Agenda Item	4
Report No	JMC/11/24

The Highland Council / NHS Highland

Committee: **Joint Monitoring Committee**

Date: **25 September 2024**

Report Title: **Highland Health and Social Care Partnership Annual Performance Review 2023/24**

Report By: **Pamela Stott, Chief Officer HHSCP**

1. Purpose/Executive Summary

1.1 The Health and Social Care Annual Performance Report (APR) for the year 2023 (Appendix 1) follows the requirement by the Public Bodies (Joint Working) Scotland Act, 2014. The Annual Performance Report (APR) assures the progress in meeting the priorities and actions and is required to be updated and submitted annually to the Scottish Government.

1.2 The Health and Social Care Partnership (HSCP) is responsible in ensuring that our local communities are clear on how health and social care integration is performing. The HSCP has built upon previous years and demonstrates how services have improved and adapted to complement highland communities Primary, across Community, Mental Health, Acute Care, Children and Adult Social Care.

2. Recommendations

2.1 Members are asked to:

Approve the Highland HSCP Annual Performance Report 2023/24

3. Implications

3.1 Resource - The report has no resource implications

3.2 Legal - There is a requirement to produce and publish the report annually at the end of September.

3.3 Risk - The report does not have any risk implications.

3.4 Health and Safety (risks arising from changes to plant, equipment, process, or people) - The report does not have any health and safety implications

3.5 Gaelic - The report does not have implications for Gaelic.

4. Impacts

4.1 In Highland, all policies, strategies or service changes are subject to an integrated screening for impact for Equalities, Poverty and Human Rights, Children's Rights and Wellbeing, Climate Change, Islands and Mainland Rural Communities, and Data Protection. Where identified as required, a full impact assessment will be undertaken.

4.2 Considering impacts is a core part of the decision-making process and needs to inform the decision-making process. When taking any decision, Members must give due regard to the findings of any assessment.

4.3 This is a monitoring report and therefore an impact assessment is not required.

5. Context

5.1 The Highland Health and Social Care Partnership delivers health and social care services through a lead agency Partnership Agreement. This consists of The Highland Council act as lead agency for delegated functions relating to children and families and NHS Highland who undertake delegated functions related to adults.

5.2 The strategic framework for planning and delivery of health and social care services consists of 9 Health and Well Being Outcomes and a core suite of integration indicators. In this report Children's services performance is presented in the Integrated Children's Services Planning Board Performance Management Framework 2023 – 2026.

6. Report Content

6.1 The Annual Report provides an overview of performance at both Health and Social Care Partnership (HSCP) and Scotland level including:

- Assessment of performance in relation to the 9 National Health and Wellbeing Outcomes
- Assessment of performance in relation to integration delivery principles
- Comparison between the reporting year and pervious reporting years, up to a maximum of 5 years.
- Financial performance and Best Value

It also includes examples of key achievements during the year.

6.2 At the time of writing, the key performance indicators for the Annual Performance Report, the National Integration Indicators and Ministerial Strategic Indicators, for this period are yet to be published by Public Health Scotland and when available will be published in Appendix 2 to this report.

Designation: Chief Officer HHSCP

Date: 29 August 2024

Author: Rhiannon Boydell, Head of Integration, Strategy and

Transformation HHSCP

Background Papers:

Appendices: Appendix 1 - Highland HSCP Annual Report 2023/24
Appendix 2 - Performance Information

Annual Performance Report

2023 - 2024

Highland Health & Social Care Partnership

The Highland Council

NHS Highland

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Foreword

Welcome to the Annual Performance Report (APR) by Highland Health and Social Care Partnership on the performance of integrated health and social care provision. The report highlights key successes for our health and social care services, as well as areas of challenge.

2024 sees the launch of the 3 year joint Strategic Plan and this report will inform the implementation of the plan, enabling us to build on our achievements and tackle our challenges. We have committed to implementing the joint Strategic Plan through engagement and collaboration with our Highland communities, and work has begun in District Planning Groups across Highland with community members, carers, care providers, partners and staff, working together to improve the health and wellbeing of the Highland population.

We look forward to continuing to work in collaboration with our stakeholders and partners to shape the future of health and social care in Highland. The delivery of health and social care services continues to be challenging and we would like to thank all those involved for their contributions and ongoing commitment. We would also like to take this opportunity to recognise the dedication, professionalism and resilience of all colleagues working in health and social care, partner agencies, unpaid carers and community volunteers in shaping and delivering person-centred health and social care to the population of Highland.

Pamela Cremin **Chief Officer Highland Health & Social Care Partnership**

Fiona Duncan **Executive Chief Officer Health & Social Care and Chief Social Work Officer**

Introduction

The Health and Social Care Partnership aims to improve the health and wellbeing of the population of Highland, working in collaboration with communities and stakeholders. We aim to provide excellent services in Primary, Community, Mental Health and Learning Disability, Acute, Children's and Adult Social Care.

This Annual Performance Review (APR) outlines the key achievements and challenges NHS Highland faces in delivering health and social care services. It features many examples of positive performance for sharing, maintaining and developing further, and also highlights the areas of complexity and challenge which we will be working with our communities and stakeholders with into the future.

Strategic Context and Overview

Highland Health and Social Care Partnership delivers health and social care services through a lead agency Partnership Agreement. The Highland Council acts as the lead agency for delegated functions relating to children and families, while NHS Highland undertakes delegated functions related to adults.

Both partners report through joint arrangements, with the partnership's governance overseen and managed by the Joint Monitoring Committee. This ensures transparency, accountability, and effective management of the partnership's operations.

The Partnership covers the Highland Council area and is divided into nine districts centred on local Community Planning Partnerships.

The Partnership has fostered a collaborative environment, producing a joint strategic plan for adults. Developed through a multistakeholder Strategic Planning Group, and following a public engagement process, this three-year plan covers the period 2024 – 2027. Ongoing engagement in implementation of the plan is occurring in similarly multi stakeholder District Planning Groups.

The Integrated Children's Services Planning Board (ICSPB) is developing the next iteration of the integrated children's service plan on behalf of Highland Community Planning Partnership.

The ICSPB has undertaken a joint strategic needs assessment to develop this plan. The data gathered from this activity will support an evaluation of the current plan's performance management framework. The strategic needs assessment takes a life course approach, which will be reflected in the structure of the 2023 – 2026 plan.

Performance Management and Governance

The strategic framework for the planning and delivery of health and social care services consists of 9 Health and Well-Being Outcomes and a core suite of integration indicators.

The NHS Highland strategy, Together We Care (TWC), is a board-wide strategy that clearly communicates the strategic vision, mission, and objectives we need to achieve over a five year period. Progress towards achieving its aim is set out and monitored in our Annual Delivery Plans. These plans are fully cognisant of the role and responsibilities of the lead agency Integration Authority (IA)in Highland and the Integration Joint Board (IJB) in Argyll & Bute.

In terms of delivery of adult services by NHS Highland, the IPQR has been redesigned. This report gives the board a bi-monthly overview of performance and quality across NHS Highland. It is compiled from data considered at our governance committees and comments, risks and mitigations from our executive leads. A subsection of the IPQR has been agreed by the Highland Health and Social Care Committee, which receives the report and assurance on performance against it at each meeting. The IPQR also informs the Adult Services Update report for the Partnership Joint Monitoring Committee.

The integrated children's services partnership recognises that children's services planning is an ongoing process. Central to good planning is ensuring a robust connection between national and local strategic planning. Our performance management framework connects partnership strategic planning within a single framework. This framework provides tools for planning, self-evaluation, reporting, performance management, and assurance.

The Integrated Children's Service Planning Board monitors progress towards achieving the outcomes outlined within the Integrated Children's Services Plan. It utilises a fully developed Performance Framework to achieve this.

Within our planning processes, lead officers from partner organisations have been identified for each themed group, along with a lead officer for each improvement priority. Partners work together and take responsibility for coordinating performance reporting regularly. In addition, our performance is measured by listening to the voices of children, young people, and their families, learning from self-evaluation, analysing intelligence, and scrutinising an agreed set of qualitative and quantitative improvement measures.

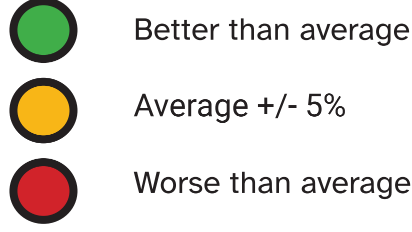
Performance Overview

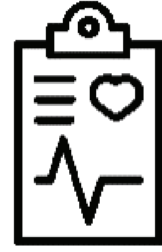
Key Performance Overview

The key performance overview demonstrates the financial year (April 2023 – March 2024). This ensures data continuity linking previous and new reporting using full-year data. The Latest performance against the National Integration indicators and ministerial indicators is detailed in the appendix.

Benchmarking

The benchmark for the National Integration Indicators, comparing it with the Scottish average, has been incorporated into the appendix. This allows a performance comparison as there are no national standards or targets in place. The table below explains the percentage comparison.





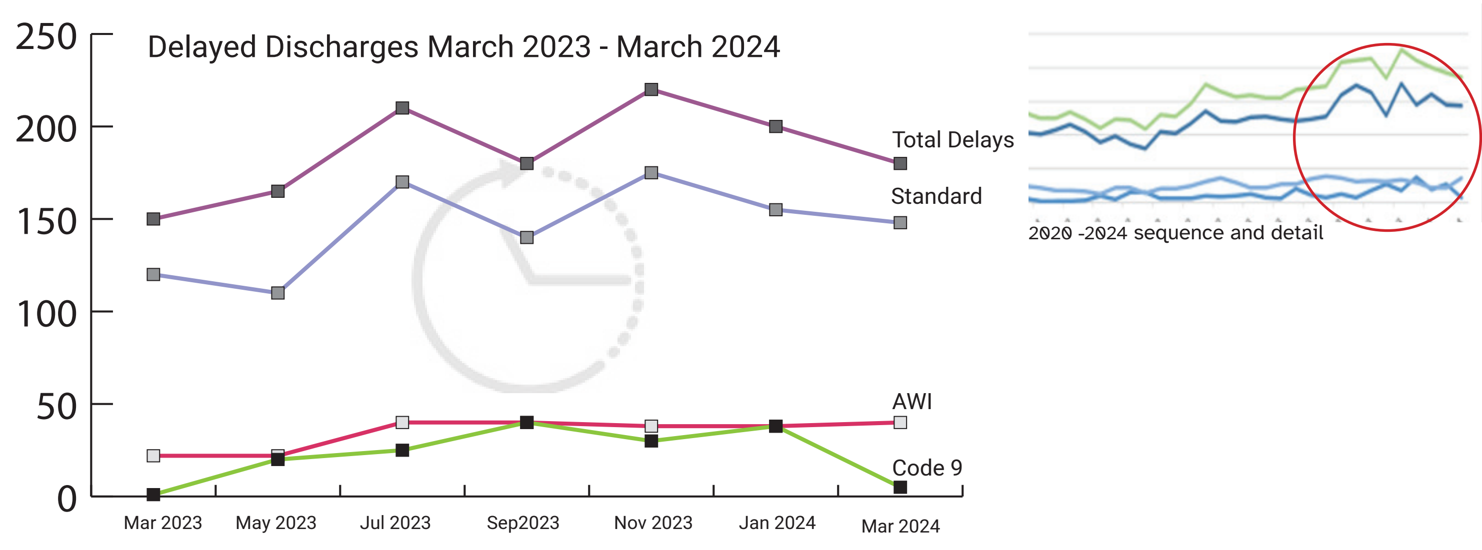
Integrated Performance and Quality Report (IPQR)

The Highland Health and Social Care Partnership IPQR is a set of performance indicators used to monitor progress and evidence the effectiveness of North Highland's services aligned with the Annual Delivery Plan. Data from the report is included in this Annual Performance Report in addition to the required performance against the National and Ministerial Integration Indicators.

Whole System Flow

Delayed Discharges

Figure 1 demonstrates the total number of people whose discharge from hospital has been delayed once they no longer require the level of treatment provided in a hospital (delayed discharge) across Highland over the year.

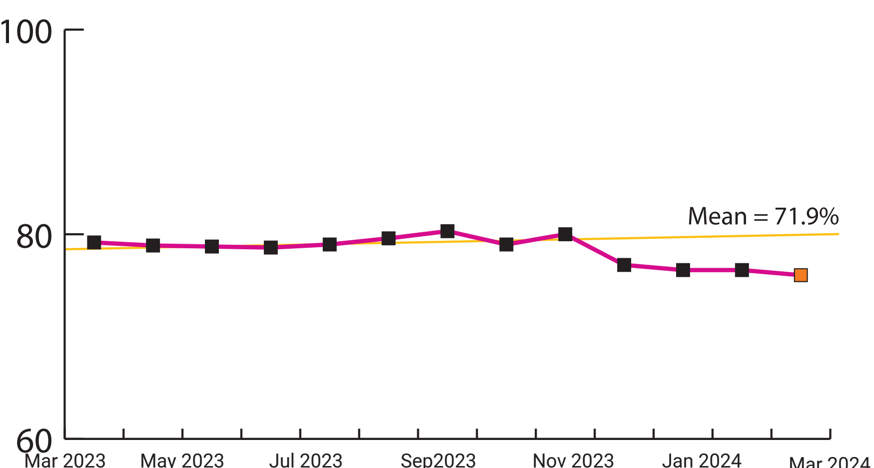


The graph identifies the number of standard delays as opposed to those related to complex situations (Code 9 and AWI) and it is the pathways for these people that are the focus of the work to improve system flow.

