact.
Pregnancy/maternity			X	No anticipated negative impact.
Marriage and Civil Partnership*			X	No anticipated negative impact.

Area of Impact	Positive	Negative	Neutral	Comments
Pockets – potential impact on household resources (income, benefits, outgoings), ability to access a service due to reduction or withdrawal	X			Ability to access a service: +ve – ability to be supported at home, tech enabled/community support -ve – residential support…families needing to travel to visit as no Care Home beds in every community – cost of being out of your community +ve – supporting carers +ve – focusing on filling gaps by the approach
Prospects – potential impact on people's life chances e.g. access to, or ability to access education, employment, training (e.g. transport, childcare, support),	X			Not on individual but on wider family and community – access People with more resources have more choice – mitigation is that the strategy is trying to ensure people can remain within their community and not be required to use more intensive resources
Places – potential to impact on specific vulnerable areas or communities (SIMD, fragile rural) e.g. housing, transport)	X			Positive impacts anticipated through increased focus on local provision, prevention and community capacity building. However, rural and island communities face distinct challenges relating to workforce recruitment, transport, geographic isolation, digital connectivity and access to services.

Given all of the above, what actions, if any, do you plan to take?

No specific EQIA mitigation actions required, as no significant adverse equality impacts have been identified at this stage.

However, the following actions will be undertaken:

- Continue engagement with people who use services, carers, providers and communities.
- Undertake targeted engagement with disabled people and representative organisations.
- Ensure accessible consultation materials are available, including consideration of Easy Read formats.
- Include consideration of rural and island community impacts throughout implementation.
- Monitor access, outcomes and service utilisation across protected characteristic groups where data is available.
- Maintain safeguarding and Adult Support and Protection arrangements throughout implementation.
- Review and update the EQIA as further evidence and consultation findings emerge.

Monitoring and review

Ongoing monitoring through:

- Contract management.
- Provider engagement.
- Service user and carer feedback.
- Strategic Planning Group and governance arrangements.
- Review of equality impacts identified through complaints, feedback, performance reporting and engagement activity.

This EQIA will be treated as a live document and reviewed as consultation activity progresses and implementation arrangements are developed.

Alignment with:

- Implementation Plan.
- Joint Monitoring Committee governance arrangements.

EQIA outcome

- Strategy expected to deliver positive and disproportionate benefits to key groups.
- No significant adverse equality impacts identified at this stage.
- Proceed with implementation.
- Monitoring arrangements in place
- Further assessment and refinement will take place as consultation and implementation progress.

Sign off

EQIA completed by: Commissioning Strategy Reference Group

EQIA Children's Rights – Screening Sheet

The United Nations Convention on the Rights of the Child places a compatibility duty on NHS Highland to ensure the rights of children are protected and promoted in all areas of their life. Completing this Screening Sheet will indicate if completing **the EQIA Children's Rights Questions is required**.

Please note that the actions, or inactions, of public authorities such as NHS Highland can impact children more strongly than any other group in society and every area of policy/service development affects children to some degree, whether directly or indirectly.

For information or support contact: NHSH Child Health Commissioner: deborah.stewart2@nhs.scot

Overview

Completing the Children's Rights Screening Sheet is a preliminary check on the proposed policy/service development to help determine whether completing October 2025 the Children's Rights questions in the EQIA is required, and provide a record of that decision. The Children's Rights screening questions below; ask basic information about the policy/service development and how it will affect children and young people specifically. Decisions about whether or not to complete the Children's Rights Screening questions as part of the EQIA should take place as early as possible in the formation of the policy/service development. This is the best way of ensuring that children's rights and wellbeing influence the way in which the policy develops, and that NHS Highland duties to act in a manner compatible with the UNCRC (Incorporation) (Scotland) Act 2024 are met. Who takes part in the Screening exercise depends on the complexity and potential reach of the policy/service development under consideration.

1. What aspects of the policy/service development will affect children and young people up to the age of 18?

The Articles of the UNCRC apply to all children and young people up to the age of 18, including non-citizen and undocumented children and young people.

Planning, commissioning and rebalancing of the following services:

- Carers services - Adult carer of a child – carers strategy supportd this
- Support services - Children into transition into adult services – increase range of support services.

2. What likely impact – direct or indirect – will the policy/service development have on children and young people?

'Direct' impact refers to policies/service developments where children and young people are directly affected by the proposed changes, e.g. in early years, education, child protection or looked after children (children in care). 'Indirect' impact refers to policies/service developments that are not directly aimed at children but will have an impact on them. Examples include: hospital visiting policy, treatment/support to parents, staff parental leave, access to play areas, transport schemes.

Positive (indirect)

- Improved planning and clarity for transitions
- Increased choice, flexibility and control

3. Which groups of children and young people will be affected?

Under the UNCRC, 'children' can refer to: individual children, groups of children, or children in general. Some groups of children will relate to the groups with protected characteristics under the Equality Act 2010: disability, race, religion or belief, sex, sexual orientation. 'Groups' can also refer to children by age band or setting, or those who are eligible for special protection or assistance: e.g. preschool children, children in hospital, care experienced children and young people, children in rural areas, young people who offend, victims of abuse or exploitation, child migrants, or children living in poverty.

- Children in transition to adult services
- Children supported indirectly via adult carers
- Young people likely to have ongoing adult social care needs

4. Is completion of the EQIA Children's Rights Questions required?

Please state if completion of the Children's Rights Questions in the EQIA template will be carried out or not. Please explain your reasons.

- No negative impact identified at this screening stage.
- Impacts on young people transitioning into adult services and young carers have been considered within the strategy.
- The screening conclusion will be revisited should future consultation identify material impacts on children and young people.

APPENDIX 2

Highland Health and Social Care Partnership

ADULT SOCIAL CARE

Commissioning Strategy and Intentions

2026 to 2029

NHS Highland

The Highland Council
Comhairle na Gàidhealtachd

Contents

1 Foreword

It gives me great pleasure to present the Highland Health and Social Care Partnership's Commissioning Strategy and Intentions 2026–2029, setting out our ambitious approach for the years ahead.

This strategy sets out a clear direction for adult social care across Highland, with a strong commitment to delivering services that are sustainable, person centred, and fully responsive to the changing needs of our communities.

We are operating in a period of rising demand, increasing complexity, financial pressure, and persistent workforce challenges. These realities make it more important than ever that our commissioning approach is ambitious, transparent, and shaped through meaningful collaboration with partners, providers, and communities.

Over the next three years, we will drive forward our Highland Care Model by expanding community-based options, strengthening reablement and early intervention, and ensuring our commissioning decisions are grounded in robust data, clear evidence, and meaningful engagement.

Delivering within a balanced budget will demand tough choices, honest conversations, and a collective determination to do what is right for the people of Highland.

Together, I am confident that we can build a stronger, more resilient and more sustainable system of care - one that reflects our values, delivers real impact, and meets the needs of Highland's communities now and for the future. I look forward to working with you to turn this ambition into action.

Arlene Johnstone
Chief Officer

Highland Health and Social Care Partnership

2 Executive Summary

- Our Adult Social Care Commissioning Strategy and Intentions 2026–2029 sets out a bold programme of change for Highland, building on the Joint Strategic Plan (JSP) published in 2024 and the Joint Strategic Needs Assessment (JSNA) updated in 2025.
- This strategy is a clear call to action. It translates vision into delivery and sets out how the Highland Health and Social Care Partnership will reshape adult social care in the face of rising demand, increasing complexity, and significant financial challenge.
- Highland is facing a powerful combination of demographic change, growing complexity of need, workforce fragility and financial pressure. Demand is rising across both older adult and younger adult services, with particular urgency around complex support, reablement, and sustainable alternatives to high cost models of care.
- At its heart, this strategy is about shifting the balance of care. Our ambition is to support far more people to live independently and well at home, reduce reliance on residential provision, and ensure that specialist and complex services are available for those who need them most.
- The strategy is firmly grounded in national and local policy, but its focus is practical and transformative: building stronger locality led care, expanding choice and flexibility through Self Directed Support, and creating services that are more person centred, preventative, and community based.
- The case for change is immediate and unavoidable. With a significant overspend, unmet need, and growing service pressure, incremental change will not be enough. We need decisive action to rebalance investment, modernise delivery models, and secure a sustainable future for adult social care in Highland.
- Our Highland Care Model will drive this transformation by putting reablement, early intervention, local care models, and flexible community support at the forefront. It will also sharpen our focus on younger adults with complex needs, strengthen alternatives to residential care, and direct resources towards the most effective forms of support.
- This strategy is the starting point for delivery. It will now be taken forward through detailed implementation, market facilitation, workforce planning and service redesign - turning strategic intent into visible, measurable change across Highland over the next three years.

3 Background

- This Adult Social Care Commissioning and Intentions document follows on from the Highland Adult Services Joint Strategic Plan 2024-2027 (Joint Strategic Plan), which was agreed in December 2023 following extensive consultation.
- The previously prepared Joint Strategic Plan (JSP) is a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014. It's purpose is to:
  - set out the arrangements for the carrying out of the integration functions for the area of the local authority over the period of the plan,
  - set out how those arrangements are intended to achieve, or contribute to achieving, the national health and wellbeing outcomes, and
  - include such other material as the integration authority thinks fit.

  The provision to be included in a strategic plan by virtue of subsection (2) (a) requires:
  - dividing the area of the local authority into two or more localities, and
  - setting out separately arrangements for the carrying out of the integration functions in relation to each such locality.
- The JSP therefore is to describe the arrangements for carrying out integrated functions and to outline how these will achieve, or contribute to achieving, the national health and wellbeing outcomes, including how the Partnership will commission and deliver services for its area over the medium term.

  The term "Strategic Plan" was previously referred to as "Strategic Commissioning Plan" in earlier Scottish Government statutory guidance.
- Alongside the Strategic Plan, there are requirements to:
  - Publish the **strategic plan**, consultation actions, financial statement, equality impact assessment (and any other relevant impact assessments).
  - Produce an **implementation plan**, (or set of implementation plans), outlining how the strategic plan will be delivered. This is to include a **procurement plan** providing specific detail to direct those responsible for contracting services.
  - Prepare a **market facilitation plan** to complement the strategic plan and support its delivery.
  - Consider how workforce planning will enable delivery of the strategic plan (**workforce plan**).
  - Publish an **annual financial statement** to set out in relation to the strategic plan to which it relates, the amount that the integration authority intends to spend in implementation of the plan.
  - Produce an **annual performance report** that sets out an assessment of performance in planning and carrying out integration functions for the reporting year.
  - Review and prepare a **replacement plan** prior to expiry.

