The Highland Council

Agenda Item	13
Report No	HCW/31/26

Committee: **Health, Social Care & Wellbeing**

Date: **11 November 2026**

Report Title: **Delivery Plan Monitoring & Progress Update – Person Centred Solutions Q2 2026-2027**

Report By: **Assistant Chief Executive - People**

1.	**Purpose/Executive Summary**
1.1	The Delivery Plan 2024-2027 consists of 66 projects/programmes, managed through 6 Portfolio Boards. This number will fluctuate as future work is developed, current projects close or work is restructured in order to improve an approach for successful delivery. Each project is reported to a relevant committee for consideration and scrutiny in terms of the Portfolio Reporting Cycle agreed at Council on 14 May 2026. Exceptions to this general rule may apply when for example circumstances merit a standalone project/programme report to either committee or council. If exceptions apply this report will signpost to where the relevant reporting can be found.
1.2	This report provides financial, performance, risk and general information on the following Delivery Plan projects/Programme: • Family Based Care • Developing The Workforce • Adult Social Care Transformation
1.3	The content and structure of the report is intended to: • assist Member scrutiny and performance management • inform decision making and aid continuous improvement, and • provide transparency and accessibility
2.	**Recommendations**
2.1	Members are asked to: i. **Note** the Delivery Project updates provided in this report.
3.	**Implications**
3.1	**Resource -** There are no resource implications arising as a direct result of this report. Any resource implications (if any) for delivery plan projects or programmes are detailed in the Financials sections of each of the project updates provided below.

3.2	**Legal -** This report contributes to the Council's statutory duties to report performance and secure best value in terms of Section 1(1)(a) of the Local Government Act 1992, and Section 1 of the Local Government in Scotland Act 2003, respectively.
3.3	**Risk -** There are no risk implications arising as a direct result of this report. Project/Programme risks are assessed via the Council risk management process and monitored through the Portfolio Boards.
3.4	**Health and Safety (risks arising from changes to plant, equipment, process, or people) -** There are no implications arising as a direct result of this report.
3.5	**Gaelic -** There are no implications arising as a direct result of this report.
4.	**Impacts**
4.1	In Highland, all policies, strategies or service changes are subject to an integrated screening for impact for Equalities, Poverty and Human Rights, Children's Rights and Wellbeing, Climate Change, Islands and Mainland Rural Communities, and Data Protection. Where identified as required, a full impact assessment will be undertaken.
4.2	Considering impacts is a core part of the decision-making process and needs to inform the decision-making process. When taking any decision, Members must give due regard to the findings of any assessment.
4.3	This is an update report and therefore an impact assessment is not required.
5.	**Family Based Care**
5.1	<u>Overall Project RAG & Milestones</u> Below is an extract of the first page of the PRMS project dashboard which contains the Overall Project RAG and Key Project Milestones against which, project progress is tracked.

Workstream: Improving Children's Care & Support

Portfolio: Person Centred Solutions

Portfolio Sponsor: Assistant Chief Executive

Project: Family Based Care — G

Building a stronger support system for families providing kinship care to young people and expanding our foster care capacity.

ACTIVITY:
Children will achieve more sustainable family-based care through the development of a kinship team.
This will increase the proportion of children in kinship care, and more foster carers will ensure Highland children remain with Highland families.
Highland Council foster provision is better value than commissioned foster placements and allows children to remain close to their local communities.

PROJECT ELEMENTS:
- New Kinship Service will be available across Highland which will be designed in partnership with Kinship Carers and young people.
- Increase recruitment of Foster Carers using digital technology, marketing and comms strategies.
- Link with partners to develop support to improve support to Kinship Carers & Foster Carers.

26/04/26: Name changed from Kinship and Foster Carers to Family Based Care.

