NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**01 July 2026**
Title:	**ASC Transformation in Highland**
Responsible Executive/Non-Executive:	**Arlene Johnstone, Chief Officer, HHSCP**
Report Author:	**Ian Thomson; Adult Social Care Leadership Team**

1 Purpose

1.1 This is presented to the Committee for:

- Assurance

1.2 This report relates to a:

- Government policy/directive
- Legal requirement
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

1.3 This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

1.4 This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	

Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well		**All** Well Themes	x		

2 Report summary

2.1 Situation

2.1.1 Transforming our model of adult social care

A Programme of work is now underway to transform our model of adult social care (ASC) in Highland. The overarching approach is to develop a new "Highland Care Model" through fundamental shifts to the way we practice; and to the range and profile of the services and supports people can access.

The Programme is being managed by the Partnership's ASC Transformation Board and supported by Highland Council resource. The Programme comprises a number of identifiable components (below) which seek, in combination, to ensure that:

- our professional **practice model** conforms to a strengths-based ethos which places good conversations and creative care planning at the heart of our relationships with people who need support; and
- we have a broad ranging 'place-based' **service model** which fully underpins the delivery of the 4 Self-directed Support (SDS) Options in localities to ensure supported people the greatest choice and flexibility of the care and support available to them.

There are 4 interconnected Work-streams aimed at realising this new, Highland Care Model, these are:

1. Developing Local Care Models: this work seeks to coproduce a new configuration of services and practices at a local (place-based) level such that our community assets and partners are fully integrated into a broad system of social care;
2. Redesigning our care pathways: to ensure we can act more preventatively and reduce bureaucracy;
3. Rebalancing our current service model: to ensure we lessen our reliance on traditional in-house and Option 3 services and make more of the opportunities afforded by Options 1 and 2; and
4. Making better use of technology and of our workforce

Taken together, we aim that we these work-streams should begin to make the changes that are urgently required in social care (updates below). However work has also begun in two important, complementary initiatives which we believe will both promote and consolidate the work being undertaken by the Programme.

2.1.2 Community-Led Support

The Partnership is now working alongside the National Development Team for Inclusion (NDTI) - in partnership with their local partners Community Contacts and Community Brokerage Scotland - to help guide and inform the work above. Bringing with them proven experience of reshaping adult social care across England, Wales and Scotland the aim will be to tailor their Community Led Support Approach to the Highland context; to help us realise the “Highland Care Model”. Providing up to 150 days of expert input to help us scale-up a transformation to the way we practice social work and social care in Highland. The Approach involves making sure we consider how:

- People can get the support and advice easily, when they need it, so that crises are avoided
- Our culture is based on trust, empowerment and shared values within and across teams and organisations
- There is a focus on ‘place’, on community and on the ‘whole’ person
- Support is strengths-based, building independence, control and community connections;
- Bureaucracy is the absolute minimum it has to be; and
- Coproduction brings people and organisations together around a shared vision

The focus will here be on utilising strengthened community assets, developing strength-based relational practice, and implementing outcomes-based commissioning. Evidence from elsewhere suggests that adopting this profound change to practice can result in shortened waiting times for assessment and service; and more time to explore person-centred and innovative solutions.

2.1.3 Adult Social Care Commissioning Strategy

The development of the Adult Social Care Commissioning Strategy and Intentions 2026-2029 follows on from the Joint Strategic Plan (JSP) published in 2024 and Joint Strategic Needs Assessment (JSNA) published in March 2025 and updated in June 2025.

The aim of the Commissioning Strategy will be to support the vision and development of the Highland Care Model and address the many contextual challenges in the commissioning of adult social care services over the next 3 year period.

Commissioning will be very important in reshaping our **service model** and the strategy document being developed will seek to reflect the vision, and set out the planned actions required for commissioning adult social care services across Highland, with a focus on person-centred, integrated, and locality-led care models. Currently this is being supported by our Healthcare Improvement Scotland Colleagues.

2.2 Background

2.2.1 Adopting the ethos of Self-directed Support

The Highland Health and Social Care Partnership – alongside partners, In Control Scotland, Community Contacts, Social Work Scotland and Healthcare Improvement Scotland - have in recent years been working with representatives of a number of local Highland communities to explore how fully adopting an ethos of Self-directed Support might begin to reshape adult social care in their local area.

The aim of the work across different geographies has been to develop a functioning “Local” care model” – one which pulls the different parts of the system together behind a common purpose, so that we might better meet individuals’ needs:

To do this these Local Care models, then, have sought to

- Rebalance our existing Option 3 provision with greater levels of Options 1, 2 and 4 - thereby increasing flexibility and choice for people at reduced cost.
- Incorporate greater levels of community support into the whole system of social care
- Establish locally based care co-ordination to ensure the demand for care can be met by all the different strands of available local supports
- Establish a reciprocal relationship between investment in statutory provision and the development of community fabric.