- The JSP was prepared in 2023 in the absence of a Joint Strategic Needs Assessment (JSNA), which was unavailable at the time. The content of the prepared document set out a high level vision and future direction of travel for the provision of adult social care services in Highland but did not draw from a JSNA nor include commissioning intentions.
- The JSNA is now available (March 2025, revised June 2025) and there is an opportunity to reflect on this document and prepare this more specific Commissioning Strategy and Intentions document, of what services we need across all client groups and geographies, in order to deliver on the requirements of the JSP within the budget set for Adult Social Care.
- This commissioning strategy and intentions document will therefore support the high level vision and direction set out within the JSP and will support the development of a number of enabling supporting plans, which describe the detailed actions for supporting delivery of the JSP and this commissioning strategy and intentions:
  - **Market facilitation plan**
    Actions and timescales for how we intend to stimulate a diverse, vibrant and sustainable market, so there are different types of support and provider organisations for supported people to choose from.
  - **Procurement plan**
    Actions and timescales for how we intend to progress the identified procurement activity and delivery.
  - **Workforce plan**
    Actions and timescales for how we intend to create and support the future workforce needed to deliver the required services in Highland.
- This document is prepared for the purpose of directing the Partnership's activity in delivering on its JSP and also for other stakeholders, particularly those who use the services and also those who currently or may deliver services in the future, for awareness of these intentions.
- Our scope, as articulated within this document, relates only to the commissioning of services for people across the following noted priority areas:

Care homes
- Complexity
- Nursing

Supported living at home
- Care at home
- Support services
- Day care

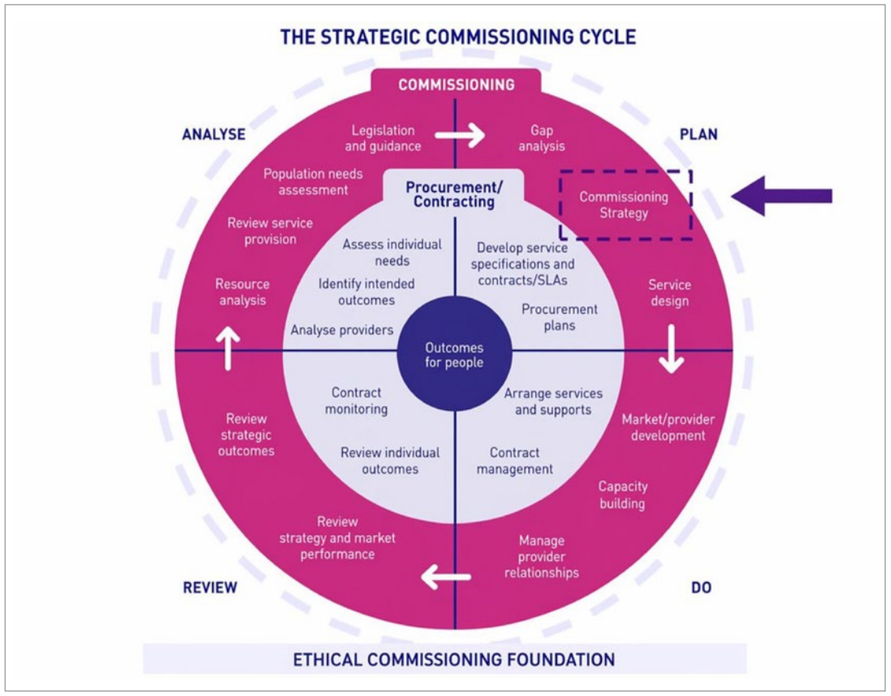
Community based supports
- Local care model
- Personal assistants
- Unpaid carers
- Technology
- Third sector / prevention promotion

Document Development

- As legislatively required by the Public Bodies (Joint Working) (Scotland) Act 2014, there was full consultation and engagement in the development of the JSP, aligned with the prescribed steps of the Act.
- This document does not require such a process, however we have sought to ensure a collaborative and co-productive approach in its preparation.
- The initial document was developed by a joint NHS Highland and The Highland Council Reference Group, and its further development has been informed and shaped by discussion at the Strategic Planning Group, Health and Social Care Committee, individual provider inputs, and through further internal feedback.
- It is intended that our commissioning strategy and intentions will be a collaborative working document, reviewed on an annual basis and aligned to the periods of the overarching JSP.
- The Joint Monitoring Committee, as owners of the JSP, will approve this commissioning strategy and intentions document and will oversee its implementation.

4 Commissioning

- The JSP explains what the Partnership's priorities are, why and how we decided upon them, and how we intend to make a difference by working closely with partners.
- Strategic commissioning is the process for how we intend to take this high level vision to a practical reality.
- Commissioning therefore involves the strategic, whole system process of understanding needs, planning services, shaping the market, and ensuring services deliver good outcomes.
- It refers to all the activities involved in assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range, and quality of future services, and working in partnership to put these in place.
- The commissioning process comprises a range of activities, including:
  - Assessing needs
  - Setting priorities
  - Planning services
  - Procuring services
  - Monitoring quality
- The commissioning stages are cyclical, and each part is of equal importance.
- The process is often depicted as the cycle noted below.



- This commissioning cycle provides the Partnership with a foundational framework for all of our commissioning activity.[1]
- This commissioning strategy and intentions document represents the "commissioning strategy" step of the cycle, bringing together the relevant information to determine what services are needed in order to meet the vision and aim of the JSP.
- A key principle of the commissioning process is that it should be equitable and transparent, and therefore open to influence from all stakeholders via an ongoing dialogue with people who use services, unpaid carers, and providers.
- The Partnership's commissioning approach to date has been a focus on collaboration and engagement and this is intended to continue and to further develop.
- We will build on our current approaches to actively engage with our current providers, potential providers, and community representatives and create the conditions where Self Directed Support Options 1 and 2 can both grow and be supported.
- In our actions to date, we have instinctively been operating from a premise of ethical commissioning in our sector interactions and procurement activity – working alongside some sectors in co-producing commissioning principles and strategic action plans.
- We recognise we need to build on, formalise, and consistently apply, an ethical commissioning foundational approach across all areas of activity and intend to do so.
- Our intent aligns with the Scottish Government's ethical commissioning and procurement direction and policy advice[2]. Further, it aligns with the requirement that social care procurements should be based on ethical commissioning and procurement principles and that ethical commissioning and procurement approaches should ensure full engagement with those who access social care support, those who support people to access social care support, families and friends, unpaid carers, the workforce and providers.
- Our intent also aligns with the Independent Review of Adult Social Care recommendations[3] and its call for:

  "An end to this emphasis on price and competition and to see the establishment of a more collaborative, participative and ethical commissioning framework for adult social care services and supports, squarely focused on achieving better outcomes for people using these services and improving the experience of the staff delivering them".
- This independent review helpfully summarises a suite of new ways of thinking to focus a preferred direction of travel.

[1] Source: Independent Review of Adult Care in Scotland, adapted to reflect ethical commissioning foundation.
[2] Procurement Policy Manual - June 2025
[3] Adult Social Care: independent review - gov.scot

Old Thinking	New Thinking
Social care support is a burden on society	Social care support is an investment
Managing need	Enabling rights and capabilities
Available in a crisis	Preventative and anticipatory
Competition and markets	Collaboration
Transactions	Relationships
A place for services (e.g. a care home)	A vehicle for supporting independent living
Variable	Consistent and fair

- We fully endorse the "new thinking" direction and have sought to underpin this approach within this commissioning strategy and intentions document.
- This approach will be more explicitly articulated with the Market Facilitation Plan which is being developed to complement this strategy.

5 Context

Lead Agency Arrangements

- The Highland Health and Social Care Partnership has operated under a lead agency model since 2012.
- These arrangements are currently under active review, and it is acknowledged there is a likelihood of significant organisational change over the lifetime of this plan.
- Notwithstanding this anticipated key change, it is important that the necessary strategy and planning around the commissioning of services continues to be progressed.

Joint Strategic Plan

- The primary context for this commissioning strategy and intentions document is the Partnership's Joint Strategic Plan.
- This is where we have articulated our vision of:

working together to support our communities in Highland to live healthy lives and to achieve their potential and choice to live independently where possible

- We have also confirmed our commitment to:
  - enable people to be as independent as possible, supported by their family, friends, and local community before formal paid support is discussed; and
  - work with unpaid carers to ensure their health and wellbeing is looked after and we will encourage and enable community organisations to thrive.
- The services we need to commission require to support this vision.
- The scope of this document will align with the JSP and focus on adult social care services across all older and younger adults, although it is recognised that there is a connection across the wider health and social care system.
- Our focus will therefore be on prioritising those services which will support people to remain at home, and on those services which require to be available for people whose level of need is unable to be provided in their home environment.
- This commissioning strategy and intentions extends beyond the end of the current JSP, however we anticipate the direction of travel for commissioned services to continue to align with supporting people to remain well and independently at home.

Legislative and Policy Landscape

- In addition to the JSP as the key driver for this document, it is relevant to reference the extensive national and local policy landscape that the Partnership operates within in delivering adult social care services.
- These national policies set the direction which the Partnership requires to follow and the local strategies describe how the Partnership intends to translate and implement these across the Highland area.
- The national and local policy landscape underpin the JSP and in turn, our commissioning strategy and intentions.

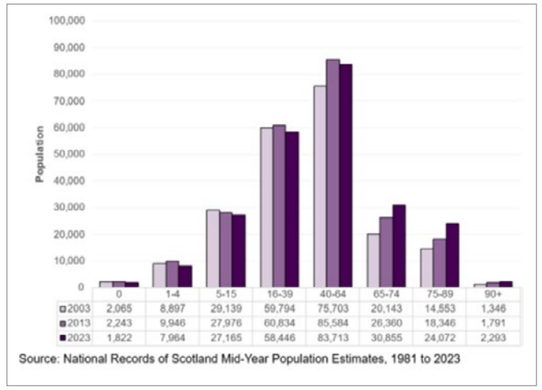
National Context Legislation and Policy	National Strategies and Guidance	Local Strategies and Guidance
Scottish Government National Performance Framework National Health and Wellbeing Outcomes Social Work (Scotland) Act 1968 Community Care and Health (Scotland) Act 2002 Social Care (Self-directed Support) (Scotland) Act 2013 Public Bodies (Joint Working) (Scotland) Act 2014 Community Empowerment (Scotland) Act 2015 Carers (Scotland) Act 2016 Social Security (Scotland) Act 2018 Housing to 2040	Health and Social Care Standards A Fairer Scotland for Older People Digital Health and Social Care SDS Framework and Standards Independent Review of Adult Social Care National Care Service and National Social Care Agency Mental Health Strategy 2017-2027 Keys to Life Strategy 2019-2021 Mental Health Transition and Recovery Plan 2020 Learning / Intellectual Disability and Autism Plan 2021 Coming Home Implementation Plan	Together We Care Joint Strategic Plan Mental Health and Learning Disability Strategy Stronger Together Highland SDS Strategy: Making the Change Together Highland Unpaid Carers Strategy Director of Public Health Report 2022 – Prevention – Moving Upstream

Joint Strategic Needs Assessment

- In June 2025, a Highland Joint Strategic Needs Assessment - Highland Health and Social Care Partnership (JSNA) was published by the Directorate of Public Health and Policy of NHS Highland.
- This JSNA provides an overview of population health and wellbeing needs of the adult population of the Highland council area and looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, well-being, and social care services.
- The key headlines from this published JSNA, relevant to this forward looking commissioning strategy and intentions, are as follows:
  - As of 2024, Highland had a population of **237,920** people. Of these, 15% were children aged 0-15 years, 60% were people aged 16-64 years, and 25% were people aged 65 and over.
  - The population of Highland has continued to age, with increasing numbers of people in older ages, decreasing numbers of working-age individuals, and smaller cohorts of children and young people. There are now **more people aged 65 and over than people under 15**.
  - 2022-based population projections estimate the **population of Highland will increase by 1.8% between 2022 and 2045**. Maintaining or growing population numbers in Highland depends on inward migration, offsetting natural population change, and outward migration.
  - The general demographic picture informing the commissioning of health and care services in Highland is one of **smaller** populations of children and young people, further **reductions** in the working-age population, and a continued **increase** in the proportion of older people, as shown:

Population in Highland by Age Group 2023, 2013, 2043

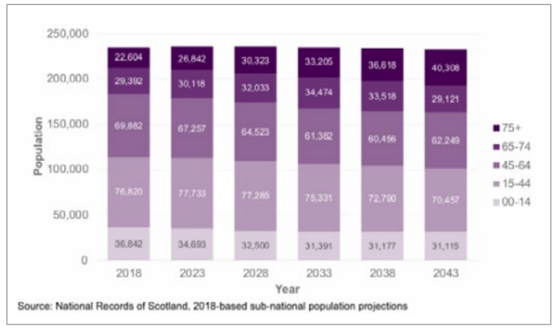
Population in Highland by Age group 2003, 2013 and 2023



	0	1-4	5-15	16-39	40-64	65-74	75-89	90+
2003	2,065	8,897	29,139	59,794	75,703	20,143	14,553	1,346
2013	2,243	9,946	27,976	60,834	85,584	26,360	18,346	1,791
2023	1,822	7,964	27,165	58,446	83,713	30,855	24,072	2,293

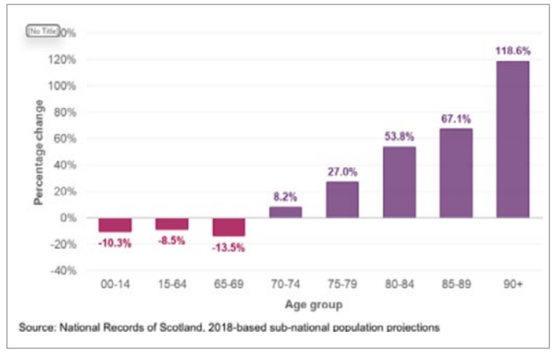
Source: National Records of Scotland Mid-Year Population Estimates, 1981 to 2023

Projected Change in Population 2018 to 2043 by Age Group in Highland



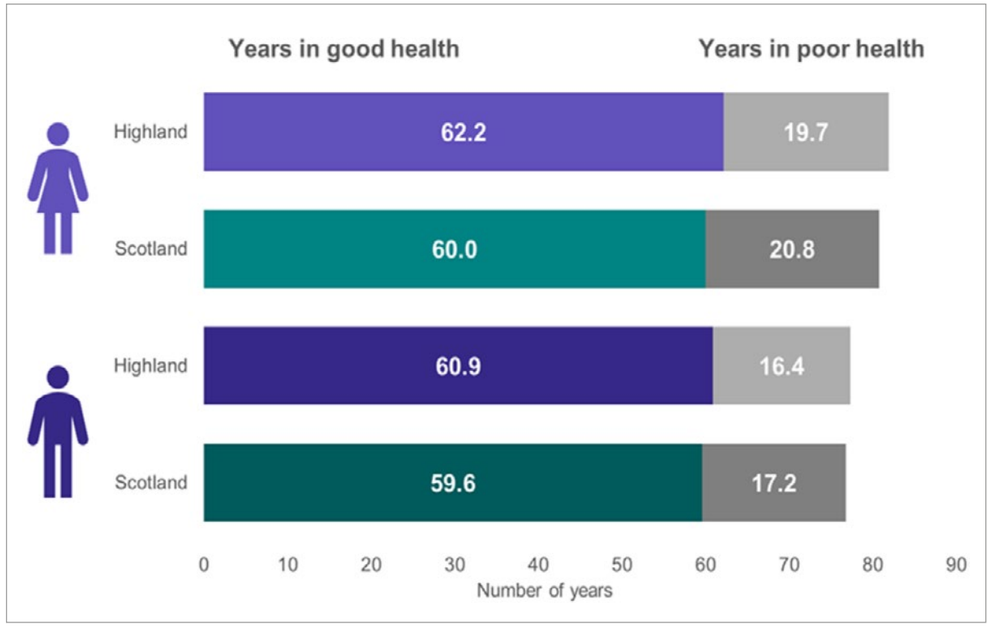
Source: National Records of Scotland, 2018-based sub-national population projections

Projected Percentage Change in Population 2023 to 2043 by Age Group in Highland



Source: National Records of Scotland, 2018-based sub-national population projections

- Highland has a **significant remote and rural geography**. Almost four in ten of the population of Highland live in remote rural areas and almost one in four of the population lives in areas that are classified as very remote rural. **Older age dependency ratios are higher in these areas**.
- **Rural deprivation** is an important concern. In Highland, most income deprived people live in places not identified among the most deprived areas by the Scottish Index of Multiple Deprivation. This distribution is a significant consideration for policy, strategy and the spatial targeting of resources, particularly in rural areas.
- Around **half of the population of Highland** live in the twenty percent most **access deprived areas in Scotland**, with people experiencing longer travel times to local services and poorer digital access.
- **Equality**, or lack of, directly affects people's chances of being and staying in good health. As an Anchor Institution, the role of the Partnership is pivotal to designing and delivering health and care that has the population and local communities as the focus, particularly in the context of the wider determinants of health.
- Life expectancy is a key indicator of a population's health. Recent evidence has highlighted **life expectancy improvements in Highland have stalled** over the last decade.
- The **healthy life expectancy for Highland** shown below, highlights 19.7 years of poor health for women in Highland and 16.4 years for men in Highland:



- The general epidemiological picture in Highland is one in which **chronic conditions** related to ageing are prevalent; multimorbidity is common as age increases, and **preventable illnesses** exacerbate health inequalities.
- National evidence suggests a **substantial increase in prevalence of common health conditions** over the next 20 years, due to projected demographic changes. The anticipated rise in a range of diseases including cancer, cardiovascular disease, diabetes and dementia will inevitably place additional pressure on health and care services.
- The harmful use of substances (tobacco, alcohol and drugs), unhealthy diet and physical inactivity are major causes of preventable ill-health and early death. **Reducing these risk factors presents a sizeable opportunity to improve health and wellbeing and reduce health inequalities.**
- The number of people **providing unpaid care increased** over the last decade. In the context of increasing demand and growing levels on unmet need, **more unpaid care is being relied upon** to support people to live at home.
- Current needs and future **requirements for housing** should be aligned to the Partnership's strategic commissioning and planning to support people at all stages of life and **support the shift in the balance of care closer to people's homes.**
- **Care home capacity has reduced** during a period of growth in the older population. **Pressure on the care home market** is recognised to be associated with challenges of rural operation, smaller size of operation, and workforce availability.
- Combined, the data for **delayed discharges**, care at home and care home capacity reflects the challenge of providing services across the Highland geography and high levels of unmet need.
- People at **end of life have relatively high use of health and social care services and demands are forecast to increase**. Experience of end of life care should be good, irrespective of where people live or what they die from.
- The evidence on forecast burden of disease, rising service demand and financial sustainability is clear that **better prevention of poor health and the creation of good health is essential.**
- Improving the health of our population requires a **fundamental shift towards prevention** and mitigating the underlying issues that can impact on health, such as poverty and deprivation.
- To shift the balance of care closer to people's homes, **change is needed** in how we approach the delivery of health and care, **driving investment in prevention and early intervention.**

- From the JSNA, the **key drivers for future planning** of adult social care are therefore noted as follows:
  - There is an **ageing population** with increasingly **large cohorts living into older age**, with an overall static or decreasing total population.
  - Pressure on all care providers resulting from the **challenges of workforce availability** and dependence on international workers.
  - Epidemiological trends forecast an **increase in annual disease burden over the next 20 years.**
  - People at end of life have relatively **high use of health and social care services** and demands are forecast to increase.
  - To shift the balance of care closer to people's homes, **change is needed in how we approach the delivery of health and care**, driving investment in prevention and early intervention.
  - The Partnership, along with its partners and key stakeholders, play a **pivotal role in designing and delivering health and care** that has the population and local communities as the focus.

Housing Need and Demand Assessment

- It is also specifically acknowledged that The Highland Council has initiated a new Housing Need and Demand Assessment (HNDA) to inform the Highland Local Development Plan.
- This plan, which is to conclude in summer 2026, aims to estimate the number of additional housing units needed to meet existing and future housing requirements (social housing) and demand (market housing).
- This plan will be key to supporting the delivery of the ambitions within our commissioning strategy and intentions in terms of helping to support available options to enable people to live independently and also to provide much needed accommodation to support the workforce we need for service delivery.

6 Profile

In order to understand what we need to change, we firstly need describe our current operating landscape.

Activity

- There is an estimated **5,653** people who currently receive **registered adult social care services** in Highland – this is around **2.37% of our total population** of 237,920.
- There are a significant number of people supported by **unpaid carers**, thought to range between 26,000[4] and 79,000[5] and as well as many others who are supported by third sector, community and other arrangements.
- Of those 5,653 people receiving formal adult social care supports:
  - **1,652** people are in a **care home** in Highland
    - 1,450 of these people are in an independent sector care home
    - 202 people of these are in care homes operated by NHS Highland
  - Outwith Highland, 128 people are being cared for and supported in care home placements outside of our area, primarily due to choice to be closer to family or in some cases, due to no alternative provision being available in Highland.
  - **4,001** people receive care or support at home
    - **1,058** of these people receive care at home or home based respite from independent sector providers
    - **619** of these people receive care at home from NHS Highland
    - **1,112** people receive support at home or day care from independent sector providers
    - **875** people receive a direct payment (**SDS Option 1**)
    - **337** people have in place an individual service fund (**SDS Option 2**)
- Overall, we are supporting more people at home compared to March 2023 but there has been a reduction in the number of people receiving care at home. This has been impacted by ongoing sector wide recruitment challenges and provider exits.

[4] Highland Council and Scottish Government Estimate 2024.
[5] Carers UK Ongoing Research – 32% of population

- Option 1s have been increasing (55% increase since March 2023) and we are projecting that we will be supporting more than 900 people through Option 1s by the end of 2026-2027. There has been growth in this area every year since 2023 and we expect and wish for this option to continue to increase. To date, however, Option 1s have been increasing by default due to lack of other available options.
- Option 2s have also been increasing (68% increase since March 2023). We are also looking to support the further increase of this option.
- Our overall current balance of provision is:
  - **57% of older adults** are supported in their **own home** across current service delivery options and **43% reside in a care home**
  - **89% of younger adults** are supported in their **own home** and **11% reside in a care home**

Demand

- Notwithstanding the forecasted pressures within the JSNA, we are already facing sustained pressure from rising demand and increasing numbers of people with complex needs.
- There is more demand than there are services available, across most service areas. This has been an ongoing and increasing trend, which is expected to continue, as described within the JSNA.
- Population projections from National Records Scotland indicate that the population of Highland is expected to increase slightly in the next 5 years, but will become older with an **increase of approximately 2.5%** each year in the over **75 years** age population.
- All services are already operating to a high level of occupancy and capacity and where this is not the case, this is due to challenges in securing staffing.
- Some of these particular pressure areas are noted below:

Hospital Delays

- As at 23 February 2026, there were **198** people **delayed in hospital** awaiting an appropriate placement / care package which was unavailable. Of these,
  - **68** people were delayed awaiting a **care home** placement.
  - **40** people were delayed awaiting a **care at home** placement.
  - **90** people were delayed in hospital for **other reasons** (e.g. due to assessment, complex or guardianship etc reasons).

Younger Adults / Transitions

- Younger adults increasingly need complex, high-cost support in community settings. Demand is shifting from traditional residential care to highly individualised models.
- Investment in prevention and community services is vital, but there is growing pressure for intensive, specialised care and out-of-area placements, especially for younger adults who have higher dependency and cost needs. There is an increasing number of these arrangements.