MILESTONES		CURRENT STATUS
Starts Apr24 / Completes Jan25	Kinship: Establish Kinship team	M12 24/25 Completed
Starts Dec25 / Completes Jan26	Kinship: Establish a Kinship Project Team with the aim of increasing the number of Kinship Carers	M10 25/26 Completed
Starts Sep25 / Completes Oct25	Foster Carers: Audit of service processes to be completed	M7 25/26 Completed
Starts Dec25 / Completes Jan26	Foster Carers: Establish a Fostering Project Team with the aim of increasing the number of Foster Carers	M10 25/26 Completed
Starts Sep25 / Completes Mar26	Kinship: Team full operational	M5 26/27 Completed
Starts Dec25 / Completes Mar26	Kinship: Develop a Kinship Model	M2 26/27 Completed
Starts Jan26 / Completes Jun26	Kinship: Develop Communications strategy/methods for family based care	M4 26/27 Completed
Starts Dec25 / Completes Jun26	Foster Carers: Appoint Foster Carer Recruitment and Retention Officer	M6 26/27 Some Slippage
Starts Dec25 / Completes Dec26	Kinship: Kinship Team mid way evaluation	M6 26/27 On Target
Starts Nov25 / Completes Dec26	Foster Carers: Implementation of recommendations	M6 26/27 On Target
Starts Mar27 / Completes Mar27	Kinship and Foster Carers: Project Closure and transfer to BAU	

5.2

Overall Project RAG

The Shifting the Balance of Care programme continues to progress a coordinated approach to reducing reliance on external placements through expansion of family-based care, strengthening residential provision within Highland, and improving pathways for children to remain within, or return to, their local communities.

5.3

Milestones

Family based care

Fostering

Significant progress has been made in strengthening fostering recruitment activity. A new digital recruitment campaign launched in August 2026 has already generated measurable interest, with approximately 20 to 25 enquiries per month projected. Early performance indicates positive engagement levels and a growing pipeline of potential carers. Importantly, all genuine enquiries received during the reporting period were responded to promptly.

To support sustainability and conversion rates, two Recruitment and Retention Officer posts are being established, providing dedicated capacity to nurture applicants through enquiry, assessment and approval stages. Additional assessor capacity through freelance social workers and increased panel membership capacity are also supporting improved throughput and reducing delays. Work has also progressed on preparation training redesign, with more flexible delivery models being introduced to improve accessibility for prospective carers and staff.

Foster Carer Participation and Retention

A substantial engagement exercise with foster carers has been completed, involving carers and generating almost 400 individual contributions. Early findings point to opportunities to strengthen recruitment, retention, peer support and service responsiveness. The work highlights the importance of embedding meaningful participation rather than undertaking isolated consultation exercises.

Emerging themes include:

- Strengthening ongoing engagement with carers.
- Increasing peer-to-peer support opportunities.
- Improving early-stage information and support for prospective carers.
- Ensuring service language and communications reflect fostering as a long-term relational commitment rather than a transactional process.

Adoption

Adoption preparation and assessment activity continues alongside fostering developments. Revised preparation training arrangements are being implemented to improve accessibility and maintain throughput. No material risks or performance concerns relating specifically to adoption were identified within the reporting period.

Kinship Care

Kinship care continues to represent Highland's largest family-based care resource and remains central to delivery of The Promise and the Shifting the Balance of Care programme. Recent activity has focused on strengthening governance, standardising assessment practice and improving quality assurance arrangements to support timely, safe and sustainable kinship placements.

Performance and Trends

Kinship care capacity has increased during 2026, demonstrating growing reliance on family networks as an alternative to foster care and residential provision.
As of September 2026:

- 107 children were supported in kinship placements, compared with 99 in January 2026, representing an increase of 8.1%.
- Total kinship households increased from 163 to 172, a net increase of 5.5% during the year.
- Kinship households without a Kinship Care Order increased from 66 to 73.
- Kinship Order households increased from 97 to 99.
- Total children supported through kinship, foster and residential family-based arrangements increased from 226 to 238, peaking at 245 in August 2026.

5.4

<u>Key Risks & Measures of Success</u>

Below is an extract of the second page of the PRMS project dashboard which sets out the Key Risks and Measures of Success for the project.

MEASURES OF SUCCESS	CURRENT STATUS
£ Children's Services: Family First Approach: Savings FY 24-28 (Current FY Forecast)	£ 1,200,000
No. children needing to live away from the family home but supported in kinship care increases - Mon	29.5 %
Kinship & Foster Carers: Enhanced services promote stability - Quarterly	1
The number of foster carer approvals - Annual	8
Kinship and Foster Carers: % of placements where siblings are placed together - Starts reporting 24/25 - Annual	89

5.5 Key Risks

Risk	Impact	Mitigation
Fostering enquiry volumes exceed operational capacity.	Reduced response times and loss of potential carers.	Recruitment and Retention Officers, monitoring of enquiry volumes, workforce planning.
Low conversion from enquiry to approval.	Insufficient foster care capacity and continued use of external placements.	Enhanced applicant nurturing, revised training process, increased assessment capacity.

