

# Highland Health and Social Care Partnership

**Health and Care (Staffing) (Scotland) Act 2019**

**2024-2025 Annual Report**

Commissioned Adult Social Care Services

### Health and Care (Staffing) (Scotland) Act 2019: 2024-2025 Annual Report

Under section 3(2) of the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) (“the Act”), every local authority and integration authority must have regard to a number of listed factors when planning or securing the provision of a care service from a third party:

- the guiding principles in the Act (section 1 of the Act);
- the requirement on care service providers to have regard to the guiding principles (section 3(1) of the Act);
- the duty on care service providers to ensure appropriate staffing (section 7 of the Act);
- the requirement on care service providers with regard to training of staff (section 8 of the Act);
- the requirement on care service providers to have regard to guidance issued by the Scottish Ministers (section 10 of the Act);
- the duties on care service providers under [Chapter 3 of Part 5 of the Public Services Reform \(Scotland\) Act 2010](#), for example with regard to registration of care services; and
- the duties on care service providers under Chapter 3A of Part 5 of the Public Services Reform (Scotland) Act 2010, for example with regard to the use of any prescribed staffing methods or staffing tools. Note that the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) inserted chapter 3A into the Public Services Reform (Scotland) Act.

Section 3(6) of the Act states that relevant organisations must publish information annually on the steps they have taken to comply with the requirement in section 3(2) regarding the planning and securing of care services and any ongoing risks that may affect their ability to comply with this requirement.

This template should be used by local authorities and integration authorities to publish the information required and should be read in conjunction with the statutory guidance that accompanies the Act, specifically chapter 15.

The information in this template should relate to the financial year, i.e. 01 April to 31 March. All reports must be published by 30 June at the latest each year.

In order to collate the information published, the Scottish Government also requests that you send the completed template to [hcsa@gov.scot](mailto:hcsa@gov.scot).

## Declaration

### Name of local authority / integration authority

Highland Health and Social Care Partnership

### Report authorised by

Arlene Johnstone

### Designation

Interim Chief Officer

### Date

30 July 2025

### Detail of where the report will be published

[Highland HSCP publications | NHS Highland](#)

## Information Required

**Question 1** - Please detail the **steps you have taken** as an organisation to comply with section 3(2) of the Health and Care (Staffing) (Scotland) Act 2019:

*3(2) In planning or securing the provision of a care service from another person under a contract, agreement or other arrangements, every local authority and every integration authority (within the meaning of section 59 of the Public Bodies (Joint Working) (Scotland) Act 2014) must have regard to—*

*(a) the guiding principles for health and care staffing, and*

*(b) the duties relating to staffing imposed on persons who provide care services—*

*(i) by virtue of subsection (1) and sections 7 to 10, and*

*(ii) by virtue of Chapters 3 and 3A of Part 5 of the Public Services Reform (Scotland) Act 2010.*

## **Context**

The Highland lead agency governance structure is unique in Scotland, with lead responsibility for adult social care functions delegated to the NHS Highland and lead responsibility for childrens and criminal justice services, with The Highland Council.

As such, NHS Highland is the legal entity responsible for delivering adult social care, including the associated statutory duties under the Health and Care (Staffing) (Scotland) Act 2019 (the Act) and it is these services covered within this annual report.

The Commissioning, Contracts and Compliance Team within NHS Highland supports the commissioning and procurement of adult social care services.

We have had an operational focus on supporting commissioned provision in staffing challenges through our Collaborative Care Home Support Team, Community Response Team and through an Independent Sector Care Home Career and Attraction Lead, hosted by Scottish Care and funded by the Health Board.

## **Scope**

During 2024-2025, NHS Highland was responsible for planning and securing a range of adult care services as defined under Section 47(1) of the Public Services Reform (Scotland) Act 2010.

Those services commissioned by NHS Highland supported a range of adult client groups - older people, learning disability, mental health, sensory impairment and physical disability. The registered services commissioned from third party organisations (as at 31 March 2025) were as noted:

- 46 care homes
- 19 care at home services
- 27 support services
- 10 day care services

All of these services are regulated by the Care Inspectorate and fall within the scope of statutory duties under the Health and Care (Staffing) (Scotland) Act 2019.