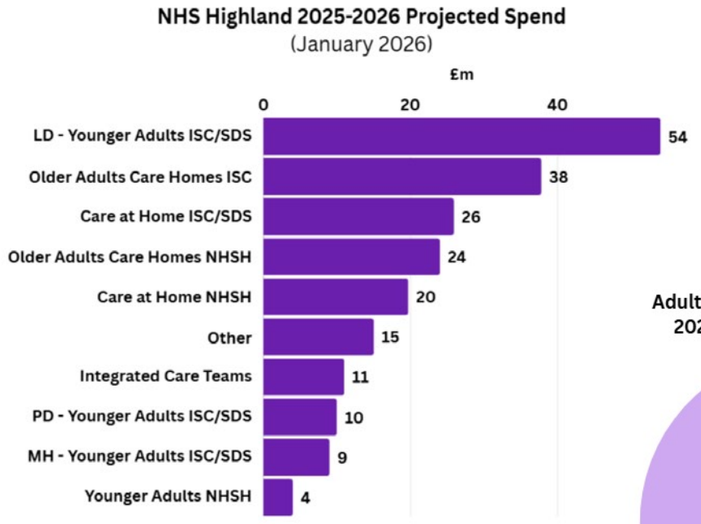
- Presently there are **300** younger adults supported at home across Options 1, 2 and 3, and of this, there are **190** younger adult packages of care which each cost in excess of **£100k** per annum.
- An ongoing area of focus relates to **transitions to adult services** for children with complex needs. This is an area requiring specialist provision and involving high costs. Based on current information, we expect at least 8 individuals to move into adult care over the lifetime of this plan, and a total **increase of 12** over the next **6 year period**, with corresponding service and financial pressures.

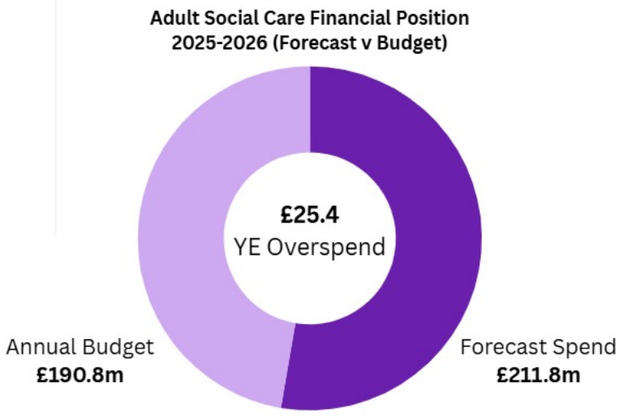
Finance

- The level of funding expended on commissioned and delivered adult social care services is significant at **£190.8m per annum** for 2025-2026.
- However, this is currently insufficient in the current configuration of commissioned and delivered services, due to the current **£25.4m overspend**. There has been recurring overspends over many years.
- This current overspend exists without taking into account the existing level of unmet need or the further expected increase in demand in coming years.
- The Partnership's adult social care projected out-turn for 2025-26 as at the end of January 2026 is expected to be **£211.8m**.
- This expenditure reflects the following composition[6]:
  - In-house spend = **£60.8m**, 28.7% of overall spend
  - Commissioned spend = **£144.3m**, 68.13% of overall spend

[6] Internal costs account for the 3.17% / £6.7m difference.

Expenditure is directed into the following activity areas as noted:





- The current projected full year overspend is £25.4m, as at the last reported period.
- In order to meet the increasing future needs, the approach to the type of services commissioned, and the way these are secured and delivered, needs to fundamentally change.
- The opening financial envelope for 2026-2027, before any agreed uplifts, is £190.8m, with the financial gap of £26m carried over from 2025-2026.
- In terms of the financial future for the period of this Commissioning Strategy and Intentions, the Partnership is planning on the basis of continued annual uplifts aligned to previous allocations.
- To deliver within the available financial envelope, significant change and transformation is required in order to achieve a balanced budget.
- We describe in section 7 of this document the changes and transformational actions we need to take.

Workforce

- The adult social care sector in Highland is challenged to recruit and retain a sufficient number of paid carer workforce to meet demand. This is a picture common across the country but is exacerbated in Highland's context.
- Workforce availability is impacted by a combination of factors: geography, demographics, low unemployment, competition from other employment sectors, particularly hospitality and tourism across parts of Highland and other growing sectors (e.g. Greenport).
- Availability is also significantly impacted by pay and conditions, lack of recognition, the value that society places on these roles, ongoing negative media coverage, and access to transport.
- There has been an increasing reliance on overseas recruitment, which is a slow and expensive process, time consuming and requires available accommodation and additional support for international staff to settle, learn cultural differences in delivering care, and integrate into a foreign country. The government policy changes around this area have made this workforce route more challenging and in some cases, this is now not an available avenue.
- There has been recent activity in relation to "displaced workers", these being international workers already in the UK but who are in areas where there is an insufficient volume of work. This is a potential source of workforce to Highland, but can only be successfully accessed where there is availablity of housing.
- This is a challenging context in which to attract and retain a workforce to develop and flourish in this demanding and immensely rewarding role, and highlights both the need to collaborate on strategic solutions and to also ensure genuine alternatives are promoted.

Market

- The Partnership works with a diverse range of providers across the independent, third, voluntary, and community sectors. Throughout this document, where we reference "independent sector", we are referring to this wider collective range of provision (independent, third, voluntary and community sectors), unless otherwise specified.
- The market includes registered services (care home, care at home, support, and day care) and unregistered services (delivering community based preventative and wellbeing supports), in addition to the wider range of flexible options (Options 1 and 2) that we have been promoting over recent years.
- All of these services combined are integral parts of the social care ecosystem.
- The providers of these services vary significantly in scale from large national organisations to small local organisations and social enterprises that play a critical role in preventing or delaying the need for formal care packages and sustaining services in remote communities.
- As part of this mixed economy, NHS Highland is also a provider of registered services, delivering care home, care at home, support, and day care.

- Currently, 14.5% of overall activity is delivered in-house by NHS Highland and 85.5% is externally commissioned and we are looking to further rebalance this, to deliver less in-house provision.
- These in house delivered services are provided across Highland, mainly in areas where independent sector providers find it most challenging to deliver viable and sustainable services. In addressing this, we are looking at realistic alternative options in our most challenging geographies.
- Independent sector commissioned services include mainstream provision as well as more specialist delivery for people with more complex requirements, delivered either in care home facilities or directly within a person's own home environment.
- NHS Highland in house services have a higher unit cost than those secured externally, but those externally commissioned services have also been experiencing financial viability challenges. This has led to a number of service closures and exits, which in the main have required substantial support and input from the Partnership.
- There has been instability across both sectors – care home and care at home closures and exits within the independent sector as well as the closure of some in -house care homes (some permanently closed, some temporarily) also due to acute staffing shortages.
- Across all services, regardless of sector, the challenges presented by an insufficient volume of trained and experienced staff have a destabilising impact on service delivery and sustainability.
- Ultimately, high quality care and support is delivered by trained, experienced, and valued staff; and we need to find new and innovative ways to turn around the reduction in this most valuable of our resources.
- Given the above, the Partnership has supported people to explore what other options exist to find the care and support they need.
- People have successfully been offered budgets to identify support and care themselves (this is often via employing a Personal Assistant where they can be found), and resources are increasingly being used flexibly to create more individualised arrangements with a broader range of services and products which meet their needs.

Summary

- Our challenges are summarised as:

7 Change and Transformation

The extent of challenge we face requires us to make significant changes and bold transformation.

- Our overarching approach is to develop a **Highland Care Model** through fundamental shifts to the way we practice and to the shape of services people can access.
- The aim will be for:
  - our practice to conform to a **Community Led Support ethos** which places good conversations and creative care planning at the heart of our relationships with people who need support; and
  - a profile of services which fully reflects the 4 Self Directed Support (SDS) Options to ensure supported people have **greater choice, flexibility and control** over the care available to them.
- Taken together, this new Highland Care Model will aim to deliver social care that is:
  - Person-centred and rights-based
  - Locality-led and place-based
  - Integrated and multidisciplinary
  - Preventative and proactive with a reablement focus
  - Digitally enabled and data-informed
  - Co-produced with communities
- The intention is to develop **Local Care Models** – which pulls the different parts of the system together behind a common purpose.
- The main aim of creating Local Care Models is to help those people who need support to receive a **constructive, realistic, and co-ordinated response** to meeting their needs.
- It is a way of working that focuses on early **intervention, reablement, maximising access to information, informal support, natural relationships, and community activities**.
- Where formal support is needed, it envisages our community partners working hand-in-hand with professionals from Integrated District Teams to identify which of the four SDS options will offer the most realistic, tangible, and timely help.

We have a clear forward direction of travel, which is illustrated here[7] :

- To support this directional change, we have identified the changes we need to make that will support our priority of keeping people living independently at home for longer. These are focussed around the following areas:

Care pathway redesign

- Care pathways will be modernised to **promote independence and reablement and to reduce reliance on institutional models**.
- We will **prioritise** those who most need our services across all options, with a focus on **critical** needs.
- People will have **access to commissioned regulated care services**, where they are unable to look after themselves or get that **support from their natural supports** in the community. We will ensure that there is a clear understanding and definition of what is expected of people looking after themselves, using their 'natural supports', resources, and the local community resources.

[7] Credit: iHUB / East Ayrshire

Alternative delivery models

- We will encourage and promote a range of **alternative and new delivery options**.
- We will specifically support the development of **Local Care Models**.
- Communities and third sector organisations will be supported to **develop innovative solutions** to support people in their communities, through Option 2 Brokerage and Community Brokerage.
- Our **investment** will be directed towards the most efficient and effective services and we will **disinvest** in traditional and less efficient and effective adult social care services, transitioning to provision being delivered by other options or providers where those options are available.

Service rebalancing

- The delivery landscape will be **restructured to maximise efficiency** and ensure that in-house and independent provision are used to their strengths.
- We will rebalance and **shift towards supporting more people at home** than in residential settings.

Prevention promotion

- We will enable people and communities to take the actions which support their own wellbeing through:
- **Self-care and early intervention** – we will work with communities and organisations to enable the co-creation and development of local options that help people to look after themselves and live in their home for as long as possible.
- **Supporting self-access and management** - we will provide accessible high-quality services that give advice and help people to find local sources of the help that they need. We will make it easy for people to find out what options are available in their locality and how to access them.

Technology transformation

- We will **scale up** use of technology to support **delivery efficiency** and **self care**. Our approach to care will be to **enhance technology**, including digital skills training for workers and better data management.
- Specifically, we will

  - Expand and modernise telecare
  - Adopt a digital first approach to care
  - Reduce reliance on face-to-face care
  - Promote data-driven and proactive care
  - Scale remote monitoring and pathways
  - Enable digital access and virtual services
  - Strengthen infrastructure and national alignment
  - Optimise systems and delivery models

Workforce transformation

- We will adopt a collaborative and strategic approach to **attract, retain, and value the workforce** including investing in domestic talent and creating career progression pathways and professional supports for people in caring roles.
- We recognise and support developing and structuring the care system so that all those willing to care for others are **valued, recognised equally, and supported**.
- We will **support carers' terms and conditions** to meet a consistent minimum standard, which recognises the value of their role supported by following 'Fair Work First' principles.