We would understand that the work above has been both innovative and forward thinking. In adopting a coherent Transformational Programme approach - supported by the NDTi partnership and, in time, underpinned by a new HHSCP Commissioning strategy - the aim will be to consolidate our efforts behind clear

Partnership governance arrangements which can provide the clear decision-making routes necessary to effect the transformational operational changes required.

2.3 Assessment

The scope of the work across the 4 work-streams (above) is still being developed/ outlined. This section is focused on the work currently being undertaken.

2.3.1 Reshaping Care Models

2.3.2 Development Activity

West Lochaber

The idea for a new “Local Care Model” have been developed in the Strontian/Acharacle area: it involved redesigning the shape of community, statutory and independent support services to maximise the choice and control of Self-directed Support to allow adults in need to effect flexible solutions to meet social care needs.

The development work sought to reduce demand on stretched Care at Home Services by both acting preventatively and by identifying other potentially available social care supports for individuals.

Urram (a local charity which supports the social care of people on the Ardnamurchan peninsula) were established to protest the closure of Dail Mhor and the diminishing availability of Social Care on the peninsula.

From 2024 In Control Scotland - along with NHSH and Urram – led a series of engagement events with stakeholders in Ardnamurchan about what they wanted to see in respect of Adult Social Care: reports of the engagement work are available here: In Control Scotland.

A key plank of the ideas generated was that resources associated with the inactive Registered Service be redeployed to provide flexible Support Services able to meet the personal care needs of residents of the locality: and we are hoping to embark on this redesign work – with the support of NDTi – soon.

Community Hubs (Caithness, Sutherland and Wester Ross)

As part of the development of a new Highland Care Model the Partnership is keen to engage the 8 Community Hubs as part of a concerted “change programme” across their geographic coverage.

In this, the Hubs will have the opportunity to play a key role in shaping new ways of working in Adult Social Care at a locality level

The Hubs, we believe, have the very real potential to provide the foundations upon which new, local models of care can be built.

Whilst the Hubs are connected in relation to communication and support, we wish to support their capacity for collective development, particularly to realise the potential benefits of developing new ways of working; including:

- Hosting professionals as part of a Community Led Support approach;
- Offering further wellbeing opportunities to unpaid carers and vulnerable adults in their communities and therefore clarifying their role in preventative activity and population health
- Supporting the development of other community fabric; and
- Brokering new arrangements using SDS Options 1 and 2

The Hubs have an ongoing, strong partnership with Highland Hospice including the successful delivery of Befriending Services; therefore we would also like to explore how this work could align to their future visions for hospice support in the community

Skye and Lochalsh

Work on Skye and Lochalsh – driven entirely by the Council for Voluntary Organisations together with their Health, Wellbeing, Welfare and Social Care Collaboration – has seen the development of “pop-up” Hubs across the locality. This has offered people information, advice and access to the wide range of third-sector supports available.

We see initiatives of this sort as closely aligned to the aims of developing a Community Led Support approach, and have maintained strong links with local leaders to co-produce new ways of working. These community access points, where local people can discuss their circumstances and explore possible supports and strategies, provide a potential blueprint for a new practice model.

Lochaber

Adult Social Care (ASC) provision in Lochaber is under continued pressure as a result of ongoing challenges with staff recruitment and retention and the condition of the residential and nursing care homes. The Lochaber Adult Social Care Project is part of a wider programme to design, develop and implement a future operating model.

The in-house nursing and residential care homes in Fort William (Moss Park and Invernevis) are owned by THC and operated by NHS Highland. When THC purchased Moss Park in 2025 it was intended that within 3 years an alternative model of care would be implemented and that would enable Moss Park to close. Due to the construction and layout of both care homes in Fort William neither could support an increase in beds to meet the current environmental standards set by the Care Inspectorate.

The transformation of ASC requires an approach to understanding the system of ASC via the experiences of local people and workers and to effect practical changes to the operation of the system by those who are most affected by it.

The project is seeking to develop and support the implementation of the Highland Care Model in Lochaber by:

- understanding what resources and facilities are in Lochaber that can help and support adults with care needs and develop the Service Model to make best use of them
- working with local communities to co-produce preventative, population health-focused approaches that support people to remain well, independent and connected at home
- providing an evidence base to inform decisions on the future of residential and nursing care in Fort William

The project will also provide insight into methods and data that can be used as a guide for transforming the ASC service model across Highland.