## **Steps Taken to Comply with Requirements**

In preparing for the Act, we progressed the following actions:

- established an organisational Short Life Working Group (SLWG) to progress required actions.
- attended information sessions on the Act provided by SWSG Contracts and Commissioning Practice Network, Health Improvement Scotland and the Care Inspectorate (CI).
- dialogue with the CI to support clarification of requirements.
- convened sector meetings to raise awareness and facilitate discussion and understanding.
- reviewed documentation as set out in more detail below.

### Existing Contracts / Providers

The majority of existing contractual arrangements are originally drawn from the National Care Home Contract (NCHC).

Over 2024-2025, existing contracts across all service types have been reviewed to determine whether specific revisions were required in order to fully and explicitly comply with the new requirements of the Act.

While the NCHC includes staffing-related clauses that Scotland Excel has advised do not require updating, NHS Highland's review concluded that greater specificity would be beneficial to provide clearer delivery and reporting requirements.

Work is underway to incorporate this clarity into a new model contract. Once complete, this approach will be applied to a broader review of planning, procurement, and contract management processes.

We believe the current arrangements align with the guiding principles; however, the planned actions will strengthen them by providing enhanced clarity.

### New Contracts / Providers

Over the course of 2024-2025, NHS Highland planned and secured new registered services from the following:

- Carr Gomm
- Centred
- Cera Care
- The Good Care Company
- Key Housing
- Newcross Healthcare Solutions

General obligations with regard to the guiding principles of the Act were outlined in the contract specification, terms and conditions relating to these services.

### **Monitoring**

The recent market turbulence (multiple care home and care at home closures) has redirected resource from previous planned and formal contract monitoring, in order to supporting sector and provider stability.

However, there has remained ongoing key areas of monitoring activity along with staffing specific activity as noted:

- NHS Highland has ensured that third party providers are aware of the staffing related duties.
- There are pre-contract checks ensure that all providers are registered with the Care Inspectorate and meet or exceed national care standards.
- Initiation of the Single Procurement Document intends to promote a consistent approach and ensure appropriate registrations.
- Monitoring through review meetings and assurance and improvement systems.
- Escalation oversight of significant staffing considerations via established governance quality mechanisms.
- Sector and individual provider dialogue, including on sector and individual staffing challenges.
- Compliance monitoring of Scottish Living Wage.

These requirements are monitored throughout the operation of the contract and are central to our oversight and service improvement discussions.

#### Forward Focus

NHS Highland intend to review a number of contracts in 2025-2026, prioritising those longest operating arrangements in place and the opportunity will be taken to ensure the duties of the Act are satisfactorily clear.

The HSPC's Market Facilitation Plan will be in preparation during 2025-2026. As part of its development, and in describing the stages of the commissioning cycle, the new practices required of the Act will be specifically included.

Internal arrangements will be considered and developed to assist and facilitate oversight and reporting of this area to readily provide assurance of compliance for statutory reporting.

#### **Information Required**

**Question 2** - Please detail any **ongoing risks** that may affect your ability to comply with the duty set out in section 3(2).

There are a number of local and national risks which have and are expected to continue to affect our ability to comply with the above duty:

- **Wider third party sector workforce, staffing and financial pressures**  
There has been, and continues to be, a fragile care sector in Highland with workforce recruitment and retention key contributing issues to sector viability, which are exacerbated by our rural geography. There is increasing use of international workforce through sponsorship to ensure adequate staffing levels. We continue to have oversight arrangements in place to support and work with providers experiencing staffing challenges.
- **Diversity of contract types and commissioning models**  
The range of service and contract types mean it is challenging to easily collate required staffing compliance for reporting. With this diversity, there is variation in how the staffing related duties under the Act are reflected in service agreements. Going forward, work is progressing to identify opportunities to align staffing content across contracts and to improve oversight actions.
- **Timely review and updating of contracts**  
This is resource dependent and has been impacted by redirection of effort to support local market instability.
- **Collation of information in relation to SDS option 2**  
Available information for SDS option 2 providers is limited compared to SDS option 3 providers and requires to be reviewed.