Ensuring people's journeys through the health and social care system are without delay at any point remains a challenge for the Health and Social Care Partnership. System flow is a complex area with many factors with the potential to cause delay, it requires collaboration from all parts of the health and social care system and the Partnership have been working closely with colleagues in the acute sector and in partner organisations to reduce delays and ensure people receive treatment and care in the right place at the right time.

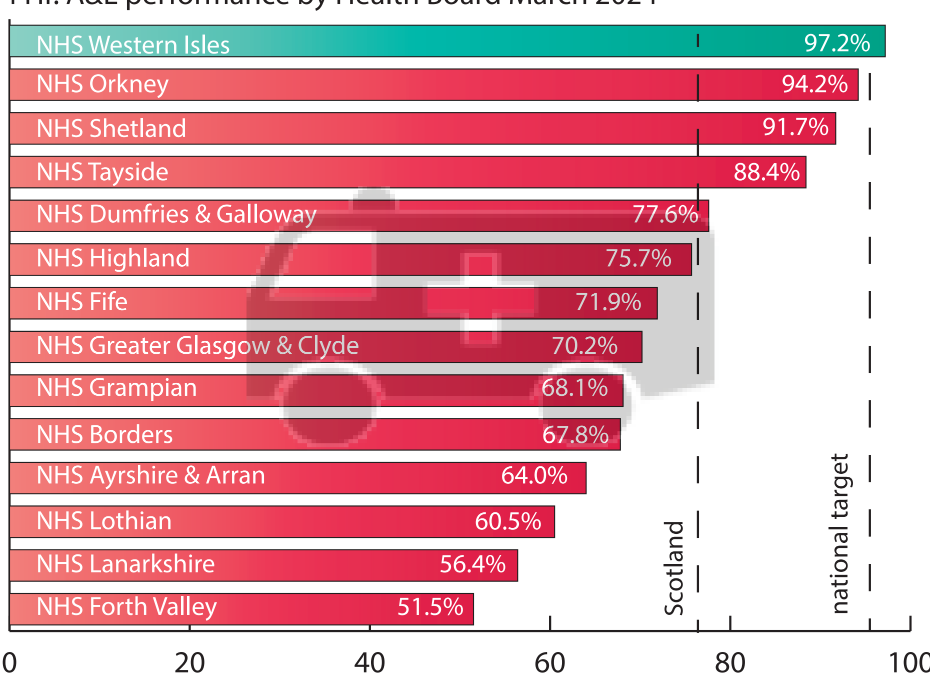
Work has focussed on reducing the demand on Accident and Emergency, providing alternatives to admission to an acute hospital, improving systems and processes within hospitals, improving pathways to community services and building capacity in community services through redesign and commissioning approaches.

The following charts demonstrate NHS Highland's performance in achieving nationally set 4-hour Emergency Access Standard (that new and unplanned return attendance at A and E should be seen and then admitted, transferred or discharged within 4 hours) and the NHS Highland position benchmarked with other Boards nationally.



2020 -2024 sequence and detail

4 Hr. A&E performance by Health Board March 2024



Integrated Children's Services

Since the Integrated Children's service plan was launched in August 2023, the Integrated Children's Service Board and delivery groups have made significant headway in progressing the priorities and change ideas detailed within the Highland Children's Service plan 2023-26. here

The priorities articulated within the plan were underpinned by the findings or the Joint Strategic Needs Assessment undertaken during 2023. here

Our Commitment

Keeping the promise

We will ensure that all Highland's children and young people are safe, healthy, achieving, nurtured, loved respected and included

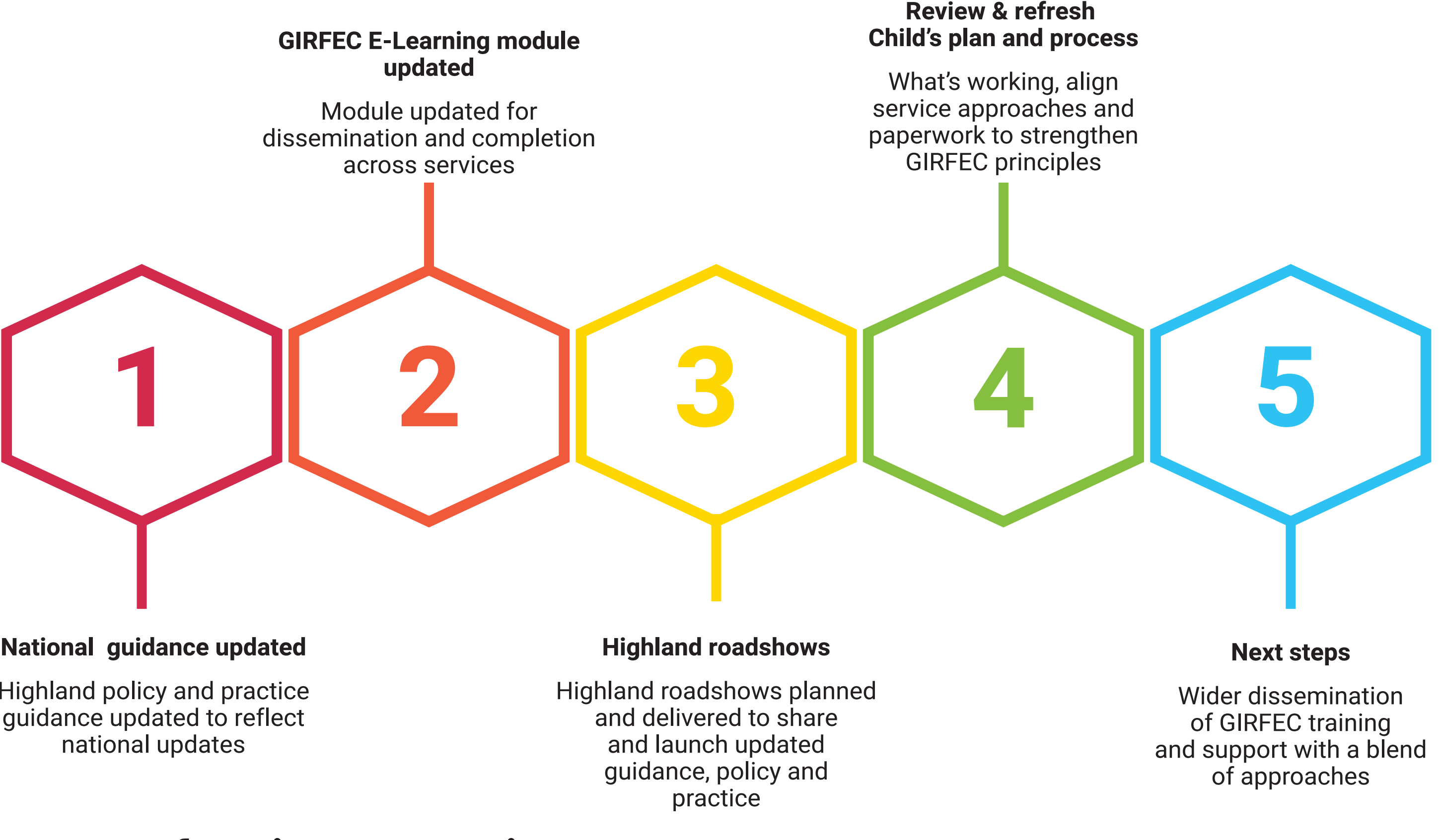
We will support Highland's families with respect, care and compassion, ensuring that their voices are integral to all we do

We will enable and empower families to thrive and stay together wherever possible

We will tackle poverty and inequalities and will support and enable families to live and thrive together in their communities

GIRFEC Getting It Right for Every Child

In reviewing the latest National GIRFEC and Child Protection procedures and practice guidance, we have completed the alignment of local procedures and guidance. From April 2024 the ICSP board will deliver a series of local workshop sessions to launch the updated guidance and begin the process of engaging with partners across Highland.



Whole family wellbeing approach

Following the recruitment process and setting up of the Whole Family Wellbeing Programme Team between May 2023 and September 2023, the Programme entered the Evaluation Phase on 30th September 2023. This phase is designed to ensure that the framework of the Programme remains within the above four Programme Pillars, and that it remains evidence-based and needs-led, at a locality level. To ensure this, the following approach has been developed.

Data Gathering

Recognising that no single source of data will be sufficient to provide robust evidence of need, a mix of evidence from a range of sources is being gathered, namely;

- Performance Data in the form of the Integrated Children's Services Planning Board Performance Management Framework and the Highland Joint Strategic Needs Assessment.

Stakeholder Views

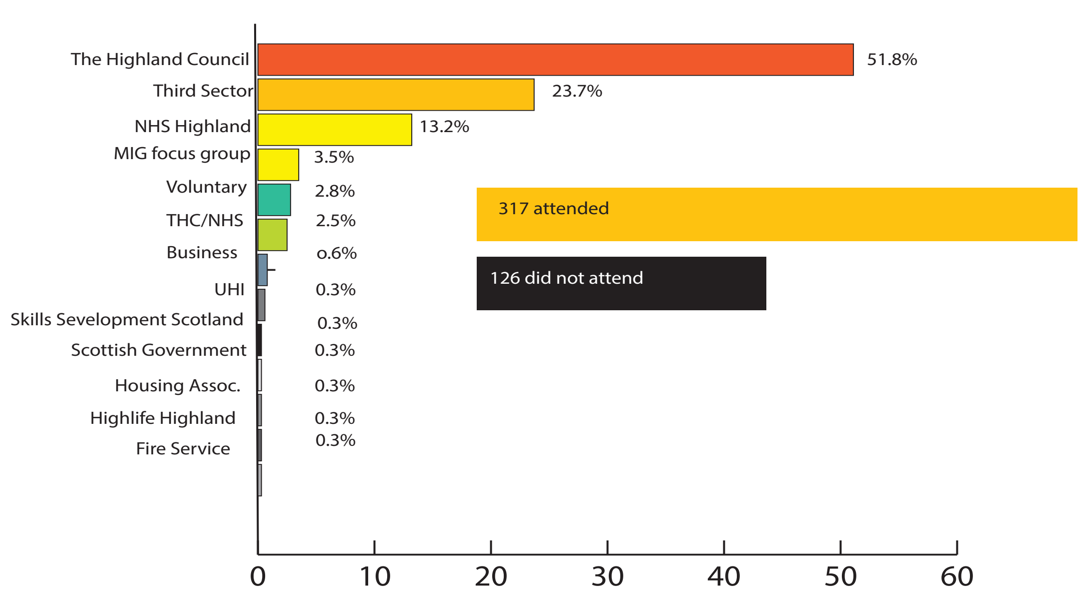
- Practitioner Participation Sessions, providing the voice of practitioners within Statutory and Third

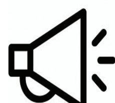
Sector organisations in Highland, who deliver support services to families. Gathered between October 2023 -January 2024. A summary of which can be seen here:

Children and Families Participation
Providing the voice of families from across Highland about support provision and access to support – utilising the Integrated Children's Service Board Participation Strategy and gathering wider community-based consultation data. This will be commencing in March 2024.

Whole Family Wellbeing Funding
National Self-Assessment Toolkit to be undertaken by Statutory and Third Sector organisations in Highland, who deliver support services to families. This will commence in March 2024.

Service Provision Scope/Mapping
which will be incorporated into the Whole Family Wellbeing Funding - National Self-Assessment Toolkit process. Commencing February 2024 to March 2024. The gathering and analysis of this data set will ascertain predicated need around each of the nine Community Partnership localities and will further allow for the process of funding applications to commence.





ICSB PARTICIPATION STRATEGY

1000 children and young people will actively have taken part in the process. The strategy can also be informed by the views of over **700** professionals in Highland on the topic of children and young people's participation

Projects	Details
The Promise CPC language guide	the production of a "language guide" in the form of an online microbite which was developed through engagement with children and young people with experience of care and professionals
CPC The Bairns Hoose	£63 000 funding secured from the national Bairns Hoose fund to improve premises used for interviewing and supporting children and young people
ADP Planet Youth prevention model	progress through the 10 steps. second round of bi-annual surveys completed by S4s in 5 pilot schools with data being processed via Planet Youth in Iceland

63 Promise cafe attendees

150 staff engaged in promise awareness sessions

18 Promise ambassadors recruited in the last year

WHOLE FAMILY WELLBEING PROGRAMME

317 participation session attendees

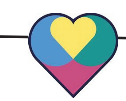
"whole family wellbeing, the promise and families first work in harmony"

3000 comments from practitioners

"there was lots of exchange of realistic, positive and creative thinking from the participants. I really hope the spirit of that and the realisation will continue"

37 different sectors engagement

"Really supportive session. I have high hopes that our input is being listened to and used"



INTEGRATED PLANNING - OUR THEMES

Poverty

Rights & Participation

Child Protection

Health & Wellbeing

Corporate Parenting

Drugs & Alcohol

Poverty

Poverty

The Poverty Reduction Delivery Group has undertaken a mapping exercise to identify areas for action going forward. The mapping took the form of two strands; considering what is happening and being delivered and alongside this, where the gaps and opportunities are for shared partnership action. A survey of third sector groups supported this exercise, followed by a review and reflection session.