- As part of our intention of delivering on our ambition and to achieve a balanced budget, we need to rebalance our current spend areas.
- The specific rebalancing intentions we will be progressing are:

Prioritisation

Reduce the number of people with unmet assessed critical care needs

Care Options

Increase the combined number of people actively using Options 1s and 2s
Reduce the number of people actively using current Option 3 services

Care Setting

Increase the number of people supported to live at home
Reduce the number of people supported in residential based settings

Delivery Provider / Sector

Increase the ratio of service activity commissioned from independent providers and alternative community solutions
Reduce the footprint of provision delivered in-house by NHS Highland

8 Commissioning Actions and Intentions

- The Partnership is focussed on meeting individual needs and delivering personalised care.
- Our commissioning approach however is most effectively conducted by distinguishing the service to be delivered.
- Our commissioning intentions for people are therefore centred around services and the range of options and choice that we can facilitate.
- Our identified priority service areas are summarised below:

Care homes

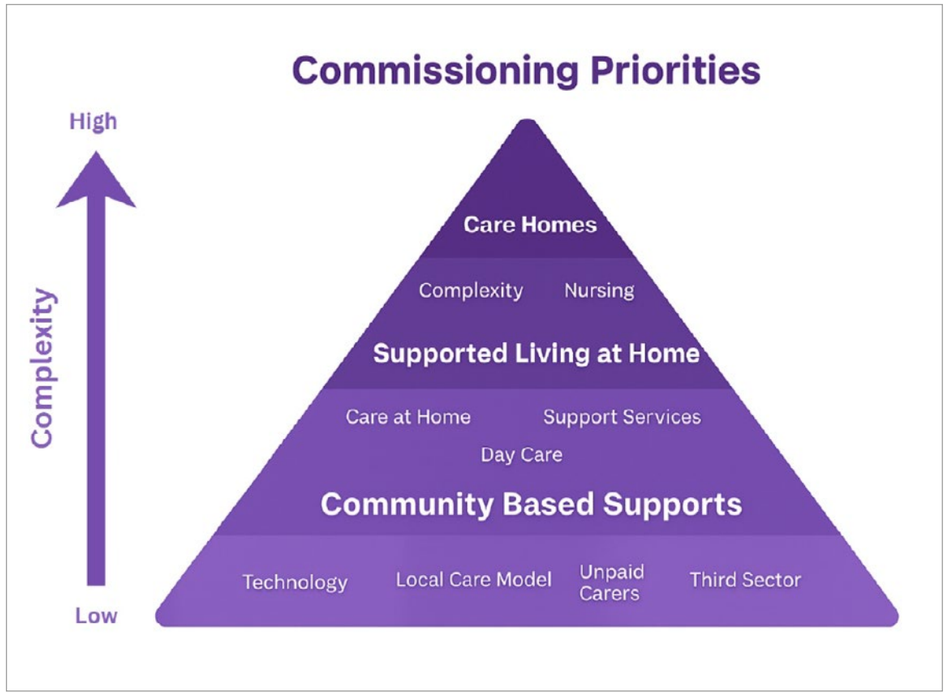
- Complexity
- Nursing

Supported living at home

- Care at home
- Support services
- Day care

Community based supports

- Local care model
- Personal assistants
- Unpaid carers
- Technology
- Third sector / prevention promotion



- To support the change and transformation areas that we have identified for the services we wish to commission, we have developed a **clear and simplified strategic approach** with **clearly defined actions** for each priority service area, covering:
  - Profile / analysis
  - What we have done
  - Strategy and intentions: what we plan to do
  - Investment and shifting of resources.
  - Year 1, 2, 3 priorities and longer term horizon.
- These are provided at **Appendix 1** and a consolidated summary of these actions are at **Appendix 2**.
- The strategic direction and intentions for each of our priority service areas set out a demanding and ambitious programme for the next 3 years.
- Some of the areas we are proposing to embark upon will involve significant organisational change, cultural change, as well as long term procurement projects.
- We recognise and acknowledge the scale and effort that some of these changes will require and we are committed to delivering the level of transformation we know is required.

9 Governance

- This commissioning strategy and intentions document with defined commissioning actions, describes our focus and actions and as referenced above, will be supported by a number of implementation plans which articulate the greater granular detail of our delivery steps.
- It is intended that this strategic document and its supporting plans will be live documents, with governance for delivery via the following routes:

Group	Role
Commissioning Delivery Group	Development and operational progress
Strategic Planning Group	Collaboration and engagement
Joint Officer Group	Oversight
Joint Monitoring Committee	Oversight / Approval
Health and Social Care Committee	Assurance

- It is further intended that this document will serve as a collaborative working document, reviewed on an annual basis and aligned to the periods of the overarching JSP.

10 Conclusion and Next Steps

- This commissioning strategy and intentions document has described what services we need to commission to respond to the current and expected policy, operating and financial context, and has provided a road map for these intentions over the next 3 years.
- The summary **Appendix 2** provides a clear, consolidated, and prioritised overview of these actions across all areas of commissioning activity.
- There are wider actions and environmental conditions which are necessary in order to support the success of this commissioning strategy and intentions and having described the strategic commissioning approach and intent, the following now therefore needs to progress:
  - develop the granular detail required to describe what we need, where, and how much we can afford within the available financial envelope, using our developed Planning Support Tool
  - resource and implement the actions, within a clear governance framework and linked to the Adult Social Care cost containment plan arrangements
  - develop the following enabling plans:

Market facilitation plan
Actions and timescales for how we intend to stimulate a diverse, vibrant and sustainable market, so there are different types of support and provider organisations for supported people to choose from.

Procurement plan
Actions and timescales for how we intend to progress the identified procurement activity and delivery.

Workforce plan
Actions and timescales for how we intend to create and support the future workforce needed to deliver the required services in Highland.

Highland HSCP | **Adult Social Care** Commissioning Strategy and Intentions 2026-2029 Final Draft

APPENDIX

Appendix 1:

Service Area Commissioning Actions

Appendix 2:

Appendix 3:

Appendix 1:
Service Area Commissioning Actions

Care Homes – Complexity and Nursing

Profile / Analysis

Total
- 1894 care home beds (86% independent sector and 14% in-house).
- 62 care homes (16 in house and 46 independent sector).

Older Adults
- £61.5m spend (£23.5m in house and £38m IS).
- 29% of these beds are self funding.

Younger Adults
- Independent sector: £12.8m (gross), 190 beds, 11 providers (plus 9 OOA providers)
- 16 people placed out of area in care homes
- 9 out of area in care home placement >£100k pa each

General
- High in house unit costs. NCHC insufficient for small scale delivery.
- 6 IS care home closures since 2022. 3 NHSH acquisitions since 2020.
- Ongoing significant recruitment issues impacting delivery and viability.
- Various in house care homes temporarily closed due to staffing – pressure ongoing.
- Ongoing high level of DHDs.
- 203 beds lost since 2022. 58 new beds on stream. 26 further new beds anticipated in next 2 years. Current net loss of 119 beds.
- Ageing stock in house and internal.
- High level of small providers with succession planning risk to NHSH.

What We Have Done

- Responded to arising provider viability issues.
- Acquired 3 care homes to avert closure, at significant ongoing cost.
- Raised political profile of need for an alternative funded NCHC in Highland.
- Taken steps to maximise internal occupancy.
- Ongoing supportive provider engagement.
- Progressing dialogue on wider system and interface issues.
- Created Care Home Career and Attraction post hosted by Scottish Care to support sector recruitment. Ongoing Independent Sector Liaison role to support sector relationship and partnership.

What We Plan To Do

Strategy

- Restructure the delivery landscape to maximise efficiency and ensure in-house and independent sector provision are used to their strengths.
- Reprofile in house provision to focus on people with the most complex needs (older adults).
- Independent sector continue to deliver majority of care home provision but within stronger commissioning framework that links fee uplifts to sustainability, quality, and dependency management.
- Quantify locality commissioning volumes of care home provision.
- Reduce reliance on residential care.
- Support seamless transitions from inpatient settings to person centred specialist residential based care for hospital based complex care patients.
- Expand family-based alternatives to residential care for adults with learning disabilities and mental health needs.
- Leverage the Transformation Fund to scale Shared Lives schemes, promoting community inclusion and supporting reducing reliance on residential care

Investment

- Ongoing commissioning from sustainable IS care homes – sustain and maintain.
- Continue to secure complex service from IS provision.
- Reprofile in-house delivery from mainstream to also complex care, as opportunities arise.

Shifting of Resources (Disinvestment)

- Reduce level of overall residential beds (and increase c@h capacity / personal care capacity and personal assistants).
- Disinvest from in-house mainstream provision and consider forward flexible use of buildings.
- Unviable services (in-house and independent sector).

What, Where and How Much

To be developed post strategy.

Year 1, 2, 3 Priorities

Year 1 (2026-2027)
- Initiate longevity profile assessment of in-house and commissioned facilities.
- Define preferred models, locations and volumes of care home provision.
- Consider complex needs transitional plan (in-house).
- Develop new commissioning framework (sustainability, quality, dependency), including plans for addressing any further closures.
- Third party top up analysis and impact assessment.
- Define locality commissioning volumes in place.

Year 2 (2027-2028)
- Implement new commissioning framework.
- Longevity assessment to inform longer term replacement plan within a long term care home strategy.
- Implement complex needs transitional plan.
- Shift commissioning focus to nursing provision.

Year 3 (2028-2029)
- Prioritise replacement locations and initiate.

Longer Term

- Facilities fit for the future - replacement / commissioning programme over next 5-10 years.
- Sustained provider base - provider succession plan for next 5-10 years.

Supported Living at Home - Care at Home

Profile / Analysis

- 9,200 hours pw mainstream c@h (4,000 in-house / 5,200 independent sector).
- £35.4m pa spend (£19.7m in house and £15.7m IS).
- 383 hours pw of reablement / enablement delivered to 57 people.
- Emergency Responder Service in place in the Inverness area
- 16 providers (in-house and 15 independent sector) – total of 24 registered services
- High (double) in-house unit costs (£73 v £30 ph). C@H tariff does not sustain provision or enable growth.
- Highest level of commissioned service tariff in Scotland – but insufficient to ensure stability or growth.
- Ongoing significant recruitment issues impacting delivery and viability.
- Reliance on international workforce and pay parity issues (£12.82 v £12.60)
- Ongoing high level of DHDs
- Loss of 600 IS hours pw since March 2023.
- Commissioning reliance on a range of providers – 4 providers have over 50% of activity. Some very small provision.
- 6 c@h provider exits since 2023. Significant volume to NHSH.
- Ongoing sector fragility at current tariff.
- NHSH currently has a dual role – as a provider and also commissioner of services from the independent sector

What We Have Done

In-House

- Supported exits and picked up exit activity where IS unable to deliver.
- Building and maintaining effective commissioning relationships.
- Ongoing delivery of mainstream, enablement and reablement.
- Overall delivered hours activity levels reasonably flat.
- Work to focus on clarifying c@h pathway.
- Delivery of "last aid care" to care homes and c@h providers.
- Internal provider delivery actions, focussing on:
  - Standardisation improvement, consistency of approach and QA.
  - Localised in-house model established with registered C@H teams
  - Standardised use of CM2000 to support consistency of C@H systems
  - Better visibility regarding travel time, care planning and visit durations etc
  - Increased recruitment visibility and strengthened career pathways.
  - More proactive outreach to potential candidates.
  - Robust induction process for care staff and managers and L&D plan

Commissioner / Independent Sector

- Sector agreed commissioning principles and proposals (January 2024)
- Tariff review (option 3b)
- Internal case made for further tariff increase for sector stabilisation
- Ongoing dialogue regarding interface issues which remain unresolved
- Independent Sector Liaison role to support sector relationship and partnership.
- Some work on clarifying commissioning processes, further progress needed

What We Plan To Do

Strategy

- Restructure and rebalance the delivery landscape to maximise efficiency and ensure that in-house and independent provision are used to their strengths
- Expand independent sector c@h through outcome-based contracts, reflecting lower (than in-house) unit costs and supporting sector sustainability.
- Retain in-house c@h as a strategic rebalancing mechanism, ensuring resilience in fragile rural areas and acting as provider of last resort. Reposition to focus on reablement.
- Clarify commissioner and service provider roles to improve relationships and effectiveness.
- Increase and grow capacity by improving the efficiency of processes and increasing provider autonomy.
- Manage demand by reviewing eligibility thresholds for accessing c@h activity.
- Set locality activity and budget thresholds for c@h activity for commissioned and delivered provision.
- Provide user-friendly, straightforward, equitable access to SDS options 1 and 2 to increase confidence and uptake.
- Work with partners to grow and sustain the available workforce.