Community Brokerage and Independent Support (SIRD)

The work in this category will be to expand capacity within Highland's primary Support in the Right Direction (SIRD) organisation (Community Contacts) to: meet growing demand to access personal assistance under SDS Options 1 and 2; to support a "community of practice" across the social care network; and to ensure that the principles of Community Brokerage are realised in our local communities,

> "The community brokerage model promotes that the best outcomes for people are achieved when they benefit from positive relationships, natural support including family and community support with the least intervention possible by services and paid social care support".

A Highland Care Model Transformation Fund

This fund has been set up to resource locally co-designed initiatives which support our transformation to a co-produced Highland Care Model. The fund (£500k) will be administered by the Highland Third Sector Interface (HTSI) on behalf of the Partnership, with the Partnership retaining overall governance and decision-making oversight.

This approach mirrors the successful model used for the Highland Whole Family Wellbeing Fund, ensuring:

- transparent and equitable local processes
- active involvement of communities in co-design and delivery
- systematic evaluation and feedback to inform future mainstreaming and commissioning.

We believe that co-producing a new model of care with our communities will ensure the changes we make are ones which reflect the real lives experience of those who need our supports, and will be shaped by and to local circumstances. Our aim will be to put learning at the heart of these initiatives: sharing good practice where it occurs and learning from the pitfalls we encounter.

2.3.3 Service Rebalancing

Shared Lives

A Shared Lives care arrangement is a one where an adult who needs support is matched with an approved carer. The carer and the person needing care share family and community life, either living together permanently or visiting for short breaks or day support. Instead of living in an institution or a traditional care home, the individual moves into the carer's home or visits regularly.

Across Scotland tailored matching involving Local Councils and Shared Lives schemes carefully match the person with a carer based on shared interests, backgrounds, and lifestyle. The focus is on building a natural, supportive family environment that helps the individual develop independent living skills.

Currently our Contracts and Commissioning section is preparing a tender – with the support of national membership organisation Shared Lives Plus - to secure a Shared Lives Service from the Independent/Third Sector on behalf of the Partnership. The hope is that this service will provide a significant new component to strengthen our **service model**, and provide more choice for supported individuals to live the lives they want.

2.3.4 Technology and Workforce

Vocala

Vocala technology can help individuals manage their days with less reliance on care staff: For example

- Pictorial Timetables: Displaying visual schedules on screens to guide people through their daily routines.
- Step-by-Step Prompts: Providing audio and visual walkthroughs for tasks like using appliances, brushing teeth, or getting dressed.
- Medication Reminders: Automated, gentle alerts that encourage independent health management

Currently the Transformation Programme is running a 6-month “Proof-of-Concept” in North Highland, collaborating with participating Support Providers and Highland Council. The project will formally evaluate how Vocala is used by

up to 50 adults with learning disabilities. We'll explore whether simple voice technology can enhance independence, reduce pressure on services, and improve outcomes. Vocala will run alongside current in-person support.

The potential benefits may support stakeholders across the system:

- Individuals: improved independence, confidence and wellbeing.
- Families: greater reassurance and consistent routines.
- Support Providers: reduced travel, potential efficiency gains, and data-driven person-centred care.
- Statutory partners: potential to delay or reduce higher-cost support and inform new commissioning models.

The project is led by the Learning Disabilities team. Supplier Triple Value Impact has been commissioned to manage the implementation and evaluation is in collaboration with supplier Vocala. Highland Council is providing funding and Project Management support.

2.4 Proposed level of Assurance

Substantial		Moderate	
Limited		None	

2.4.1 Comment on the level of assurance

There is a huge degree of stress across the Adult Social Care system in Highland. However a moderate level of assurance might reasonably be given that the improvement work being undertaken is well targeted and well structured.

3 Impact Analysis

3.1 Quality/ Patient Care

Not applicable

3.2 Workforce

Part of the aim of this work is to support the Option 3 workforce with a broader variety of community and independent and third sector inputs.

3.3 Financial

As above; included in the aim of this work is to support ASC to explore/realise the most personalised and cost effective care arrangements for Adults in Need

3.4 Risk Assessment/Management

Not Applicable

3.5 Data Protection

Not Applicable

3.6 Equality and Diversity, including health inequalities

The development of SDS in Highland forms a component part of the Highland Health and Social Care Partnership Strategic Plan for Adult Services 2024-2027. An impact assessment has been completed for this and is available.

3.7 Other impacts

3.8 Communication, involvement, engagement and consultation

3.9 Route to the Meeting

4 Recommendation

The Report is provided to the Committee for:

- **Assurance** – the Committee should be confident that purposeful work is being undertaken to ensure compliance with Self-Directed Support legislation and policy.