Information and Awareness Raising

- Supporting Practitioner Learning - developing the approach to poverty related practice. Building on existing learning packages to create a suite of materials to support practitioner learning.
- Shared partnership resources targeted to support people experiencing poverty. Resources to support individuals access the advice and services required. Developing routes for sharing and referral routes (building on learning from health visitor pathway)
- Addressing Stigma – building an approach into practitioner learning and shared resources

Community Based Approaches

Collective practitioner support - providing support and advice where individuals are coming together e.g. parent and toddler groups/community growing spaces/community cafes/tenants
Lived experience - developing our approach to understanding lived experience and using this to identify areas for development

Specific Strands of Work

- Developing the approach to period poverty in schools
- Roll out of cost of the school day toolkit
- Developing flexible models of childcare in rural areas

Child Protection

Following feedback from Highland's inspection for children at risk of harm, and a review of current priorities, the Child Protection Committee have been progressing key issues to deliver change ideas to support children, young people and families. Highlights include:

- GIRFEC and Child Protection Procedures reviewed and updated in line with national guidance with accompanying e-learning resources
- Implementation of the Scottish Child Interview Model (SCIM) in September 2023
- Highland invited to be an affiliate in the National Bairns' Hoose programme
- £63000 funding secured from national Bairns' Hoose fund to improve premises used for interviewing and supporting children and young people in Caithness and Inverness initially
- Work with Children and Young Peoples Centre for Justice and Action for Children in relation to re-imagining youth justice underway
- Exploitation Partnership Steering Group established to oversee CORRA project and development of RISE service and the Anchor project.
- £200,000 funding secured from The Promise CORRA fund to support young people affected by criminal and sexual exploitation
- Highland evaluation completed by the National Missing People project and recommendations to improve responses to missing young people now being progressed
- Increased focus on Quality Assurance of child protection processes including roll out of Interagency Referral Discussion audit work and implementation and analysis of the new National Minimum Dataset
- Development of language guide in partnership with The Promise Highland team

Corporate Parenting

People

- ‘develop relationships’ Promotion and engagement of The Promise continues across Highland. To date 9 sessions to over 150 staff, and 4 Promise Café have been held with 63 attendees. There have been 4 Keeping the Promise newsletters produced and circulated across the partnership. Data from pre & post measures indicate an increase in staff knowledge, they feel more informed and have more ideas about how to #Keepthepromise.
- ‘Promise Ambassadors’ 18 Promise Ambassadors have been recruited, across Health, Social Care and Education. The ambassadors have met 4 times over the last year. This initiative is expanding with opportunity to extend beyond The Council.

Family ‘Empower families through Family Group Decision Making’

- Empowering families to build safety for children and young people is central to the Promise and Highland’s commitment to delivering the Promise. Family Group Decision Making (FGDM) is currently being rolled out as a pilot across 3 family teams in the Inverness areas.
- 78 Children identified for possible FDGM. Focus in 2024-25 will be on tracking outcomes and learning from the pilot

Voice

- The production of a ‘Language Guide’, in the form of an online ‘microbite’ developed through engagement with children and young people with experience of care will be launched early 2024. Training from Each & Every Child on their framing recommendations (evidence based framing recommendations to change the public perception of care experience) was delivered to Highland’s Child Protection Committee and Promise Board.
- Care Experienced young people of Highland produced a video for Corporate Parents on what they wanted from Board members, which was shared as part of training sessions to The Promise Board.
- The Better Meetings Practitioner Guides were launched in 2022. These guides emphasised good practice before, during and after meetings and hearings to ensure that the voice and views of young people are at the heart of everything we do. They are currently being evaluated, with the views of children and young people central to the findings.

Care

- Your Voice Matters gathered the views of young people who experienced residential care in Highland from Jan 2020 – July 22. A striking finding was the significance of relationships. Improvements are underway with early data being collated. 2023 inspections in residential care homes have begun to evidence improvement and progress (inspections: good, very good and excellent)

Rights & Participation

United Nations Convention on the Rights of the Child

The 16th July marked the commencement of the UNCRC (Incorporation) Act in Scotland. This determines that decision makers and other duty bearers must uphold children and young people's rights as they protected in Scots law. Impact Assessment training has been rolled across the Highland Council ensuring that any changes in policy and practice require to have an Integrated Impact Assessment completed. These assessments include UNCRC considerations.

The Rights and Participation delivery group launched the Rights and Participation Website. This includes a wealth of information, resource videos and links. There is also space to provide opportunities for children and young people to have their voice heard. The website can be found at: https://www.childrensrightshighland.co.uk/ In addition, a training module for Children's Rights and UNCRC incorporation is available to access on The Highland Council Traineasy platform.

Children and Young People Participation Strategy

A draft of The Children and Young people participation strategy was approved by the Integrated Children Service Board inJune 2024. Strategy development ensuredthe meaningful and equitable participation of children and young people at the heart of the process. With input gathered from almost 1000 children and young people from across Highland, the strategy will be launched at the annual Integrated Children's Service Event - Vision 26 in August. An implementation plan is in development to support the partnership take the first collective steps towards the ultimate goal of making Article 12 of the UNCRC (I have the right to be listened to and taken seriously) an everyday reality in Highland.

GIRFEC (Getting it Right for Every Child) refresh and reset

Following a National update of GIRFEC and Child Protection procedures and practice guidance, the Highland partnership has completed the alignment of our own guidance to reflect this. This GIRFEC refresh reflects the current national drivers including The Promise and United Nation Convention of the Rights of the Child (UNCRC)

The Integrated Children's Service board are leading on the delivery of the GIRFEC Refresh and Reset across Highland. This started with face-to-face multi agency sessions across Highland earlier in the summer. Participants had to undertake the new eLearning module prior to attending the sessions. Valuable feedback has been received across the partnership highlighting the GIRFEC and child protection continuum.

Drugs & Alcohol

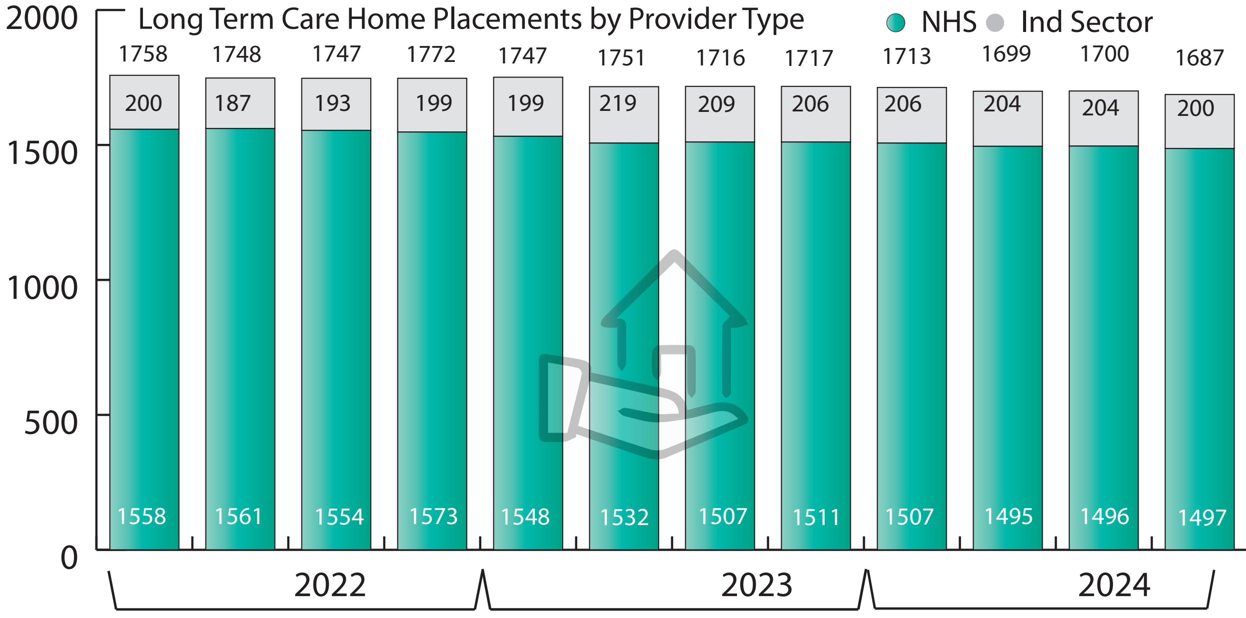
- Foetal Alcohol Spectrum Disorder Awareness Training is underway.
- "Pregnancy Alcohol and Drugs Advice and Support Sessions" for midwives supporting women and families who are affected by continued drugs or alcohol use during pregnancy.
- Pre-conception Information Support Preparation and adaptation of Alcohol Brief Interventions learning package for community midwives. Resources have been developed for midwives.
- Support for Antenatal Care Networking with Third Sector to support improved signposting by midwives, Improved liaison and collaboration with Drug and Alcohol Recovery Service (DARS).
- Planet Youth – Prevention Model Continue to progress through the ten steps. Second round of bi-annual surveys completed in 5 pilot schools with data being processed via Planet Youth in Iceland. Data will be further analysed and collated into a Highland report . Planet youth Strategic Group now providing leadership for the programme
- Culture Change/Whole Family Activities Collaboration with Highlife Highland partners to increase positive activities in targeted areas. This includes, supervised family gym blocks which are free of charge and aim to embed family involvement in sport and physical activity.
- Discussing Drugs and Alcohol with Young People resource including Pre-course eLearning via TURAS in development.
- Highland Substance Awareness Toolkit (H-SAT) Whole school early intervention approach to embedding H-SAT as a test of change underway. Regular review of content via google analytic with promotion through community events
- Advanced Nurse Practitioner Specialist alcohol and drugs role being developed for schools to strengthen knowledge, skills and confidence of school nurses to deliver substance related priorities.
- Treatment and Support Planning underway to respond to UK Clinical Guidelines for Alcohol Treatment Consultation young people sections, Participation via Health improvement partners in development of national prevention strategy Planning for second Scottish Government self-assessment exercise on the Whole Family Framework - Drugs and Alcohol to be followed by a local improvement plan.
- Assertive outreach teams active in Inverness (to extend to Mid and East Ross) and Caithness providing support to those at higher risk of harm and death from 16 and over that are not currently in school Inverness team includes a social worker post. Harm prevention police officer post collaborating with assertive outreach teams.

Adult Social Care

Care Homes

NHS Highland (NHSH) relies heavily on the capacity, availability and quality of independent sector care home provision as part of the more comprehensive health and social care system and, crucially, to enable flow within this system.

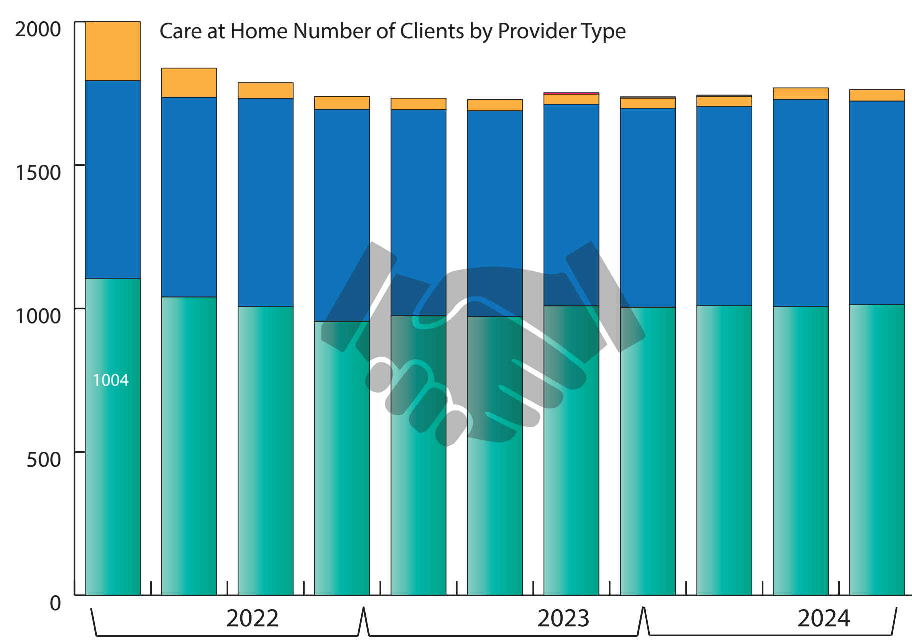
Over the last 12 months, there have been continued concerns regarding independent sector viability, mainly around the ongoing operational and financial sector pressures relating to small-scale, remote, and rural provision, the challenges associated with attracting and retaining staff, and the financial impact of high agency use. The sector continues to raise these issues, which are not decreasing.



NHSH has sought to build on existing supportive and collaborative arrangements to support the best delivery of care home services and improve the lives of those living in care homes.
There are 62 care homes across North Highland (April 2024), 46 of which are operated by independent sector care home providers and 16 of which are in-house care homes operated by NHS Highland.

There are currently around 1,850 care home beds commissioned or delivered, with around 86% commissioned from independent providers.

Regarding the size of care homes, within Highland, 15% (7) of independent sector care homes have 50 beds or more, with 3 of these being over 80 beds. However, 85% (39 care homes) are under 50 beds, with 48% (22 care homes) operating with 30 beds or less.



Market and Service Changes

There have been six independent sector care home closures since March 2022, these being as noted below:

- Shoremill in Cromarty (13 beds) — March 2022
- Grandview in Grantown (45 beds) — May 2022
- Budhmor in Portree (27 beds) — August 2022
- Mo Dhachaidh in Ullapool (19 beds) — March 2023
- Castle Gardens, Invergordon, (37 beds) — June 2023
- Cradlehall Care Home, Inverness (50 beds) — April 2024

NHS Highland / The Highland Council also acquired a care home
Main's House (Newtonmore) in April 2023. This was a care home in administration, along with Grandview (Grantown), which subsequently closed. The partnership secured Main's House to avoid the loss of both care homes at the same time in this locality. It is also relevant to note that many in-house care home closures have occurred. These have arisen due to acute staff shortages and the inability to be safely and sustainably staffed. The status of these care homes is as noted:

- Dail Mhor, Strontian (6 beds) — December 2022 (temporarily closed)
- Caladh Sona, Talmine (6 beds) — May 2023 (closed)
- Mackintosh Centre, Mallaig (6 beds) — August 2023 (temporarily closed)

The total impact of the nine care home closures since March 2022 has been the loss of 211 beds. The common theme across all closure situations is staff recruitment and retention, the cost of securing agency cover, and financial viability.