Investment

- Early intervention, prevention and reablement.
- Independent sector delivery footprint, tariff levels / unit costs.
- In house delivery in remaining defined, geographic areas.
- Technology to support processes and grow c@h capacity.
- End of life c@h focus and training
- Attract, retain and develop the workforce.
- Relationship management and commissioning process and culture change.

Shifting of Resources (Disinvestment)

- In house delivery to move away from areas where the IS can deliver.

What, Where and How Much

To be developed post strategy.

Year 1, 2, 3 Priorities

Year 1 (2026-2027)

- Establish the necessary resources to support the required programme of activity.
- Develop plan to reposition in-house provision for reablement focus.
- Identify and confirm geographic delivery focus and develop a transition plan, (including consideration of NHSH staff resource) coproduced with sector.
- Develop an appropriate independent sector rate and outcome based contract - agree and implement.
- Identify and implement improved supporting processes.
- Identify and operate locality activity thresholds.
- Co-produce and implement a plan for growing and sustaining the workforce.
- Identify, scope and pilot supporting digital solutions to improve processes and enable increased service capacity eg (electronic commissioning, Care Technologists, Alexa-style digital technology etc)
- C@h commissioning role delineation and training.
- Develop provider of last resort response.
- Increase availability of end of life training.

Year 2 (2027-2028)

- Progress transition plan for agreed geographic areas; initiate procurement if required.
- Continue to work towards an equal partnership in care provision.
- c@h commissioning arrangements implemented to sustain and maintain.
- Continue to implement workforce actions (recruitment and attraction).
- Progress supporting digital solutions.
- Services operating to thresholds.

Year 3 (2028-2029)

- Continue to support transition plan to embed.
- Implement outcome of procurement if needed.
- Continue to support workforce development.

Longer Term

- Further digital commissioning solutions.
- Market profile and single operator delivery risk / succession planning.
- Continue to proactively develop technological supports to meet demand and optimise the available workforce.

Supported Living at Home - Support at Home

Profile / Analysis

- Independent sector: £33.1m pa: 1,112 people, 25 providers / 54 registered services
- In-house: £5.4m, 6 registered support / day care services
- 190 support at home packages >£100k pa
- Relatively stable IS service delivery
- Significant spend and reliance on providers who deliver MH and LD services and who meet complex needs.
- Increasing demands for services including those with complex support needs
- Ongoing recruitment issues - a number of providers are dependent on overseas recruitment.

What We Have Done

- Implementation of Dynamic Support Register to optimise resource
- Scrutiny of 2:1 support and overnight support
- Moving away from isolated individual packages
- High tariff cases brought back into area
- Steps towards growing existing market, through PCS framework
- Finance authorisation framework (awaiting implementation)
- Explored opportunities for Technology-Enabled Care e.g. Vocala

What We Plan To Do

Strategy

FROM THE FINANCIAL PLAN:

Shared Lives:
Expansion of family-based alternatives to residential care for adults with learning disabilities and mental health needs, supported through the Transformation Fund.
Learning Disabilities:
Services will re-orient towards independence, skills development, and employment, with greater use of Self-Directed Support (SDS) and local micro-enterprises.
Specialist Support:
Use of the Dynamic Support Register and targeted housing solutions to return individuals from high-cost out-of-area placements, reducing spend and improving outcomes.
Housing-with-Support & Reablement:
Transformation Fund investment would support expansion of housing-with-support models and reablement pathways, reducing future reliance on long-term care.

Our commissioning approach will **prioritise independence, inclusion, and sustainability**, ensuring that support at home services are person centred and outcome focussed as well as equitable and financially stable. Our priorities are to:

- Expand capacity to meet current, future and increasingly complex support at home needs.
- Re-orient services towards independence, skills development, and employment through increasing the uptake of Self-Directed Support (SDS) and foster local micro-enterprises to diversify provision and empower choice.
- Embed proactive planning for out of area placements by leveraging the Dynamic Support Register and targeted housing solutions to enable timely access to supported living and community-based support, improving outcomes and ensuring financial sustainability.
- Align with The Highland Council's strategic housing plan to ensure timely development of housing with support models reducing reliance on long-term care.
- Explore appropriate models of blended supported living and community-based support to promote sustainability and resilience.
- Implement a comprehensive governance and financial authorisation framework, establishing a clear framework for 1:1 and 2:1 support and overnight care to ensure consistency and financial efficiency.
- Conduct a comprehensive review of community-based support models and expand access to community-based support to reduce reliance on high-cost care-at-home packages, enhancing social inclusion and outcomes.

Investment

- Independent provider cluster housing models with co-located community-based support services
- Shared care for people in supported living
- Expanded access to community-based support services.

Shifting of Resources (Disinvestment)

- Individual / isolated tenancies with 2:1 / individual overnights
- Out of area placements for people with complex needs.

What, Where and How Much

To be developed post strategy.

Year 1, 2, 3 Priorities

Year 1 (2026-2027)
- Extend Dynamic Support Register (DSR) to adult mental health and hospital based complex care
- Review of high-cost supported living and community support packages – seek better solutions for complex needs
- Input into THC Strategic Housing Plan and ongoing dialogue for ASC housing units.
- Comprehensive review of community support provision.
- Shared Care procurement and implementation.

Year 2 (2027-2028)
- Begin repatriation planning for returning out of area placements
- Standardise community support provision
- Shared care delivery and review.

Year 3 (2028-2029)
- Implement new commissioning and funding models
- Enable timely transitions from hospital-based complex care and out of area placements into local supported living solutions that deliver person-centred outcomes and financial sustainability.

Longer Term

- To develop and implement integrated models that supported living and community-based support services—creating inclusive, sustainable communities that enhance resilience, improve population health, and deliver cost-effective care across the system.

Community Based Supports - Day Care

Profile / Analysis

Older Adults
- 15 providers (5 in-house and 10 independent sector)
- 289 total capacity of places (134 in-house and 155 independent sector)
- £3.7m pa spend (£1.9m in house and £1.6m IS).
- High in-house unit costs v £8.63 per hour (average) for independent sector.
- Ongoing significant recruitment issues impacting delivery and viability.
- Issues with eligibility criteria and alignment with demand.
- In-house provision:
  - **Occupancy:** Attendance varies between 38% and 89%.
  - **Geography:** 80% delivered in Highland's smaller communities.
  - **Challenges:** Staffing fragility, transport to support utilisation of the service.
- Independent sector provision:
  - Varying size of provider from small local charitable organisation to national charities.
  - Occupancy: attendance varies from 50% to 91% occupancy.
  - Geography: 50% of provision is delivered in Highland's more remote areas - and all by charitable organisations.
  - Challenges: sustainable delivery of services.

Younger Adults
- Independent sector: £5.5m

What We Have Done

- Maintained existing provision and commissioned activity.
- Identified the need for consistency of approach within delivered services.
- Acknowledged the need to review this area of activity and develop a consensus forward direction.

What We Plan To Do

Strategy

Older Adults:
- To continue to promote and support day services alongside other prevention focussed services to support people to live independently at home within their community.
- Day services will be increasingly delivered by third sector and independent providers, with in-house resource focused on statutory and complex needs.

Younger Adults:
- Re-orient services towards independence, skills development, and employment through increasing the uptake of Self-Directed Support (SDS) and foster local micro-enterprises to diversify provision and empower choice.
- Conduct a comprehensive review of community-based support models and expand access to community-based support to reduce reliance on high-cost care-at-home packages, enhancing social inclusion and outcomes.

Investment

- Increase in mainstream day care delivered by independent (and third) sector providers.

Shifting of Resources (Disinvestment)

- Delivery of in-house mainstream day care to move to a more complex needs focus.

What, Where and How Much

To be developed post strategy.

Year 1, 2, 3 Priorities		Longer Term
Year 1 (2026-2027) • Review current provision, future needs and develop a forward direction.	**Year 2 (2027-2028)** • Transition to the identified direction. **Year 3 (2028-2029)** • Reprofiled services in place.	• Longer term approach and actions to be informed by the planned review.

Community Based Supports - Highland Care Model

Profile / Analysis

- Reductions in Option 3 services mean locality need (including eligible need) is no longer able to be met by traditional statutory provision.
- This gap is most acute in remote and rural geographies.
- Increasing demand and complexity are exacerbating the issue.
- Infrastructure is not in place to fully support all SDS Options therefore flexibility, choice and control is more limited.
- Professional practice is characterised as supporting the operation of the traditional Community Care system (purchaser/provider split)
- Local place-based supports and, with that, place-based commissioning is required to develop relevant/ appropriate/sustainable support solutions in localities.
- Preventative supports also need to be fully utilised to help manage demand.
- Support for Community Hubs and Community Organisations is recognised as important in that they offer the potential to:
  - Provide a range of activities to promote well-being and prevent the need for provision of formal SDS budgets;
  - Act as a site of multi-agency help and advice to signpost across whole system of support in line with Community Led Support;
  - Act as a site for integrating community and statutory effort (complementary and collaborative locality care planning)
  - Develop into a range of locally based formal provision (i.e. Hubs+; Social Enterprises; Option 2 Brokerage etc); and
  - Realise the Community Brokerage and Independent Support roles locally
- Development work will be required to ensure statutory partners can adapt successfully to working in different ways.
- Promotion of worker autonomy will be required to move away from traditional patterns of working.

What We Have Done

- Engaged with the community sector across specific geographies to explore their roles in respect of formal SDS and the promotion of wellbeing, notably:
  - Skye and Lochalsh
  - West Lochaber
  - Sutherland (Hubs)
- Supported the development of new approaches and initiatives alongside statutory partners in Strontian/Acharacle.
- Undertaken supported self-evaluation exercise with staff and formal partners to explore the need for system improvements.
- Secured transformational resource aimed at developing a new Highland Care Model, including:
  - Increased levels of Independent Support and Community Brokerage to support locality change efforts;
  - A purchased CLS initiative to support change in identified areas
  - A transformational resource to trial new approaches/ initiatives
  - Financial support to existing Community Hubs to ensure their ability to participate in change.