5.6 Financial Measures

i) Savings

A multiyear budget recovery plan for 2026 – 2029 has been considered and is overseen by the Budget Recovery Group, chaired by the Chief Executive. This is being supported and scrutinised through a Shifting the Balance of Care Oversight Group, comprising Senior Officers from within the People Cluster.

ii) Investment

Despite an ongoing increase in kinship placements these are not currently mitigating against the significant increase in purchased residential provision. The target for increasing kinship care for 2026/2027 has been exceeded by 11%. In terms of THC fostering service, whilst there has been no increase in fostering households or placements, the use of CAN Digital's social media campaign has increased the number of fostering enquiries. In turn, this has resulted in an increase in fostering assessments with preparation groups commencing. In terms of children living in OOA Children's houses, this number is off target due to a combination of factors, including delays with the expansion of THC Children's Houses.

Work is underway with support from the Finance Service to shift the balance of care from purchased placements, predominantly outside of Highland, to either Family Based Care or increasing local residential care provisions. This will achieve a reduction in children moving away from their local communities and supports alongside a reduction in overspend, and ultimately savings.

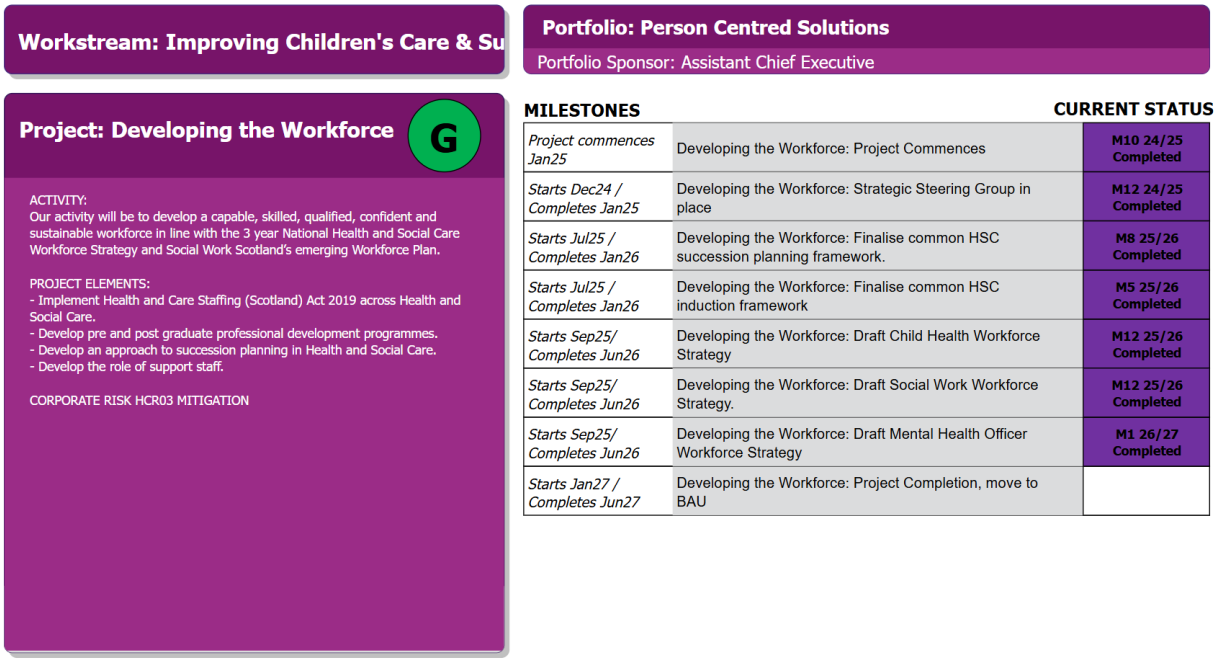
5.7 Performance & Measures of Success

Performance and measures of success figures are shown in 5.4 above.

6. Developing The Workforce

6.1 Overall Project RAG & Milestones

Below is an extract of the first page of the PRMS project dashboard which contains the Overall Project RAG and Key Project Milestones against which, project progress is tracked.



6.2 <u>Overall Project RAG</u>

The Developing the Workforce Project was established to address longstanding workforce challenges across Health and Social Care and to create a more strategic, integrated approach to workforce planning. Over the course of the project, significant progress has been made in strengthening workforce recruitment, retention and development, improving collaboration across services, and aligning workforce development with the Shifting the Balance of Care vision.