In terms of forward developments and expected capacity, the following is understood:

- Additional capacity is expected in the next 12 months – the newly built 56-bed care home at Milton of Leys in Inverness, scheduled for completion in spring 2024.
- Planning applications are intended for two care homes with additional ten-bed wings, creating 20 beds. The timescales around this are subject to the planning process.

Key Messages

There is a higher proportion of smaller operator sizes and a larger provision scale within North Highland. This minor scale provision reflects Highland's geography and population. However, it presents increased financial sustainability and vulnerability risks, particularly given that the National Care Home Contract rate is calculated based on a 50-bed care home operating at 100% occupancy.

Care home quality across Highland is generally good, although there has been a recent experience of a short-notice care home closure arising from quality issues.

Independent providers (and NHSH care homes) continue to experience difficulties recruiting and retaining staff, representing a very high risk across the sector. The most significant challenge is recruiting nurses to work in care homes.

Staffing difficulties are further exacerbated in homes in rural locations away from the larger population centres but are not limited to rural locations.

Investment in a Scottish Care hosted Independent Sector Care Home Career and Attraction Lead.

Investment in a Scottish-hosted Independent Sector Care Home Lead.

Creating a multi-disciplinary team for the Collaborative Care Home Support Team (Nursing, Public Health, speech and language therapy, physiotherapy, dietetics) operating to a work plan jointly developed with the care home sector.

From the available Scottish Government funding, £0.241m was directed from unfilled posts for a resident wellbeing fund; 96% of Highland residents could benefit from the fund directly.

Care at Home

NHS Highland (NHSH) and commissioned care providers operate in a pressured environment.A consequence of an insufficient supply of care-at-home services is that a significant number of people are delayed in hospital awaiting discharge, who are medically fit to be discharged and should be in the safer and more comfortable environment of their own homes.

We have not seen the expected growth in commissioned care at home, and low recruitment levels and the loss of experienced care staff to NHSH continue to be the primary concerns expressed by providers in our frequent and open discussions.

All employment sectors are experiencing significant recruitment challenges. NHSH is well aware of its own staffing challenges, and these are being similarly, and arguably, more acutely, experienced by independent sector providers, whose terms and conditions are generally lower than those offered by NHSH.

In Highland, the unemployment rate (November 2023) is 2.7%, which is significantly lower than the Scottish average of 3.2% (June 2023) and the UK average of 3.8% (June 2023) - meaning there is a comparatively lower pool of potential employees within the marketplace in Highland from which to recruit. Highland has further particularly challenged areas around tourism and seasonal economies, increasing difficulty in recruiting and retaining staff.

Lower service provision levels significantly impact flow within the wider health and social care system, and this needs to be recognised as part of the approach to and solutions around addressing care at home capacity.

A short-life working group (SLWG) has co-created and co-developed proposals to address capacity and flow issues.

The SLWG has co-produced and agreed on commissioning proposals, which are being prioritised with an implementation plan for 2024-2025.

Highland Care at Home Services
Commissioning Proposals Summary

1. Create Highland Care at Home Collaborative

valuing staff

2. Apply minimum £12 p/h pay rate (01.04)
3. Establish joint training
4. Enable shared space district hubs
5. Host collaboration events

improving access and processes

6. Create a clear pathway and early sector input
7. Improve information quality
8. Remove zones and replace with runs
9. Continue advance block payment
10. Move from time and task to outcomes

In identifying and developing proposals, the SLWG considered it necessary to establish a clear vision for service provision with the set commissioning principles.

- Person-directed and outcome focussed
- Individual, holistic, functional and accurate assessments informed by good conversations
- Realistic, achievable and sustainable
- Professional recognition and value/sector-wide flexible workforce

Key Messages

The consequence of the attrition and recruitment challenges has been reduced capacity available to NHSH. Currently, commissioned activity is around 8,900 hours per week – a reduction of 2,500 hours compared to the peak of service delivery in March 2021. Care at home unmet need is currently quantified at 2,600 hours per week.

Care at home capacity has been reducing over recent years, and the lack of a sufficient level of care at home capacity is causing people to be delayed in hospital, causing poor outcomes for them, increased risk, and financial implications for NHSH. More care-at-home capacity needs to be generated to alleviate this issue.

SLWG identified two key theme areas: valuing staff and improving access and processes.

SLWG has co-produced and agreed on ten commissioning proposals, prioritised with an implementation plan from April 2024.

Investment in a Scottish-hosted Independent Sector Care at Home Lead.

redesign of care at home	improved staff well-being	workforce planning and development	collaboration and engagement	contribution to strategic planning
Independent Sector Providers will be included in any planning & redesign Maximisation of resources to support better access to services leading to better choices and person centred options for people accessing services in line with HSCP strategic priorities Better use of resources to support preventative work and support progress towards Hospital discharge targets	The needs of Independent Sector Staff will be considered and opportunities for engagement with Staff well-being provisions within the HSCP will be supported Independent Sector Staff will be aware of opprtunities for improved well-being and how to engage with these Improved Staff resilience and well-being in line with HSCP strategic priorities better retention of staff and lessening of recruitment challenges	Independent Sector will continue to contribute to and be considered in development and implementation of work force planning Consideration of challenges facing the Sector alongside t improved access to opportunities fror staff development to support growth of the workforce	Engagement with existing opportunities for collaboration and engagement will be supported Barriers to collaboration identified (i.e methods of commissioning, percieved competition) and addressed	The insight and experiences of the Independent Sector will help shape strategic planning in Highland Providers will be engaged with and have opportunities to contribute to planning for a National Care Service

NHSH review of the tariff, the hourly rate we pay providers in urban, rural and remote areas of North Highland. The agreed proposals have not yet been fully implemented as they are subject to a business case with additional funding required.

A review of commissioning and fee condition arrangements concerning independent sector care at home provision and co-produced proposals for the Partnership's consideration.

Promoting choice, flexibility and control – SDS Strategy Implementation

NHS Highland, The Highland Council, and a range of partners conducted a significant consultation exercise that gathered the views of people who need support—and those involved in its provision—about how we should deliver Self-directed support in the future. Responses were received (via online surveys and 13 targeted focus groups) from around 200 individuals.

SDS is the mainstream approach to delivering social care in Scotland. Its aim is to enable people to live their lives to the full as equal, confident, and valued citizens.

Adopting the ethos of SDS is intended to promote the development of a healthier population living within more vibrant communities and can contribute to achieving a fairer Highland. We are seeking to put the principles of independent living into practice to enable people to be active citizens in their communities.

Consistent with our approach, we have set up a number of initiatives, highlighted below, to bring people together to address the implementation issues and progress the required changes. This is consistent with our aim to work in partnership with people who need support and partners to ensure they have a greater role in decision-making about SDS at all levels.

Self-Evaluation and Improvement

NHSH and THC evaluated the quality of practice in Highland concerning our delivery of SDS. We used high-quality professional facilitation from In Control Scotland to run a set of "Appreciative Inquiry" sessions with 40 participating professional staff across three sites, with the intention of developing a set of tangible improvement actions.

This exploration flagged up some of the characteristics – and tensions - within the current system.

A small set of focused improvement actions (experiments) have emerged from these themes. These ideas were co-designed by participants based on their shared understanding of the system they worked within. The areas identified for piloting by identified Teams are:

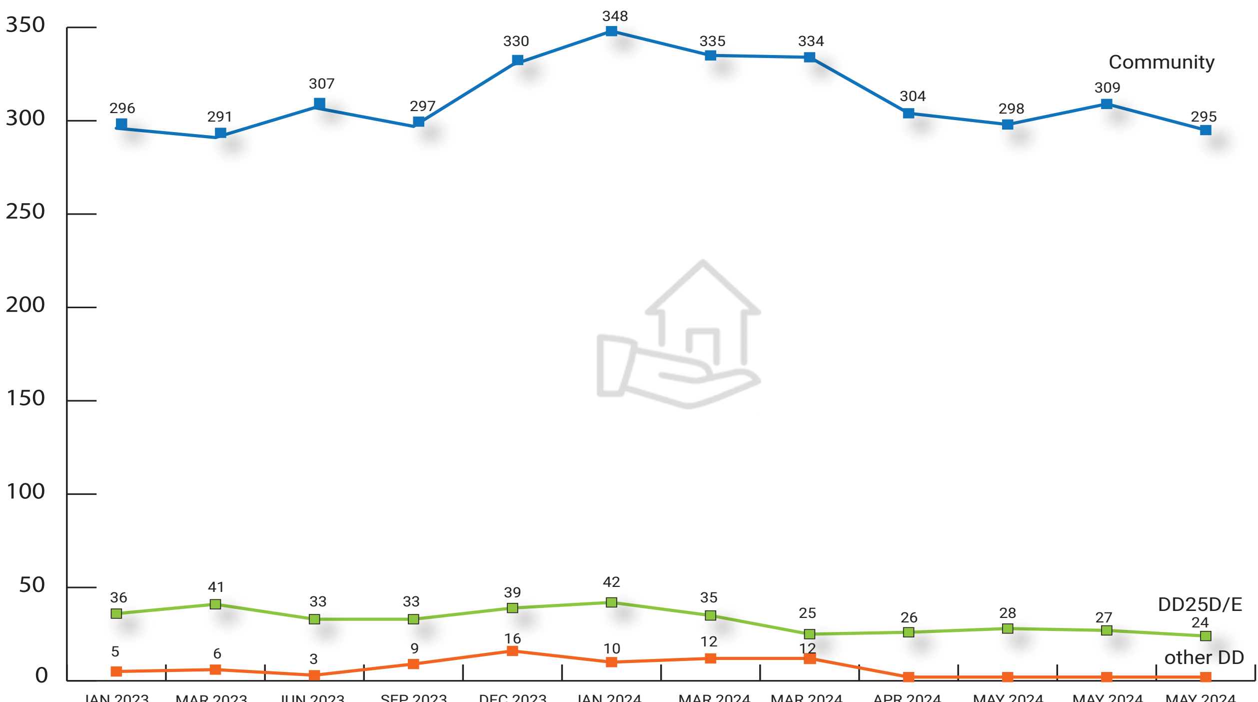
1. Trialling Team and Worker Autonomy, delegated budgets and collegiate decision-making
2. Trialling a different model of "Eligibility": considering the role of Teams should be to provide appropriate advice, guidance and assistance within their communities
3. Exploring new approaches to place-based commissioning to meet local needs across a defined geography

Growing intelligence and hearing the issues

We have heard clearly from recipients as a result of our local consultations with a wide range of service users and their families of Option 1 that recruiting personal assistance is becoming increasingly difficult

In our localities, several Personal Assistant (PA) support events are being scheduled. "Becoming a PA in Social Care in Highland" and "Promoting PA Employment Opportunities Locally" were initially run in Lochaber. The turnout for these events was good, with a high percentage of attendees looking to become PAs. Feedback was positive, with attendees leaving feeling informed and supported. Our plan is now to initiate a rolling programme of events around Highland.

Total number of people assessed and awaiting a new package of care (Community and DDs)
Note: totals include hospital DDH's with code 25D who are not on the CAH team waiting lists



Independent Support

NHS Highland is fortunate to benefit from the independent support services offered by Community Contacts. Funded centrally via the Support in the Right Direction (SIRD) initiative, service users, carers, and statutory services all benefit from their advice and assistance in exploring the SDS options available in any given circumstances. However, we also know that financial balances accrue for those individuals awarded Option 1 who cannot find appropriate assistance or support. Work is beginning to develop a scheme to recycle some of these balances. The idea is to use some of those resources in specific geographical areas where assistance is complicated to find to purchase additional independent support and to use as a catalyst for developing other community-based services or supports. The specification for such a model of independent support should encourage as much flexibility as possible, ensuring it can not only accompany people along their journey to getting the help they need (including practical help in identifying, recruiting and managing personal assistance) but that it should also encompass developing peer support, increasing support for personal assistants

Option 2's – Individual Service Funds

Good Option 2 arrangements can deliver outcome-focused, personalised and effective care and support, and the use of brokerage and sub-contracting by Option 2 providers can increase this capacity.

NHSH are exploring organisationally whether the outline of work below will help us broaden the opportunities our Option 2 offer provides:

- Our current tri-partite agreement should be reshaped to align to good practice models (e.g. CCPS Tripartite Agreement) that promote personalised and outcome-focused arrangements
- We should develop "boilerplate" contracts (utilising standardised clauses) to underpin Option 2 arrangements across a much wider variety of services and supports
- We should develop a specification with an appropriate contract and terms and conditions for organisations other than those providing care and support to hold Option2s for people – thereby also developing a brokerage model.