What We Plan To Do

Strategy

- **Development of community hubs and neighbourhood models** (aligned with NDTi Community Led Support), creating local spaces where health, care, and third-sector organisations collaborate to provide early help and support and reduce demand on statutory services.
- **Local innovation funds, backed by the Transformation Fund**, will support community micro-providers, carers' networks, and third-sector partners to scale community-led support and develop local care models.
- The development of community led local care models and preventative approaches will require:
  - Support for Community Hubs and Community Organisations
  - Appropriate levels of locally available Independent Support and Community Brokerage
  - Developing relationships across the system and collaborative working across the range of Highland geographies
  - Exploring/Trialling new and innovative ways of place-based, community-led working
  - Commissioning local, placed-based initiatives and services
  - Resourcing small scale transformational projects to understand what might work at a local level
  - Providing developmental support to ensure partners can work in new and flexible patterns reflecting the need for co-production across the system of social care and beyond.
  - Resourcing successful initiatives and approaches which can evidence positive impact in terms of increased wellbeing and a reduction in the demand for formal SDS
  - Facilitating supported people to have full choice, flexibility and control to deploy their resources (including but not limited to SDS Budgets) in local care markets (see separate template on Personal Assistants)

Investment

- Learning and development input to help develop new practice approaches across system
- Support for co-working and co-production at a local level, including the space to develop new working relationships.
- Support the infrastructure necessary for the formation of new public-facing networks offering information, advice and assistance
- Support to Community Hubs and Organisations to continue with impactful initiatives and services which:
  - Complement (or provide) care at home / day service capacity
  - Support SDS implementation across localities
  - Promote wellbeing and act preventatively
  - Allow local citizens more routes to self –management and independence
  - Increases social enterprise and community fabric

Shifting of Resources (Disinvestment)

- Traditional Option 3 service provision is shrinking at current rates.
- Rates cannot be increased without further compromising our financial position and/or acting outside agreed arrangements (NCHC etc.)
- In-house provision is delivered at particularly high cost
- Opportunities to rebalance the system of ASC to lower-cost alternatives need to be taken as they arise
- The development of lower-cost alternatives needs to be explored as we co-produce Local Care Models.
- Rebalancing our dependence on Option 3 provision may be realised by:
  - Supporting the creation of more Personal Assistant relationships
  - Brokering more SEPA (Self Employed Personal Assistant) relationships
  - Investing in complementary community effort to reduce overall reliance on Option 3 provision (Hubs+ etc.)
  - Replacing personal care provision with other, ancillary supports to unpaid carers etc
  - Supporting the creation of Social Enterprise in the field of ASC

What, Where and How Much

To be developed post strategy.

Year 1, 2, 3 Priorities

Year 1 (2026-2027)

- Develop a consolidated approach to developing a Community Led Support ethos to work across the system.
- Define a stepwise, locality-led implementation programme for the development of Highland Care Model
- Clarify the model and (if required) investment available for Option 2 brokerage service.
- Understand the resource available to support the mainstreaming of community-led activities which have evidenced they can:
  - Complement/substitute statutory provision
  - Increase wellbeing in community members

Year 2 (2027-2028)

- Secure greater levels of Option 2 Brokerage.
- Agree on Highland model for Independent Support and Community Brokerage based on experience of CLS initiative.
- Implement Highland Care Models across agreed geographies; including investing in impactful Community initiatives.

Year 3 (2028-2029)

- Procure Independent Support and Community Brokerage.
- Move toward full implementation of Highland Care Model across all geographies.

Longer Term

- Co-produce the establishment of ASC Social Enterprises in defined geographies which meet locality need and Registration and Regulation requirements
- Build on the combined operation of both Community and Option 2 Brokerage to develop a distinct route to commissioning of individualised support arrangements.
- Reduce the levels of centralised bureaucracy by ensuring autonomous social work practitioners can interact flexibly in community settings

Community Based Supports - Personal Assistants (PAs)

Profile / Analysis

- Reductions in Option 3 traditional services, related to:
  - Unit Costs and Rates
  - Staffing and staff dissatisfaction (particularly at C@H model)
- Increased offers of Options 1 and 2
- Good level of Personal Assistant recruitment given lack of investment to date.
- Increasing demand for Personal Assistants ongoing.
- Difficulty of translating individual budgets into Personal Assistants now being widely reported.
- Independent Support capacity fully utilised.
- Potential to recycle lost supply: workers transferring from C@H report significant satisfaction/ benefits of PA role.
- Some SEPAs (Self Employed Personal Assistants) / potential SEPAs report desire to collectivise.
- Many Supported People are not keen to take on PA employer role associated with Option 1.
- Currently significant organisational inflexibility around Option 2.
- Limited organisational support for responding to demand for training/ confidence building etc.

What We Have Done

- Increased rates payable to Option 1 PAEs.
- Sought to raise the profile of PA role:
  - Pop up events in a handful of localities
  - Online sessions
  - Links to Corporate and ASC recruitment efforts.
- Initiation of exploring how to increase Option 2 brokerage.
- Identified increased resource for Independent Support to support a three-year Local Care Model initiative.
- Promoted the role of Independent Support to District Professionals via the Highland SDS Strategy.
- Gathered information in respect of the training accessible to (and accessed by) PAs.
- Undertaking a review of NHSH SDS Policies and Procedures to ensure they are congruent with SDS Framework of Standards.

What We Plan To Do

Strategy

- Promote the PA role across Highland
- Promote the role of Independent Support to District Professional (see also Local Care Model)
- Increase available levels of Independent Support and Community Brokerage to facilitate the development of PA relationships at local level (across Options 1 and 2)
- Commission or develop a model of Option 2 Brokerage to ensure routes for supported people to access SEPAs are maximised at local levels.
- Facilitate a training plan to ensure confidence and competence can be developed across the PA workforce.
- Explore mechanisms to expand markets for the provision of Personal Assistants (websites, events, regular Hub activity).
- Explore local care models and preventative approaches including:
  - Development of community hubs and neighbourhood models;
  - Greater levels of Independent Support and Community Brokerage; and
  - Local innovation funds.
- Ensure SDS budgets can be used flexibly to create supply in personal assistants (including SEPAs)

Investment

- Commission or develop an Option 2 Brokerage Service.
- Invest in higher levels of Independent Support and Community Brokerage.
- Provide PA development and support.
- Support and develop CLS approaches to practice across the system.

Shifting of Resources (Disinvestment)

- Rebalance expenditure from reduced Option 3 market to be realised by:
  - Supporting the creation of more Personal Assistant relationships
  - Brokering more SEPA relationships
  - Investing in complementary community effort to reduce overall reliance on Option 3 provision (Hubs+ etc.)
  - Replacing personal care provision with other, ancillary supports to unpaid carers etc
  - Supporting the creation of Social Enterprise in the field of ASC

What, Where and How Much

To be developed post strategy.

Year 1, 2, 3 Priorities

Year 1 (2026-2027)

- Clarify the model and investment available for Option 2 brokerage service.
- Link developments into the CLS approach to practice.
- Facilitate new marketplaces.
- Provide dedicated input to recruit, support and develop PAs.
- Delegate greater levels of autonomy to statutory workforce.

Year 2 (2027-2028)

- Procure / support Option 2 Brokerage Service.
- Agree on Highland model for Independent Support and Community Brokerage. based on experience of CLS initiative.

Year 3 (2028-2029)

- Procure Independent Support and Community Brokerage capacity.

Longer Term

- Establish clear developmental/ support routes for Personal Assistants
- Monitor (research) the experience of Personal Assistants

Community Based Supports - Unpaid Carers

Profile / Analysis

- This commissioning activity includes all unpaid adult carers including those who care for children in the Partnership area and includes the following:
  - One singular Carers Centre servicing the whole Partnership area.
    - 4 x under £50k Third Sector Funded projects.
    - 1 x Advocacy Service.
    - 1 x SDS Support Service (1-year funded 2025/26).
    - 1 x Localised Carer Support Service – Lochaber.
    - 1 x Digital Partner.
    - Carers Wellbeing Fund - £600k per annum.

What We Have Done

- One year funding for increased SDS information.
- Tender for under £50k projects for a 3 year period ending 31/03/28.
- Commenced work on service specification for a Carers Centre.
- Developed a contract for both the Carers Centre and Digital Partner

What We Plan To Do

Strategy

- Align with the Scottish Government's Carers Strategy and local priorities.
- Focus on preventative support to reduce crisis interventions.
- Integrate carer support across health and social care pathways.
- Restructure the delivery of Carer Support, ensuring support is meaningful and locally available.
- Restructure of the current delivery model for those carers who are categorised as having a Substantial or Critical need.
- Ensure equitable access across Highland, including rural and remote areas.
- Support the four strategic pillars of the NHS Highland Carers Strategy: Identify, Inform, Involve, Support.

Investment

- Expansion of localised carer support services in under served areas (e.g. Caithness, Sutherland, Skye)
- Investment in community-based respite and wellbeing initiatives aligned with the Carers Wellbeing Fund.
- Increase available replacement care options (eg care home and home-based respite).
- Increased investment in meaningful carer support.

Shifting of Resources (Disinvestment)

- Reduction in investment to centralised support models delivered remotely – moving to a digital option would achieve in the region of £260k pa.
- Review and reallocate funding from underutilised duplicated services: approx. £150k pa in smaller projects that are reaching < 50 unpaid carers pa.
- Reduction or withdrawal from smaller initiatives that have not demonstrated measurable impact in relation to financial input. approx. £150k pa. in smaller projects that are supporting < 50 unpaid carers pa.

What, Where and How Much

To be developed post strategy.

Year 1, 2, 3 Priorities

Year 1 (2026-2027)

- Commence design of a service specification for a carers centre.
- Continue to co-design with stakeholders to ensure commissioned services are appropriately available in local areas.
- Develop a commissioning framework for Home Based Respite providers.

Year 2 (2027-2028)

- Implement the commissioning framework for Home Based Respite providers and attract provision in rural and remote areas
- Undertake tender process for a carers centre and digital partner.

Year 3 (2028-2029)

- Ascertain impact of smaller initiatives to ascertain continued / future funding
- Assurance of service provision in all areas of Highland, with sustainable access to short break provision.

Longer Term

- Widen the framework to include more respite options.
- Framework design and implementation for Shared Lives as a viable short break option.

Community Based Supports - Technology

Profile / Analysis

- Promotion and provision of technology to support independence at home.

What We Have Done

- Temporary funding secured for tests of change in 3 sites to support the development of a TEC First Framework to optimise utilisation throughout the persons pathway – at first point of contact, while at home and waiting for full assessment, while receiving care and to support discharge
- ASC Transformation Programme is conducting a minimum 6 months proof-of-concept of Vocala Alexa-style technology with up to 50 adults with learning disabilities.
- Further TEC opportunities being explored for support from the Transformation Fund.

What We Plan To Do

Strategy

- **Scale up TEC across Highland**: falls prevention, digital monitoring, medication management, and scheduling — reducing double-up care and improving efficiency.
- **Increase use of TEC**: at all points of the persons care pathway, maintaining independence as close to home as possible and reducing reliance on provided care.
- **Expand and modernise telecare**: increase the range of telecare devices and digital solutions available; identify and introduce new technologies aligned to care needs
- **Digital First approach to care**: (subject to successful proof of concepts) embed digital first assessment in care planning; use TEC as the first step before face-to-face care, enable right-sizing of care packages and reduce over-prescription
- **Reduce reliance on face-to-face care**: (subject to successful proof of concepts) substitute appropriate elements of care with virtual and remote support; promote preventative and responsive digital interventions; increase independence while reducing care hours where safe
- **Data-driven and proactive TEC care**: use TEC for monitoring activities of daily living, supporting early intervention and preventative care; enable data-led decision making and care planning
- **Improve knowledge and uptake of digital care technology solutions**: continue to provide TEC support to Integrated Teams, Care at Home and Commissioned Care at Home Services to increase knowledge and uptake of digital care technology solutions.

Investment

- To be informed by tests of change.

Shifting of Resources (Disinvestment)

- Expected to come from reduced care hours required, care at home budget.
- Shift funding from legacy provision into modern digital solutions

What, Where and How Much

To be developed post strategy.

Year 1, 2, 3 Priorities

Year 1 (2026-2027)
- Complete tests of change, analyse and plan roll out of successful areas.