Key achievements include the redesign of family support worker roles, establishment of a common Health and Social Care induction framework, implementation of Health and Care Staffing (Scotland) Act governance arrangements, expansion of "grow your own" training pathways for Social Work, Mental Health Officers and Public Health Nursing, progression of recruitment initiatives, and strengthened partnership working across Health, Social Care, Education, Housing and the Third Sector.

The project has successfully established the foundations for strategic workforce planning and has reached a level of maturity where workforce improvement is now embedded within Business-as-Usual arrangements. Workforce development is firmly integrated within existing leadership, governance and operational structures, improving sustainability, accountability and ownership of change.

The two priority workstreams identified at project closure have also been progressed. The development of a standard Health and Social Care Training Framework is now established within Business-as-Usual arrangements and progressing through existing management structures. The review and redesign of early family support roles to support the Shifting the Balance of Care agenda is in its final stages, with recommendations being incorporated into ongoing service delivery and workforce planning.

While risks remain around maintaining momentum, consistent implementation and compliance with Health and Care Staffing requirements, these will continue to be managed through established governance arrangements. The project has achieved its objective of moving workforce improvement from a time-limited programme into core

	business, and it is therefore recommended that the project is formally closed with ongoing delivery continuing through Business-as-Usual arrangement
6.3	<u>Milestones</u> A closure report will be submitted to the Person Centred Solutions Portfolio Board in November.
6.4	<u>Key Risks & Measures of Success</u> Below is an extract of the second page of the PRMS project dashboard which sets out the Key Risks and Measures of Success for the project.

MEASURES OF SUCCESS	CURRENT STATUS
Developing the Workforce: Number of Trainee Social Workers - Annual	10
Developing the Workforce: No. Post Grad MHOs - Annual	2
Developing the Workforce: No. Child Health Staff (and Advanced SCPHN) - Annual	

KEY RISKS ASSESSED / RESPONSE	CURRENT RISK RATING	RESPONSE
Developing the Workforce: Legislative Requirements	9	Tolerate

6.5	<u>Key Risks</u> There are no new or emerging risks to report at this stage, and no changes to existing risks. Current risk mitigations remain appropriate, and risks continue to be monitored through established governance arrangements.
6.6	<u>Financial Measures</u> There are no Delivery Plan financial indicators directly associated with this project.
6.7	<u>Performance & Measures of Success</u> All performance and measure of success figures shown above.
7.	**Adult Social Care**
7.2	<u>Overall Project RAG</u> R Project: Service Rebalancing M6 26/27 — Project dashboard R Project: Care Pathway Redesign M6 26/27 — Project dashboard R Project: Community Led Local Care Models M6 26/27 — Project dashboard R Project: Technology and Workforce Transformation M6 26/27 — Project dashboard R Project: Cross Cutting Projects M6 26/27 — Project dashboard The programme remains in the development phase and no recurring savings have yet been realised. All projects continue to be reported with a Red status, reflecting their early stage of delivery and the significant level of transformation and associated savings required.

7.3	Milestones This Report provides details on the ASC Transformation Programme which is being taken forward in support of the delivery of the Strategic Plan for the Partnership as well as the Medium-Term Financial Plan developed by the Chief Officer which was developed in recognition of the financial challenge presented in relation to the delivery of Adult Social Care. The report seeks to identify the work that will be required to enable the programme to be delivered and how that work will be resourced. The JMC agreed at its last meeting that the Adult Social Care Finance Plan originally introduced to the JMC in December 2025, be referred to as the Adult Social Care (ASC) Transformation Programme and that reference to 'Track 2' is dropped because the focus of the programme will be on service redesign and sustainability. Further detail of the agreement to commit up to £1.2m of funding from the Transformation Reserve provided by The Council to support said transformation work to support the creation of a time-limited Transformation Team within NHS Highland is provided. In addition, it notes the decision to commence the creation of this Team with the appointment of a Senior Programme Manager. The JMC on 13 December 2024 agreed various proposals to support the sustainable future delivery of Adult Social Care and build upon and develop strategies on a pan-Highland basis which would inform local plans being developed by the District Planning Groups. Those pan-Highland Strategies have been previously noted by the JMC and are as follows: • Self-Directed Support • Handyperson Scheme • Care at Home and Care Home future strategy • Managing Complex Cases • Shared Lives • Workforce Strategy • Housing Strategy • Telecare and Digital Strategy. In terms of those Strategies, a Target Operating Model was developed, setting out the key pillars for future care delivery. That model has been further developed with draft Project Mandates produced, based on the Adult Social Care Finance Plan introduced by the Chief Officer. The Finance Plan identifies the work required as previously set out in the Target Operating Model in terms of five key workstreams as follows: • Service Rebalancing - £11.7m savings • Care Pathway Redesign - £9.3m savings