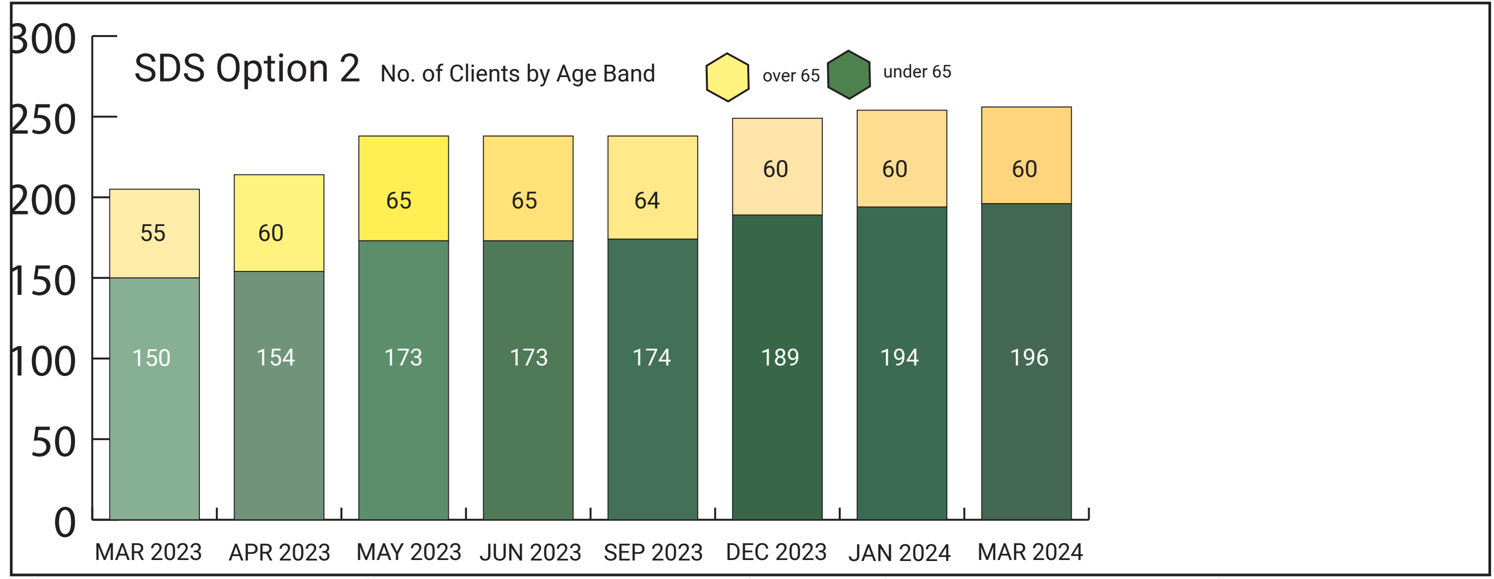


Figure 8 Bar Graph showing the number of SDS option two clients separated by age into over and under 65s, for specific months in 2021 to 2024

Costing care and identifying budgets transparently

A group of people interested in managing Option 1 (Direct Payment) has been working with officers in NHSH to see if they could describe a fair, equitable, and sustainable co-produced framework for calculating Individual Budgets together. The aim is to support the exercise of choice by ensuring that recruiting and retaining Personal Assistants (PAs) is a realistic and sustainable option in our communities.

This work of the SDS “Highland Peer support group” and NHSH created an agreed and mutually understood model which recognises the direct staff costs of employing a PA in our urban, rural and remote geographies with an agreed “business overhead” rate in place. After many good conversations, a co-produced model was implemented on 02/10/23. The individual’s postcode determines the new hourly rate payable to each recipient of Option 1 by using the Scottish Government’s urban, rural and remote classification and application of the agreed model.

Given the above, Option 1 service users all received a substantial above-inflationary increase during 2023-24 due to NHSH’s significant investment in leveling up the previous low baseline hourly rate.

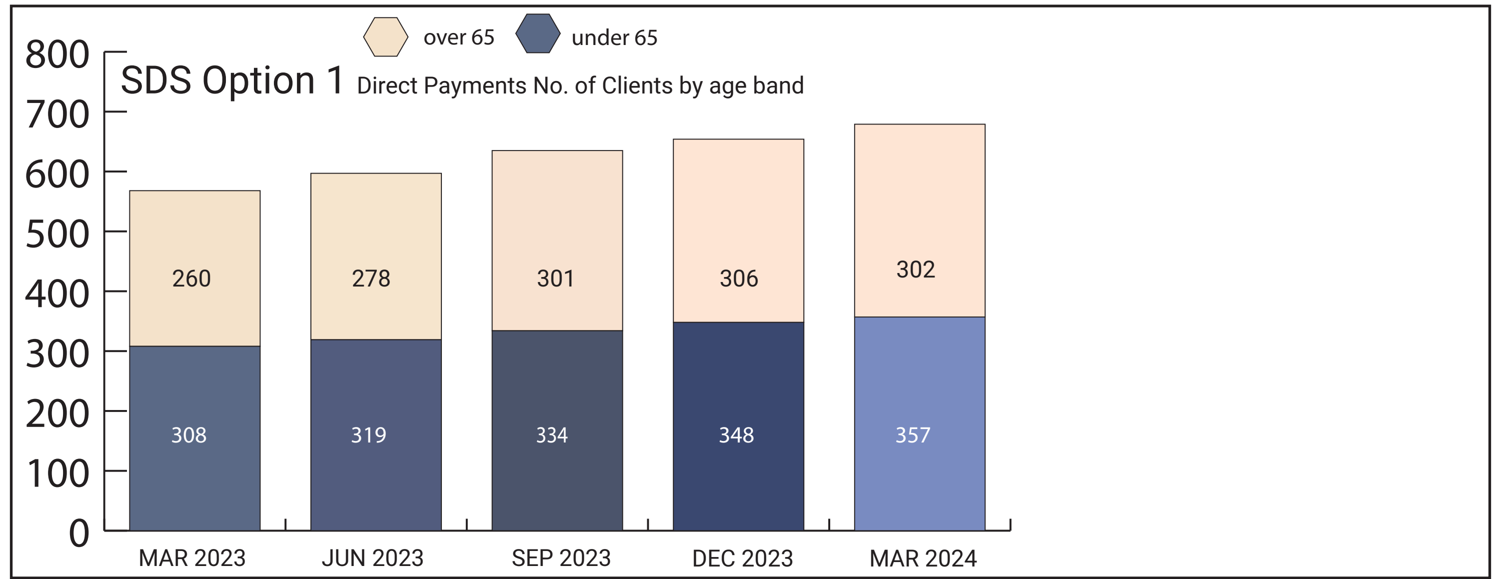


Figure 9 Bar Graph showing SDS option1 payments separated into over and under 65s for specific months in 2021 to 2024

Community Led Support

Community Led Support (CLS) seeks to situate early and preventative help and signposting into the heart of our communities. Linking the skills and knowledge of a range of professionals across the health and social care system to work closely with existing community groups and using platforms like ALISS for signposting, this approach has provided valuable guidance and support to the communities we serve.

The success of CLS initiatives in Highland can be attributed to a unique approach to community engagement. By partnering with existing groups such as lunch clubs, mother and toddler groups, etc., community-led approaches have been able to integrate seamlessly into the community fabric.

Place-Based Commissioning – West Lochaber

We have seen significant systemic challenges in the West Lochaber area (as in many other Highland Communities) in delivering traditional care services sustainably. The NHS-owned Care Home has been unable to maintain safe staffing levels, and the system of Care at Home is stretched.

A small project team was formed by bringing statutory partners together with Urram (a local community organisation) and In Control Scotland. The aim was to explore what local people thought about social care and – importantly - what options might exist to do things differently

One of the most vital themes throughout our conversations is that these are close communities that know their members well and that they have a strong perspective on their challenges and potential solutions.

Currently, there appear to be various components of our health and social care system which work in isolation or non-complementary ways. Our team thought that there is learning from models such as Burtzorg and Community Led Support that could be applied to develop a new way of arranging and coordinating care on West Lochaber. A well-coordinated, local, multidisciplinary team comprising statutory, voluntary, and community services over a tightly drawn local geography is an idea we are actively exploring.

This is an ambitious idea, but one which feels entirely achievable given the small size of the communities. Given this, our small team plans to co-produce such a model in one village as a test of change. This will involve co-producing an experiment of what this locally coordinated team could look like, describing the enablers and barriers to this and how these could be maximised or overcome, and exploring how it will work in practice. This must be led locally, and given Urram's solid reputation, the team hopes to take the lead on co-producing this project with our support.

Taking a Programme Approach

With the breadth of the challenge of addressing the culture and practice of SDS in Highland, improvement efforts have necessarily been wide-ranging, identifying several key opportunities for and barriers to change. Realising these opportunities – and, where relevant, overcoming cultural and organisational blockers – requires input, identified capacity and coordination across the Social Care system.

Given this, a coordinated Programme approach is being taken to ensure progress in the work outlined above is monitored at an appropriate level and, where necessary, supported by identified Scottish Government Transformational funding.

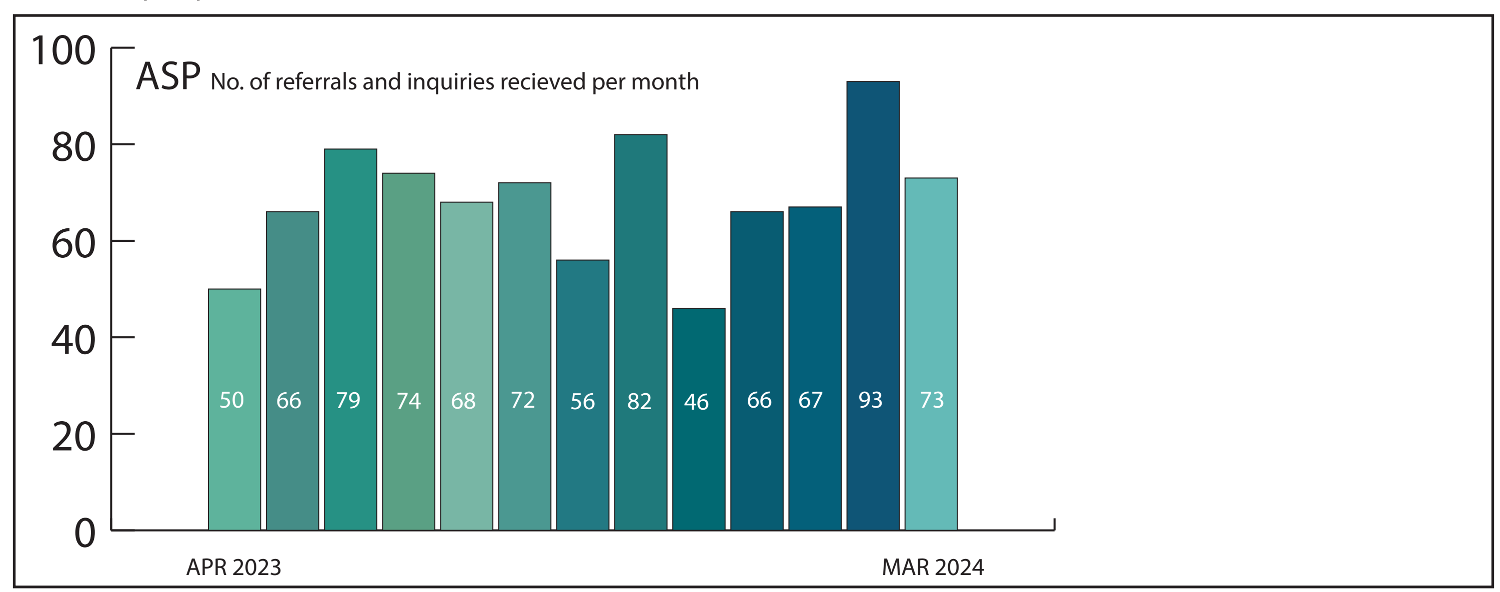
Highland Partnership Adult Support and Protection Report

The Care Inspectorate and its partners have recently published its Inspection Report of Adult Support and Protection within the Highland Partnership.

Joint Inspections aim to provide national assurance about individual local partnership areas' effective operations of key processes and leadership for adult support and protection.

Garry Coutts, Independent Chair of the Highland Adult Protection Committee, said" *We are pleased that the inspection report has concluded that there are adequate adult support and protection practices across the Highland Partnership"*.

The report highlights that our practice was person-centred, and there have been clear improvements from the previous inspection. We are aware of the improvement areas identified in the report and are working to develop a plan to address these.



Technology Enabled Care (TEC)

What has happened to us?

We have been experiencing some supply issues that have caused delays in completing TEC installations. Transitioning to digital TEC has been slow due to the lengthy process of securing funding and ongoing contractual negotiations with Care and Repair, who install the equipment.