Year 2 (2027-2028)
- Continued roll out and embedding of change.

Year 3 (2028-2029)
- Ongoing review of use of TEC and new technologies developing.

Longer Term

Community Based Supports – Third Sector / Prevention Promotion

Profile / Analysis

- NHSH spends £5m pa on 53 third sector services.
- The focus and nature of these services include prevention, health and wellbeing, sensory services, advocacy, befriending, community transport and broader community support activity.
- 17 arrangements through grant funding of £631k from a bidding process and the remainder are under service contracts.
- 8 services are health and wellbeing hubs, in receipt of around £520k pa.
- Many arrangements extended year to year and are overdue a full review.

What We Have Done

- Established a Third Sector Oversight Group to oversee this area of activity.
- Identified required procurements for advocacy and carer services, which will be part of our procurement plan.
- Ongoing process for under £50k and over £50k arrangements.
- Engaged with hub development, alignment and service reshaping.
- Conducted an internal audit report of oversight around third sector activity – resulting in a management action plan to strengthen support around this area.

What We Plan To Do

Strategy

- Extend focus on the availability of prevention, early intervention and community supports to enable people to remain living independently at home for as long as possible.
- Explore place-based commissioning to seek to ensure that we have a balanced system of services and that we invest in the capacity necessary to deliver preventative supports and the 4 SDS Options.

From the Financial Plan:
- Development of community hubs and neighbourhood models (aligned with NDTi Community Led Support), creating local spaces where health, care, and third-sector organisations collaborate to provide early help and support and reduce demand on statutory services.
- Small grant schemes and innovation funds for carers and community groups to deliver localised support, respite, and preventative activities.
- Local innovation funds, backed by the Transformation Fund, will support community micro-providers, carers' networks, and third-sector partners to scale community-led support and develop local care models.

Investment

- Where possible, deploy available budget to mainstream third sector activity within coherent and co-ordinated Local Care Models.
- Invest in capacity which supports the delivery of the 4 SDS Options.
- Support for funding to enable review of all current Third Sector Grant Funding (across NHSH & HC budgets) and recommend future approach to include innovation funding grants.
- Reframing of Local Care Development Model funding to support Community Led Support Approaches and therefore scaling up of implementation of Local Care Models (existing funding agreed).

Shifting of Resources (Disinvestment)

- Use placed based commissioning processes to invest appropriately in the third sector services which support the delivery of impactful preventative services and increase our ability to deliver the 4 SDS Options.

What, Where and How Much

To be developed post strategy.

Year 1, 2, 3 Priorities

Year 1 (2026-2027)
- Sustain and review of third sector funding arrangements and development of a strategy policy on commissioning unregistered services
- Creation of small grant schemes and innovation fund arrangements.
- Support for multi-sustainable third sector and diversification of funding streams.

Year 2 (2027-2028)
- Implement outcome of third sector funding review.
- Review small grant schemes and innovation fund arrangements and adjust.
- Commencement of advocacy tender

Year 3 (2028-2029)
- Ongoing review of use of TEC and new technologies developing.

Longer Term

- Continue support for multi-sustainable third sector and diversification of funding streams.
- Extend conditions to enable providers to leverage in other funding.

Appendix 2:
Commissioning Strategy, Intentions and Plan Summary

Care Homes

	Strategy	Investment	Disinvestment	Priorities (Years 1–3)
Care Homes Complexity, Nursing	- Restructure delivery - Use sectors to their strengths - Focus on complexity - Family based alternatives	- Sustainable IS homes - Reprofile in house for complexity - Shared Lives	- Residential reliance - In-house mainstream beds - Unviable services - Overall bed numbers	- Define preferred models, locations and volumes - Initiate reprovision programme - Develop decommissioning framework - Sustained provider base > succession planning.

Supported Living at Home

	Strategy	Investment	Disinvestment	Priorities (Years 1–3)
Care at Home	- Rebalance delivery to IS - In house reposition to reablement - In house provider of last resort	- IS delivery footprint + tariff levels - In house reablement	- In house to move away from where IS can deliver	- Geographic delivery area plan for in house and IS - Appropriate IS rate and outcome based contract - Initiate procurement if required - Reposition in-house for reablement focus.
Support Services	- Promote independence and inclusion - Expand capacity to meet increasingly complex support at home needs - Reduce high-cost individual packages	- Community-based support - Shared packages - Shared Lives	- Isolated tenancies with 2:1 - Current overnight care models - High cost OOA placements	- Review high-cost packages - Standardise community support - Implement new funding models - Repatriation planning - Shared Care procurement
Day Care	- Re-orient toward independence - Community inclusion focus - Expand access to community based support - Diversify provision + empower choice	- Third-sector day care - Preventative community provision	- In-house mainstream day care - Underutilised services	- Review and agree future direction - Transition to new model - Reprofiled services in place

Community Based Supports

	Strategy	Investment	Disinvestment	Priorities (Years 1–3)
Highland Care Model	- Increase choice for care delivery Embed - Local Care Models and - Community Led Support (CLS) - Reduce Option 3 reliance	- CLS system change - Community hubs - Innovation funds	- Option 3 provision / reliance	- Develop consolidated approach to CLS ethos - Define implementation programme and pilot localities - Expand based on learning > full Highland rollout
Personal Assistants	- Increase choice for care delivery - Expand PA workforce	- Option 2 brokerage - PA development	- Option 3 provision / reliance	- Develop brokerage model and procure - Facilitate new market places. - Expand PA capacity.
Unpaid Carers	- Preventative, localised support, with equitable access, to reduce crisis interventions	- Local services - Respite - Carer wellbeing	- Centralised low-impact provision	- Design carers centre and respite framework - Tender and implement new services - Assure sustainable provision across remote/rural areas.
Technology Enabled Care	- Scale TEC to support independence and efficiency	- Successful tests of change.	- Replacement of traditional care hours.	- Complete pilots - Roll out TEC - Ongoing optimisation.
Third Sector / Prevention Promotion	- Prevention + early intervention - Align funding to outcomes - Support diversification of funding	- Community hubs / neighbourhood models - Innovation funds and small grants	- Rolling unfocused grant funding - Statutory sector reliance	- Review all funding: establish innovation model - Implement funding review - Sustain effective community provision - Funding diversification

Appendix 3:
Key Terms

Annual Financial Statement
The integration authority should draw links between its strategic plan and medium term financial plan, demonstrating how the financial resources available to it will be applied to achieve the outcomes set out in the strategic plan. Further detail on the content of medium term financial plans is available in the finance guidance. The integration authority must publish an annual financial statement upon publication of its first strategic plan and each year after that. The financial statement must set out the total resources that the integration authority intends to allocate under the provisions of the strategic plan.

Complexity
Adults with complex needs are defined as people needing a high level of support with many aspects of their daily life and relying on a range of health and social care services. This may be because of illness, disability, broader life circumstances or a combination of these[8]. The level of complexity does not relate to the care intervention per se but to the extent and range of response needed to support an individual safely and appropriately.

Joint Strategic Needs Assessment (JSNA)
The process of identifying the future health, care and wellbeing needs of the population in a particular area, and planning services to help meet those needs.

Market
The range of current and potential types of support, wider community opportunities and provider organisations, for supported people and commissioners to choose from.

Market Facilitation
The process by which strategic commissioners ensure there is sufficient, appropriate range of provision, available at the right price to meet needs and deliver effective outcomes[9]. Market facilitation is how public authorities stimulate a diverse, vibrant and sustainable market, so there are different types of support and provider organisations for supported people to choose from. Successful market facilitation and shaping relies on collaboration, commissioners need to work with people and providers to understand what's needed, so they can offer the services people need and want, now and in the future[10].

Market Facilitation Plan
A Market Facilitation Plan should be prepared to complement the strategic plan and support its delivery. A Market Facilitation Plan outlines the approach and provides detail on how integration authorities will engage with the existing and prospective market in order to work together with agencies to put the right services and support in place. Based on a shared understanding of need and demand, market facilitation is the process by which all partners ensure there is sufficient, appropriate range of provision to meet needs and deliver effective outcomes[11].

[8] https://www.nice.org.uk/guidance/ng216/documents/final-scope
[9] Public Bodies (Scotland) Act Strategic Commissioning Plans Guidance, Scottish Government, 2015
[10] CCPS Market Facilitation Guide CCPS_Collaborative_Commissioning-Reading_and_Resources.pdf
[11] Health and Social Care Integration: Strategic plans: statutory guidance 2024

Market Shaping
Collaboration with other relevant partners to facilitate the whole market in the area for care, support and related services. This includes services arranged and paid for by the Partnership itself, those services paid by through direct payments, and those services arranged and paid for by individuals from whatever sources (sometimes called 'self-funders'), and services paid for by a combination of these sources. Market shaping activity should stimulate a diverse range of appropriate high quality services (both in terms of the types, volumes and quality of services and the types of provider organisation), and ensure the market as a whole remains vibrant and sustainable.

Option 1 – Direct Payment
The supported person receives a direct payment. NHS Highland will decide how much money they will give to the supported person towards their support. The supported person receives this money and uses it to arrange their own support, which can include employing staff and/or buying goods and services. The supported person has full choice and control and also has the most responsibility for arranging support, which may include employer responsibilities

Option 2 – Individual Service Fund
The supported person decides on the support they want, and support is arranged on their behalf. NHS Highland will decide how much money they will give to the supported person towards their support. The supported person can use the money to choose goods and services, for example from a registered support or other approved provider, and then the support is arranged on their behalf. This can be arranged by NHS Highland or a third party (such as a support provider) managing the money on behalf of the supported person. This way, the supported person has full choice and control over how their support is arranged but does not have to manage the money.

Option 3 – Directly Provided Service
After discussion with the supported person, NHS Highland decides and arranges support. The local authority will decide how much money can be spent. The supported person asks the local authority to choose and arrange the support that it thinks is right for them. With this choice the supported person is not responsible for arranging support, and has less direct choice and control over how support is arranged.

Option 4 – Mix of Option 1, 2 and 3
The supported person uses a mixture of ways to arrange their care and support. Some people will want to have direct control of how some parts of their support is arranged but not other parts. Option 4 lets the supported person pick the parts they want to have direct control over and what parts they want to leave to the local authority.

Procurement
The process of buying goods, works and services from external suppliers. Commissioning provides the context for procurement and contracting to take place.

Procurement Plan
The document setting out how the strategic plan will be delivered, as it relates to procurement, with sufficient detail to direct those responsible for contracting services.

Strategic Commissioning
All the activities involved in assessing and forecasting needs, linking investment to agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place as, articulated in a Commissioning Strategy.

Strategic Plan
A document required of the 2014 Act, which sets out arrangements for carrying out integrated functions and outline how these will achieve, or contribute to achieving, the national health and wellbeing outcomes. Through determining needs and developing services to meet these needs, commissioning is a key process in achieving this objective and therefore strategic plans should draw upon output from the commissioning process. The strategic plan is to set out how the Partnership will commission and deliver services for its area over the medium term. Previously referred to as "Strategic Commissioning Plan" in earlier Scottish Government statutory guidance.

Workforce Plan
Workforce planning is a key element in delivering the ambitions set out in strategic plans. Therefore, integration authorities should also consider how workforce planning will enable delivery of its strategic plan. The workforce plan is therefore a document which sets out the actions and timescales required to support the future workforce in order to deliver the required services in Highland, and should also support a workforce strategy.

[12] Learning_Development_Framework.pdf
[13] Health and Social Care Integration: Strategic plans: statutory guidance 2024