	• Community Led Care Models & Preventative Approaches - £3m savings • Technology & Workforce Transformation - £3m savings • Cross cutting projects - £4m savings. The savings allocated in terms of the project mandates are ambitious but necessary and given the scale of the budget challenge are considered to be appropriate. In terms of those workstreams the work is broadly defined as follows: • Service Rebalancing – Shifting towards more people being supported at home using in house and independent provision effectively. • Care Pathway Redesign – Modernising pathways to promote independence and reduce reliance on residential based care prioritising those most in need. • Community Led Care Models & Preventative Approaches – Supporting local care models and community innovation promoting Self Directed Support options, reablement and disinvesting in less effective traditional services. • Technology and Workforce transformation – Scaling technology-enabled care to improve efficiency and independence. Strategic workforce planning to attract, retain and value carers, improve pay and conditions and support carer development. The Committee will have seen the proposed Strategic Commissioning Plan as part of a separate report and that will support the work which is envisaged. Delivery of the transformation needed to meet the ambitious efficiency targets is likely to require several key policy changes. This will include the allocation of care home beds with a focus on the distinction between nursing home beds and residential beds; consideration of eligibility thresholds; and further development of reablement policies. These polices are in development and will be reported to a further meeting of this Committee in due course. At a meeting with the Chief Executives of both the Council and the NHS Board on 5 May 2026 and at a subsequent meeting on 2 July 2026, the need for a dedicated transformation resource within NHSH was discussed to deliver the programme of work envisaged. When the £20m earmarked reserve was first established by the Council in the 29 February 2024 budget, section 10 of that report set out the purpose, intent and process for that reserve. “Reserves funding to support the Adult Social Care budget on a multi-year basis, and the process of change and transformation.” The exact structure and nature of the posts within this dedicated Transformation Team is still being developed, but there has been an agreement to secure up to £1.2m from the Transformation Reserve through to 31 March 2028 in terms of the process previously agreed by this Committee. It is proposed that initially a Senior Programme Manager will be appointed to oversee the development and delivery of the programme. They will be responsible for developing the structure and recruiting the Programme Team within the resources available. The final structure of the Programme Team will be agreed by the Joint Chief Executives at a future meeting.
7.4	<u>Key Risks & Measures of Success</u>

	Existing programme risks are reviewed on a regular basis. Once the Senior Programme Manager has been recruited by NHS Highland and is in post they will develop a Programme Risk Register to support the Transformation Programme's 5 workstreams.
7.5	<u>Financial Measures</u> <u>Savings</u> **Operating Model: Adult Social Care: Savings FY 24-27** **M6 26/27** — Latest Forecast: **£ 1,100,000**; Actual to Date: **£ 0** **Annual Target** — FY 26/27: **£ 8,993,000**; FY 27/28: **£ 0**; FY 28/29: **£ 0** PRMS Comment: NHSH have set a target of £6,581,000. They have four schemes in place which at the current time are forecast to deliver £1,100,000 of savings of which 80% (£880k) are recurring. <u>Investments</u> On 1 April 2026, the Reserve balance was £14,505,872. Commitments for 2026/27 are £1,969,093 and for 2027/28 £3,040,404. These commitments include the £1.2m funding for the Transformation Team as outlined. There is an additional commitment of £378,000 for Shared Lives running through to 31 March 2030. The uncommitted balance of the Reserve is £9,118,375.
	Designation: Assistant Chief Executive - People Date: 30 October 2026 Authors: Fiona Malcolm, Chief Officer Integrated People Service Dianne Henderson, Strategic Lead, Care and Support Jane Park, Strategic Lead, Child Health Lynnsey Urquhart, Programme Manager, Adult Social Care Brian Scobie, Portfolio & Performance Manager Background Papers: N/A Appendices: N/A