NearMe

- The service continues to maintain provision across all specialities post-pandemic.
- Use of phone rather than video consultations has continued despite facilities being in place for Near Me video consultations

Connect Me

- Remote Health Monitoring has changed the national strategy and capacity available to develop the system because of changes in the national Digital Health & Care team structure.
- Locally, the retiral of a critical team member has resulted in Connect Me being incorporated into the Near Me team

What have we aimed to achieve in 23/24

Technology Enabled Care (TEC)

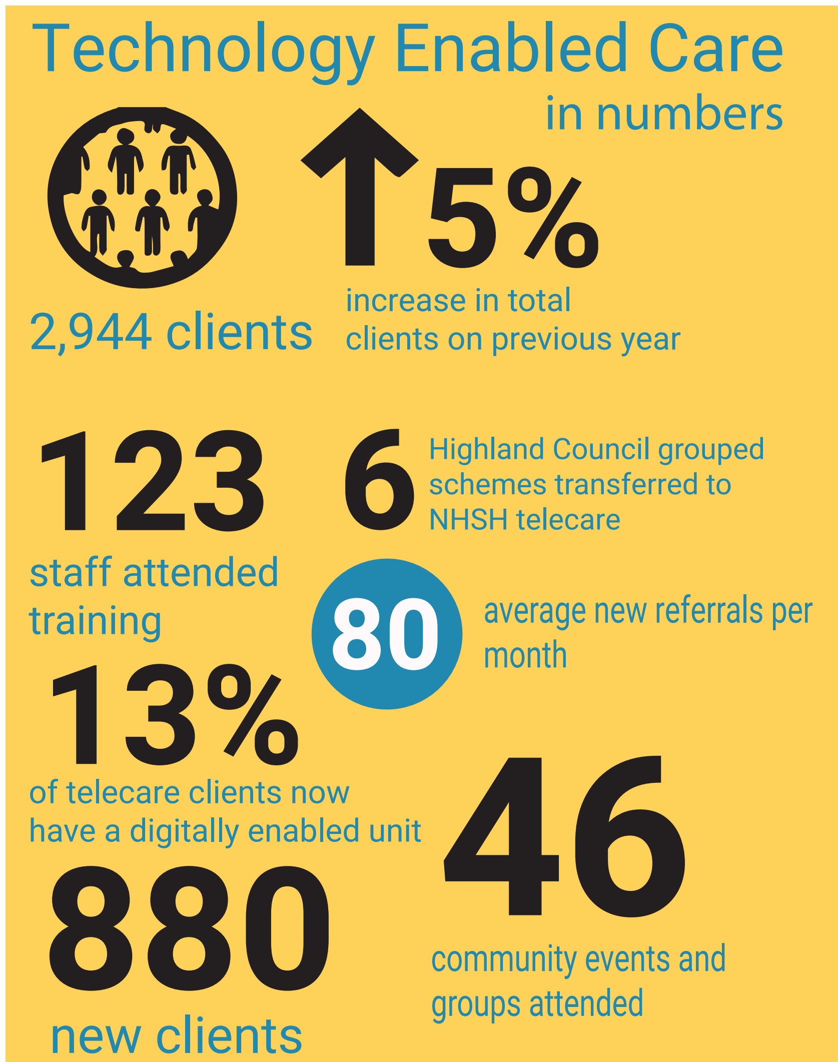
- Increase the number of people using Technology Enabled Care (TEC)
- Begin transitioning clients to digitally enabled units
- Transfer Highland Council Grouped Schemes to NHSH TEC
- Test and deploy new technologies that support individuals and their carers, like Carephone
- Increase the use of technology available on the high street to help people lead healthier and happier lives
- Continue raising awareness about Technology Enabled Care and high street technology among NHSH staff

Near Me

- Increase the number of specialties using Near Me video consultations
- Increase the number of patients able to benefit from using Near Me
- Increase the total travel miles saved through the use of Near Me consultations

Connect Me

- Continue to promote and deliver remote health monitoring pathways to support long-term conditions
- Increase the number of patients using Blood Pressure pathways
- Commence and recruit patients to the Chronic Pain Pathway
- Transition Asthma patients from Florence to Inhealthcare Asthma pathway



what have we done?

introduced our new digitally enabled units

developed a guide to simple video calling devices & high street tech

hosted the spring tech event in Inverness

deployed new technology like Alcove Video Carephone

Near Me
Travel Miles saved 2023/24: 1.9 million
Total Remote appointments: 101674, of which 24580 (24%) were Near Me appointments. 5% of all appointments were conducted using Near Me in 2023/24.
Top providers of Near Me appointments in 2023/24 were:

- Clinical Genetics
- Psychological Services
- Endocrinology
- Sleep Apnoea

Most travel miles saved were for patients in Caithness and Skye & Lochalsh.
West Sutherland was the area with the highest percentage of outpatient appointments by Near Me.
Patient surveys consistently report a 95% satisfaction rate with Near Me.

Connect Me
We are piloting remote monitoring pathways for multiple long-term conditions and lymphoedema reviews. Recruitment of patients to the Blood Pressure pathway continues, with between 40 and 50 new patients enrolled every month.

Primary Care

This section outlines the recent activities and developments concerning Board-managed GP Practices under NHS Highland. The focus is on practice mergers, recruitment challenges, success stories, quality improvement projects, and various workstreams aimed at enhancing service delivery.
It highlights the progress made through the local development of the national Primary Care Improvement Program (PCIP). This is a collection of investment and improvement programmes supported by the national Healthcare Improvement Scotland organisation.

Practice Mergers and Sustainability
- Three Harbours Medical Practice: Merged Riverview Wick, Riverbank Thurso, and Lybster to support sustainability.
- West Highland Medical Practice: Combined Acharacle and Lochaline for improved resilience.

Recruitment and Success Stories
- Recruitment Challenges: Persistent vacancies in remote and rural areas, often covered by locums.
- Alness & Invergordon Medical Practice: Progress has been made with regard to GP recruitment at Alness & Invergordon; with an enthusiastic new team helping to progress positive change. Working collaboratively with local partners to improve health & well being, in a patient centred way; and to develop an 'education ethos' within the team for future teaching roles.

Quality Improvement Projects
- Asthma Care Project: Progressing towards implementation in Mallaig and then Alness & Invergordon, aiming to optimise

GMS Lease Assignation
- Lease Assignations: Several practices have shown interest, with one near completion and two progressing. Dedicated resources support this work.

Practice List Closures
- Culloden Medical Practice and Culloden Surgery: Applied to close patient lists due to space constraints, with efforts ongoing to find alternative facilities.

Local Enhanced Services
- Service Specifications: Revised specifications under negotiation, with five already agreed and the rest

due by end of July 2024.

Primary Care Improvement Plan (PCIP)

- PCIP 7 Tracker: Submitted to the Scottish Government, including workforce information, service delivery, financial data, achievements, and barriers.

Premises and Finance

- Primary Care Manager (Premises): New post focusing on GP premises leases and requirements for specific locations.
- PCIF Allocation: Awaiting notification for the year 2024/25, with indications of a single tranche payment.

Pharmacotherapy and First Contact Physiotherapy (FCP) Workstreams

- Pharmacotherapy: 16 GP practices supported by Inverness-based Pharmacy Hub. Positive recruitment and live dashboard development for resource allocation.
- FCP Service: Achieved full staffing with ongoing training. PHIO Access trial shows promising patient engagement and outcomes.

Community Link Workers

- Service Extension: Contract retendering complete, extending service to all GP Practices from August 2024. High referral rates for mental health, loneliness, and social isolation.

Primary Care Mental Health (PCMH)

- Service Specification: Finalised and shared with all GP Practices. Successful recruitment to key vacancies. Live dashboard development for resource allocation.

Vaccination Transformation Programme (VTP)

- Childhood Vaccinations: Tracking below national average due to operational constraints. Peer review conducted, with an action plan in development.

Community Treatment and Care (CTAC)

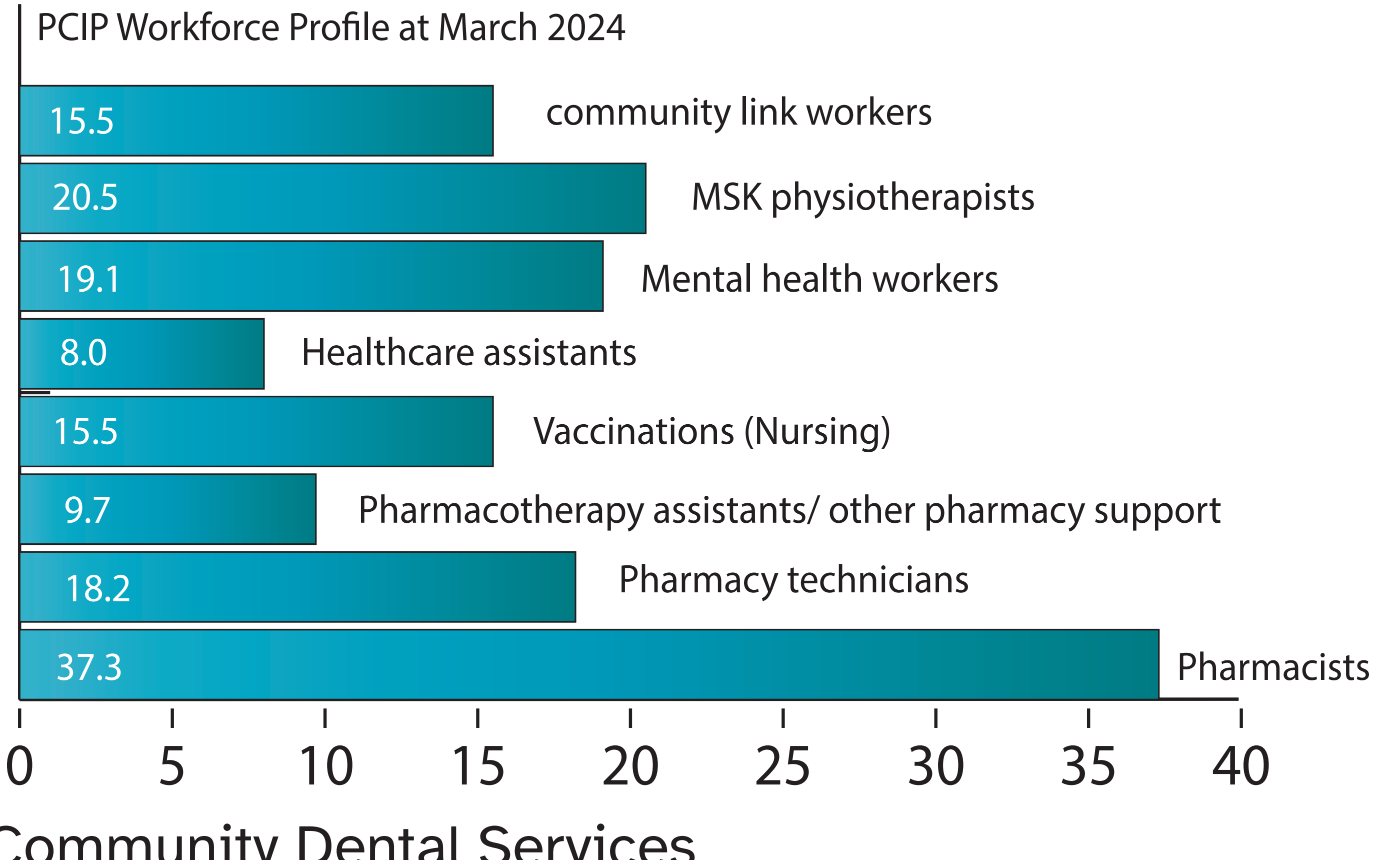
- Rural Options Appraisal: Submitted to Scottish Government, with feedback to be discussed. Transitional payment arrangements continue during 2024/25.

Additional Board Managed Positives

- Rediscover the Joy

This summary highlights the strategic initiatives and operational challenges faced by all NHS Highland's North GP Practices. The focus is on improving sustainability, enhancing service quality, and addressing recruitment and resource allocation issues to provide high-quality primary care services. clinical & non-clinical leadership - recruitment of full cohort of CDs and DMLs has been challenging, but positively successful recruitment to PCM role.

Seeking to improve interfaces - primary/secondary care, GP/mental health, and GP/community nursing/health visiting.



Community Dental Services

Recruitment and retention of dentists remains challenging, especially in rural areas, for both Public Dental Services and Independent Dental Practices.

The Independent Dental Practice in Gairloch closed siting recruitment and retention difficulties as the critical factor.

Scottish Dental Access Initiative Grants continue to offer an opportunity to improve access to General Dental Services.

Fyrish Dental Practice, Alness received grant assistance to extend by one surgery. As a result, the practice accepts new patients to achieve 1,500 new patient registrations.

An award of grant assistance was approved to help set up a new NHS dental practice with three surgeries in Inverness. The practice will open in June 2024. The Scottish Government has confirmed that Scottish Dental Initiative Grants will be available for the Highland area in 2024.

In response to the closure of the GDP Dental Practice, the Ullapool PDS Dental Clinic opened in November 2023. The clinic operates on a part-time basis and provides routine and emergency treatment. A total of 121 patients are currently registered at the clinic, with children being prioritised in the initial stages.

The pilot of a weekday evening out-of-hours service was run in Inverness. Following evaluation, the pilot has been placed on hold due to low patient uptake, and a review is planned for October 2024.

The Minor Oral Surgery Service at the Inverness Dental Centre continues to contribute to the Oral surgery pathway, ensuring that referrals are managed in the primary care setting where appropriate.

The National Dental Inspection Programme's October 2023 report showed an increase in the number of

caries-free children within the area, which was consistent with the national trend. It also identified a significant increase in unrestored teeth, which was directly related to the delayed recovery of primary care dental services post-COVID.

Oral Health Team update

Childsmile Programme: Following the redesign of services due to recruitment challenges, the Childsmile programme has restarted in the Lochaber and Skye & Lochalsh areas.

Childsmile – Sustainability programme - Recycle & Smile - staff continue to collect used toothbrushes and toothpaste tubes from nurseries and schools, which TradeBe then recycles. Recycled to fire engine parts, plant pots or children's climbing and play frames

Caring for Smiles - online oral health raising awareness training successfully delivered to NHS and health care partner staff, including Modern Apprenticeships, NHS Reserves, Care@Home teams and Adult Social Care Fundamental Skills at induction.

Community Optometry

Community Glaucoma Service

The Scottish Government Community Eyecare Team, NHS Education for Scotland Digital, and National Services Scotland are supporting the development of the Enhanced Service for Community Glaucoma Service (CGS) across NHS Highland to ensure safe patient care.

Within NHS Highland, including Argyll & Bute, 6 Accredited Clinicians have achieved the NES Glaucoma Award Training (NESGAT) qualification and 5 Accredited Providers (Community Optometry Practices). A further cohort of NESGAT training is due to commence early in 2025.

Work is ongoing with colleagues in e-health to develop the roll-out of Openeyes as the preferred Electronic Patient Record, which is fundamental for the service's operation and roll-out.
When developed and operational, the Community Glaucoma Service will provide patients with a safer service closer to home in areas with Accredited Providers.

Mental Health and Learning Disability Services

Introduction

The "Together Stronger" strategy is NHS Highland's five year plan (2023-2028) to deliver Mental Health and Learning Disability services. The plan aims to create compassionate, consistent and collaborative care and support services that meets the needs of the Highland community.

To create the strategy we engaged with over 108 community partners, workforce members, and individuals with lived experiences through sessions, workshops, and hosting conversation cafes. With this collaboration, we focused on creating meaningful relationships and ensuring every voice was heard and valued, and we will continue to make this a priority moving forward.

We are guided and in alignment with national strategies including Scotland's Mental Health and Wellbeing Strategy and the Core Mental Health Quality Standards to make sure that the right support is always available, in the right place, at the right time, whenever anyone asks for help.

Locally, one of the strategic objectives of the NHS Highland Board wide strategy 'Together We Care' is making sure there is an emphasis on reducing stigma, improving access, and ensuring quality care. Our

We are guided and in alignment with national strategies including Scotland's Mental Health and Wellbeing Strategy and the Core Mental Health Quality Standards to make sure that the right support is always available, in the right place, at the right time, whenever anyone asks for help.

Locally, one of the strategic objectives of the NHS Highland Board wide strategy 'Together We Care' is making sure there is an emphasis on reducing stigma, improving access, and ensuring quality care. Our "Together Stronger" strategy agreed five service commitments that we will action in all service improvements or redesign work:

Strategic Commitments

Commitment 1
Our Services will be easy to find and contact

PRINCIPLES

Our services should be able to be found by people with no prior knowledge of the system and people should be directed to the service they need by the first person they come into contact with.

This is also known as the "no wrong door" principle.

ACTIONS

We will provide clear information, enable digital access, and streamline referral processes.

Commitment 2
Our Services will be clear about what you can expect from us and we will be clear about what we expect from you

PRINCIPLES

The purpose of our services will be made clear from the beginning to all who meet with us.

We will explain what the service does, why it exists, how it works and who it is for.

We will design our services to support you when you are at risk, and we will do this in a way that encourages positive risk taking and protects both you and our staff at times of crisis.

ACTIONS

We will provide clear information, enable digital access, and streamline referral processes.

Strategic Commitments

Commitment 3
Our Services will work together with you

PRINCIPLES

We will work with individuals to deliver person centred care. We will respect the preferences, values and goals of each individual.

We will work with people, using health and social care services, as equal partners in planning, developing and monitoring their care

We will work within the principles of Realistic Medicine (in both health and socialcare settings) to ensure you feel empowered to make decisions about you care.

ACTIONS

Our health and social care staff will work alongside you to advise and agree the most appropriate therapy or support to meet your needs and support your mental health recovery.

We will listen to hear your goals and desires and work together with your networks to create opportunities to achieve your dreams with the support that you need.

Commitment 4
Our Services will enable our Staff to provide safe, high quality care and support

PRINCIPLES

We will support our colleagues to provide the care and support that individuals need,

when they need it, in a way that works for them.

We will ensure that our staff can progress a meaningful, enjoyable, and rewarding career.

ACTIONS

We will provide specialist training, protected learning and development time, and support career progression for our staff.

We will create a Workforce Development plan to support service plans and map our future staffing needs.

Strategic Commitments

Commitment 5
Our Services will evolve in response to changing need and we will explain why decisions are made

PRINCIPLES

We will respond to changes in strategy, circumstance, and service delivery quickly as our resources allow. This will mean that we need to design and lead services that can transform quickly and efficiently.

We will also respond to changes in individuals needs quickly and ensure that any changes are organised and delivered timely and efficiently

ACTIONS

Our service will respond to Scotland's Mental Health and Wellbeing Strategy and the Core Mental Health Quality Standards.

Following the Coming Home report, we will work in partnership with housing and support providers to ensure that people's needs are met in appropriate environments. We will continue to redesign and evolve our services to meet the Medication Assisted Therapy (MAT) Standards and work alongside partner agencies to ensure that people are able to access the support they require.

We regularly review and evaluate the services we provide by seeking continuous feedback from service users, carers, and partners to help inform service improvements and have established a Strategic Partnership Working Group with all interested stakeholders to ensure continued influence on Mental Health and Learning Disability Service Design.

To meet the strategic intentions of the Scottish Government, NHS Highland and the Health & Social Care Partnership we have designed new services and improved existing pathways.

The model of care for delivery of Annual Health Checks to people with a Learning Disability has been agreed and the service became live mid 2024. People with a Learning Disability and complex healthcare need will be prioritised, and the Health Check will be completed by an Advanced Nurse Practitioner in the Learning Disability Service.

The Dynamic Support Register for individuals with a Learning Disability who are at risk of placement breakdown or of being unable to return from an out of area placement is fully operational. The support from the Community Living Change Fund has enabled one individual, who had been in an out-of-Scotland hospital placement for more than 15 years to return to Highland into his own home with support from a community provider.

A full review of the Highland Psychiatric Emergency Plan was completed in 2023. This plan is a comprehensive guide designed to manage psychiatric emergencies within the Highland Health and Social Care Partnership. The plan emphasises a collaborative, multi-agency approach to ensure a structured and compassionate approach to ensure high quality care for individuals experiencing mental health crisis. It highlights the importance of collaboration, clear communication and adherence to legal and ethical standards in delivering mental health services.

The Police Custody Healthcare Team identified that 52% of patients in police custody at risk of drug reduced death were not referred to health for support. The Medication Assisted Treatment Pilot at Custody Toolkit (MATPACT) was created as an

innovative approach to proactively identify those at risk and offer health intervention. This innovation has recently won Quality Improvement awards and been recognised by HIS, more information can be found on the HIS website: NHS Highland MATPACT Case Study - NHS Highland MATPACT Case Study (ihub.scot).

We continue to experience capacity and demand pressures within in-patient services in New Craigs. The Mental Health Assessment Unit, in partnership with SAS, now has a Paramedic based within the team enabling joint working and a fast response to Mental Health crisis in community settings. Patients with complex support needs continue to experience a delay in availability of social care support or secure hospital care within Scotland.

NHS Highland Drug and Alcohol Recovery Service (DARS) works in partnership with the Alcohol and Drugs Partnership to meet the Medication Assisted Treatment (MAT) Standards. Treatment Waiting Times shows that Highland continues to perform above the Standard at 94.9% of people seen with three weeks for first treatment. This is the fifth quarter in succession that Highland have remained above the standard of 90% and have exceeded Scotland's overall position for the past four quarters.

over **11, 000** adults in Highland live with a mental health condition that requires support from our services. Over **21, 500** adults live with a mental health condition that does not require our support

We cared for **408** people in New Craigs Hospital last year and supported community based treatment and recovery for **9, 500** people

Approximately **1600** adults with a learning disability live in Highland. Around **1100** of these people live independently

1 in 12 of those over 65 years have dementia.

By 2035 this figure will increase to **1 in 9**

Our Drug & Alcohol Recovery Service recorded **379** new assessments for people starting specialist alcohol and/ or drug treatment last year

In Highland, **3,733** people with dementia live in their own homes supported by family, friends or carers

in 2021 there were **61** alcohol specific deaths
In 2022 there were **42** drug related deaths

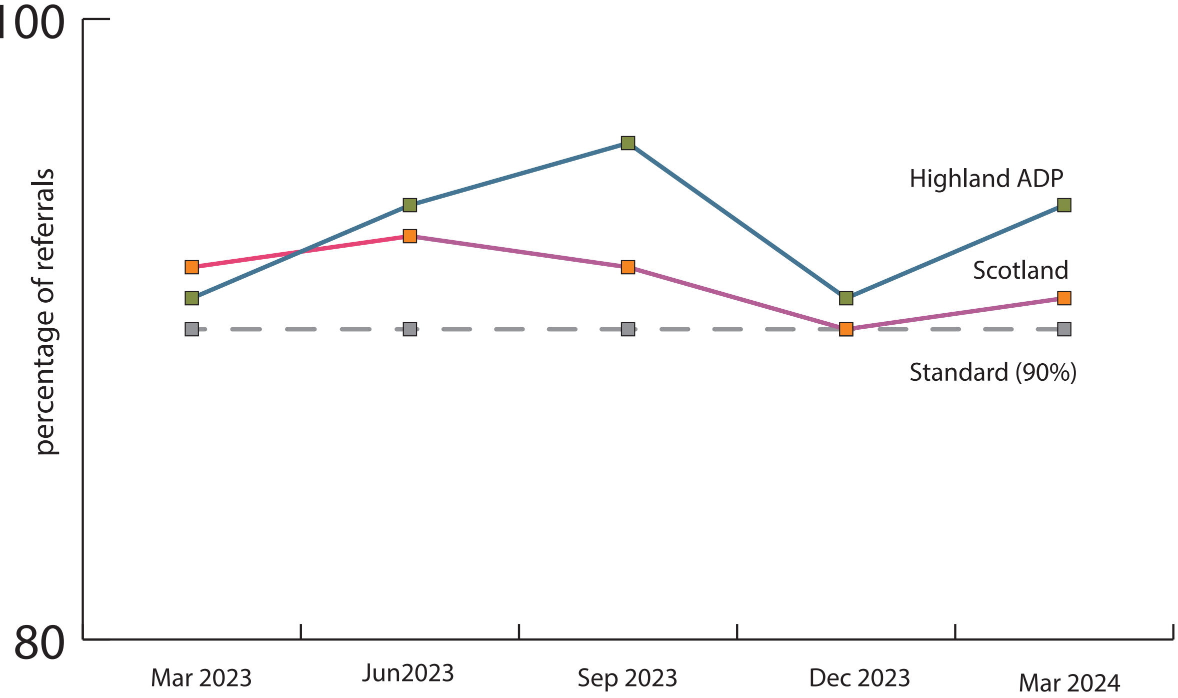


Table 1A Completed waits all Services types from referral to first treatment

Quarter ending	number of waits	% waiting 3 weeks or less	NHS Highland	Scotland	Standard	Scotland
March 2023	230	91.3%	91.0%	92.0%	90%	92.2%
June 2023	218	94.0%	94.0%	93.0%		93.0%
September 2023	234	96.1%	96.0%	92.0%		92.2%
December 2023	204	91.1%	91.0%	90.0%		90.5%
March 2024	138	94.9%	94.0%	91.0%		91.9%

Fig. 1A Completed waits all Services types from referral to first treatment

1. This information relates to community-based services.
2. Information about waiting times for drug and alcohol treatment is provided by the treatment services. Alcohol and Drug Partnerships (ADPs) have the responsibility of ensuring services are submitting accurate and up-to-datep information.
3. These data were extracted from the new Drug and Alcohol InformationSystem (DAISy) and its predecessor the Drug and Alcohol Treatment Waiting Times (DATWT) database. DAISy replaces the previous systems: the DATWT database and the Scottish Drug Misuse Database (SDMD), and holds data in relation to drug and alcohol treatments and waiting times from services throughout Scotland delivering tier 3 and 4 interventions. Tier 3 interventionsinclude provision of community-based specialised drug assessment and coordinated care-planned treatment and drug specialist liaison, while Tier 4interventions include provision of residential specialised drug treatment, which is care planned and care co-ordinated to ensure continuity of care and aftercare.
4. For completed waits, the length of wait is calculated from the date the referral was received to the date the first treatment started. For ongoing waits, the length of wait is calculated from the date the referral was received to the
date of the last day of the quarter. In both cases, the length of wait is adjustedfor periods of unavailability.
5. DATWT and DAISy are dynamic databases. This means that data forprevious quarters are updated and so may not be the same as found inprevious publications for the same time period.

Infrastructure & Partnership

Our services will be clear about what you can expect from us and what we expect of you

Our services will be easy to find and contact

Our services will work together with you

We will work together
COMPASSIONATELY
COLLABORATIVELY
CONSISTENTLY
to help, suppport and enable each other to achieve healthy and meaningful lives

Our services will evolve in response to changing need and we will explain why decisions are made

Our services will enable our staff to provide safe high quality care and support

Infrastructure Needs

Finance	Achieve financial sustainability and maximize resource use.
Health Inequalities	Focus on reducing health inequalities across communities.
Governance	Refine organizational governance.
Quality Improvement	Foster a culture of continuous improvement.
Climate Change	Work sustainably to meet carbon commitments.
Digital Integration	Implement electronic systems for seamless interaction.
Research & Development	Partner for research opportunities.
Workforce	Motivate and inspire teams to achieve strategic goals.

Partnerships

Collaboration	Work with a wide range of stakeholders, including GP's, third-sector organizations, independent sector providers, and families.
Strategic Partnership Forum	Bring together organizations to develop relationships and practices.

Conclusion

The "Together Stronger" strategy is a comprehensive plan to enhance mental health and learning disability services across Highland. It focuses on compassionate, consistent, and collaborative care, ensuring services are accessible, person-centred, and adaptive to changing needs. Continuous engagement with communities and stakeholders is pivotal in achieving these commitments. For more detailed strategies and guidance, visit the NHS Highland Mental Wellbeing website.

Medication-Assisted Treatment (MAT) Standards Implementation

MAT Standard 1: Same-Day Access
- Actions/Deliverables: Increasing Non-Medical Prescribers (NMPs) within the service.
- Progress: Some Band 6 vacancies filled, with new prescribers expected to complete training by January 2025.
- Risks/Barriers: Persistent vacancies affecting service capacity.
- Remedial Action: Ongoing recruitment and training efforts.
- Timescale: Full implementation by January 31, 2025.

Assessment: **Provisional Green.**

MAT Standard 2: Informed Choice
- Actions/Deliverables: Standardized information leaflets to support informed decision-making.
- Progress: Liaising with specialists to make leaflets available online.
- Risks/Barriers: Outdated resources and limited staff time.
- Remedial Action: Online portal development.
- Timescale: August 31, 2024.

Assessment: **Green**.

MAT Standard 3: Identifying High-Risk Individuals
- Actions/Deliverables: Implementation of a trigger checklist.
- Progress: Strategic lead conducting in-house learning and roll-out work.
- Risks/Barriers: Need for a unified outreach model.
- Remedial Action: Converting social work posts to support outreach.
- Timescale: September 23, 2024.

Assessment: Green.

MAT Standard 4: Evidence-Based Harm Reduction
- Actions/Deliverables: Rollout of harm identification and intervention tools.
- Progress: Forms being shared across different systems.
- Risks/Barriers: Information sharing challenges.
- Remedial Action: Converting forms to a shareable format.
- Timescale: July 5, 2024.

Assessment: Green.

MAT Standard 5: Support to Remain in Treatment

- Actions/Deliverables: Increase third-sector provision.
- Progress: Financial implications raised with oversight groups.
- Risks/Barriers: Funding constraints.
- Remedial Action: Discussions within anticipatory care planning.
- Timescale: August 31, 2024.

Assessment: Green.

MAT Standard 6: Psychologically Informed System

- Actions/Deliverables: Increase capacity for Tier 2 interventions.
- Progress: Transfer of psychological services to NHS Highland psychology.
- Risks/Barriers: Vacancy and tender progress issues.
- Remedial Action: Collaboration with psychology services.
- Timescale: September 30, 2024.

Assessment: Amber.

MAT Standard 7: MAT Shared with Primary Care

- Actions/Deliverables: Specialist GP and homeless team clinic setup.
- Progress: Data gathering on service progress.
- Risks/Barriers: Financial constraints.
- Remedial Action: Specialist pharmacist-led exploration of prescribing models.
- Timescale: July 14, 2024.

Assessment: Amber.

MAT Standard 8: Access to Independent Advocacy

- Actions/Deliverables: Meeting with third-sector agencies.
- Progress: Scheduled meetings to discuss pathways.
- Risks/Barriers: None specified.
- Remedial Action: Continued collaboration.
- Timescale: July 30, 2024.

Assessment: Amber.

MAT Standard 9: Co-occurring Drug Use and Mental Health Care

- Actions/Deliverables: Joint working process with CMHT and DARS.
- Progress: Policy complete; testing ongoing.
- Risks/Barriers: Team size and patient fit issues.
- Remedial Action: Testing and refining policies.
- Timescale: August 28, 2024.

Assessment: Amber.

MAT Standard 10: Trauma-Informed Care

- Actions/Deliverables: Monthly meetings and in-house training rollout.
- Progress: Steering group and supervision models in place.
- Risks/Barriers: Staff training and supervision challenges.
- Remedial Action: Promotion of attendance at training sessions.
- Timescale: July 31, 2024.

Assessment: Amber.

Learning Disability Services

Health Checks

Progress	Advanced Nurse Practitioner employed, prioritizing known individuals.
Risks/Barriers	Insufficient resources to meet demand.
Remedial Action	Prioritization of services.
Assessment	Moderate assurance due to resource limitations.

Support Provision

Progress	Good relationships with support providers; ongoing improvements through meetings.
Risks/Barriers	Recruitment and retention challenges in certain areas.
Remedial Action	Collaborative forums and new models of support.
Assessment	Moderate assurance due to recruitment difficulties.

Complex Needs

Progress	Implementation of the Dynamic Support Register.
Risks/Barriers	Staffing issues in cluster housing developments.
Remedial Action	Monthly meetings and exploring new housing developments.
Assessment	Moderate assurance, with ongoing efforts to address issues.

Overall Service Delivery

Strengths
- Consistent progress in implementing MAT standards.
- Strong collaboration and communication with third-sector agencies.
- Positive relationships between staff and service users.

Challenges
- Recruitment and retention of staff, particularly in rural areas.
- Financial constraints impacting service delivery and development.
- Need for more consistent implementation of psychosocial interventions.

Recommendations
1. Enhance Recruitment Efforts: Address staffing shortages by developing targeted recruitment campaigns and offering competitive incentives.
2. Increase Funding: Secure additional funding to support the expansion of third-sector services and address financial barriers.
3. Strengthen Collaboration: Improve partnerships between primary care, mental health services, and MAT providers to ensure integrated care.
4. Expand Training Programs: Enhance training for staff to deliver psychosocial interventions and trauma-informed care effectively.

Highland Psychiatric Emergency Plan 2023

Introduction

The Highland Psychiatry Emergency Plan (PEP) 2023 is a comprehensive guide designed to manage psychiatric emergencies within the Highland Health and Social Care Partnership (HHSCP). The plan emphasizes a collaborative, multi-agency approach to ensure high-quality care for individuals experiencing mental health crises.

Key Components of the Plan

1. Initial Contact and Response

- First Responders: Standardized contact points for members of the public (NHS 24) and professional partners (Mental Health Assessment Unit - MHAU).
- Self-Referral: Patients can self-refer via NHS 24 with direct access support services available.
- Triage and Support: Stages of triage are performed by NHS 24 and MHAU to address non-diagnosable mental health issues and minimize police intervention.

2. Crisis Care Planning

- Crisis Care Plans: Templates and anticipatory care planning mechanisms like the Care Programme Approach (CPA) are used to identify and respond to crisis situations.
- Legal Powers and Warrants: Clear procedures for obtaining and executing warrants (Sections 35, 292, 293) for patient assessment and removal, emphasizing minimum necessary force.

3. Places of Safety

- Specified Locations: Hospitals (New Craigs, Raigmore, Broadford, Belford, and Caithness General) and emergency departments are designated places of safety.
- Guidelines for Use: Detailed criteria for appropriate use of places of safety and protocols for transferring patients from police custody.

4. Management of Alcohol and Substance Misuse

- Intoxicated Patients: Guidelines for handling patients too intoxicated for assessment and considering underlying distress or mental health issues.

5. Transport Arrangements

- Modes of Transport: Guidelines for choosing appropriate transport modes, reducing stigma, and ensuring patient privacy and comfort during transport.
- Professional Roles: Clear roles and responsibilities for professionals involved in patient transport, including use of force when necessary.

6. Assessment Procedures

- Responsibility for Assessment: Clear pathways and responsibilities for medical practitioners carrying out assessments at places of safety.
- Trauma-Informed Services: Emphasis on trauma-informed care, gender-specific considerations, and services for patients with personality disorders.

7. Dispute Resolution

- Professional Disagreements: Procedures for resolving disagreements between professionals, such as Mental Health Officers (MHO) and Approved Medical Practitioners (AMP), regarding patient detention.

8. Information Sharing
- GDPR Compliance: Pathways for sharing information in compliance with GDPR, emphasizing the duty to share information when necessary for patient safety.
- Advance Statements and Named Persons: Systems to ensure advance statements and named persons are consulted during mental health assessments.

9. Services for Young People
- Age-Appropriate Services: Coordination between adult mental health and CAMHS to provide services for young people up to 18 years.
- Inpatient and Community Services: Regional inpatient facilities and community mental health services for young people, including care for care-experienced young people.

10. Support for Carers
- Duties to Dependents: Responsibilities for ensuring the care of dependents, including children and vulnerable persons, when a patient is detained.
- Carer Support: Provision of support plans and information for carers, ensuring they are not pressured into caring for patients.

11. Management of Missing Patients
- Missing Persons Protocol: Procedures for handling patients who abscond from assessment or are at risk in the community, including use of warrants.

12. Homelessness
- Referral and Aftercare: Pathways for referring homeless patients to mental health services and ensuring appropriate aftercare, including access to GPs and community support.

13. Learning Disability and Autism
- Specialized Support: Consideration for individuals with learning disabilities and autism, ensuring access to emergency services and appropriate assessments.

14. Aftercare
- Follow-Up Arrangements: Guidance on follow-up and alternative pathways for managing distress when immediate treatment is not required.
- Recording Outcomes: Documentation of crisis presentations and outcomes to ensure continuity of care.

15. Use and Review of the PEP
- Values and Review Process: The PEP is grounded in patient-centered values and is reviewed annually, with provisions for earlier reviews if necessary.
- Accessibility and Dissemination: The plan will be made accessible to all relevant parties, including public and partner agencies, with named managers responsible for publication and review.
- Debrief and Incident Review: Procedures for debriefing and reviewing incidents to support frontline staff and improve future responses.

Conclusion

The Highland Psychiatry Emergency Plan 2023 provides a structured and compassionate approach to managing psychiatric emergencies, ensuring safety, dignity, and high-quality care for patients and their

carers. The plan highlights the importance of collaboration, clear communication, and adherence to legal and ethical standards in delivering mental health services.

Psychological Therapies

In Scotland, all NHS boards have national Psychological Therapies targets to meet, and NHS Highland is no exception. Although the department has been largely successful in achieving these targets and improvements, the significant challenge has been to do this against a backdrop of unprecedented financial pressure on NHS Highland, attraction, recruitment and retention of specialist staff to the area, and an imperative for the department to utilise resources in a very controlled and measured way.

The first of the targets mentioned above is that 90% of referrals to Psychological Therapies referrals will commence psychological therapy-based treatment within 18 weeks of referral. Psychological therapy services have experienced longstanding challenges with significant waiting times; several factors have led to this (including a lack of any other route for psychological interventions at an earlier stage, as well as recruitment and retention of clinical and non-clinical staff).

However, as can be seen from the diagram below, Psychological Therapies has achieved enormous success in making significant reductions in wait times across Adult Mental Health Psychology, Older Adult Psychology, Neuropsychology, and Adult Learning Disability Psychology. This success is mainly due to utilising the limited resources available to re-align psychology services to offer our patients more timely, improved, and appropriate access to psychological care. Further development of primary care mental health services, targeted use of community resources, and the further collaborative work between Community Mental Health Team colleagues and their Psychological Therapies colleagues have also played a big part in this.

18 Weeks All Ages Psychological Therapy Treatment

Mean 85.5%

00
80
60

Mar 2023 | Apr 2023 | May 2023 | Jun 2023 | Jul 2023 | Aug 2023 | Sep 2023 | Oct 2023 | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024

Psychological Therapies, waiting times by length and district of Registered GP

0 - 18 weeks
19 - 35 weeks
36 -52 weeks
53 - 77 weeks
78 - 104 weeks
105 weeks +

Out of Highland 1 2 111
7 7 1 1 2 Wester Ross
13 6 3 4 2 3 Sutherland
10 5 2 2 2 Skye & Lochalsh
62 24 23 2 1 1 Mid & East Ross
22 9 4 2 1 1 Lochaber
140 78 29 9 5 9 Inverness
26 16 5 3 1 22 Caithness
59 30 4 3 2 Badenoch Strathspey & Nairn

0 50 100 150 200 250 300

A second new target introduced in late 2023 concerns improvements in the range and depth of data that NHS boards in Scotland supply to the Scottish Government about Psychological Therapies and is called CAPTND (Child, Adolescent, and Psychological Therapies, National Dataset). This involves collecting and disseminating specific (non-clinical) information fields by boards to help the Scottish Government understand more about service trends, patient journeys and outcomes so that good practice can be highlighted and areas for further improvement identified. The target is for all NHS Boards, including NHS Highland, to comply with supplying all the required monthly data to the Scottish Government. During Phase 1 of this project, NHS Highland successfully embraced this data provision and fully complied with the mandatory data requirement. Phase 2 of this national programme's target is to expand the number and range of data fields collected monthly from 2024 onward.

In other work, it was previously identified that there is a service provision gap in Clinical Health Psychology. Work is underway to develop this service to fill this gap, improving patient access and meeting patient needs across NHS Highland. Equally, there has been ongoing success in neuropsychology since its launch, and the service has gone from strength to strength in helping patients in this specialist area. Neuropsychology had formed the majority of Psychological Therapies extended waits, but with a priority focus on wait time reduction, this is now significantly reducing.

Psychological Therapies has, where funding and opportunity have allowed, continued to invest in staff attraction, recruitment, and retention. However, this remains a particular challenge in terms of service provision to meet patient demand. Access to funding for specialist staff recruitment and retention remains scarce, as it does across all of Psychological Therapies.

The data provided in Figure 1 above shows overall improvement, with clear trajectories agreed with the Scottish Government as we progress with our implementation plan.

Psychological Therapies witing list by length and District of Residence

- 0 - 18 weeks
- 19 - 35 weeks
- 36 -52 weeks
- 53 - 77 weeks
- 78 - 104 weeks
- 105 weeks +

Out of Highland: 7

Wester Ross: 6 7 1 1 2 1

Sutherland: 11

Skye & Lochalsh: 10 5 2 2 2

Nairn: 30 16 1 3 1

Mid Ross: 38 25 16 1 2

Lochaber: 19 7 4 2 1

Inverness: 120 66 23 8 4 7

East Ross: 49 17 14 2 1

Caithness: 28 17 5 3 1 23

Badenoch & Strathspey: 21 10 2 0

0 50 100 150 200 250

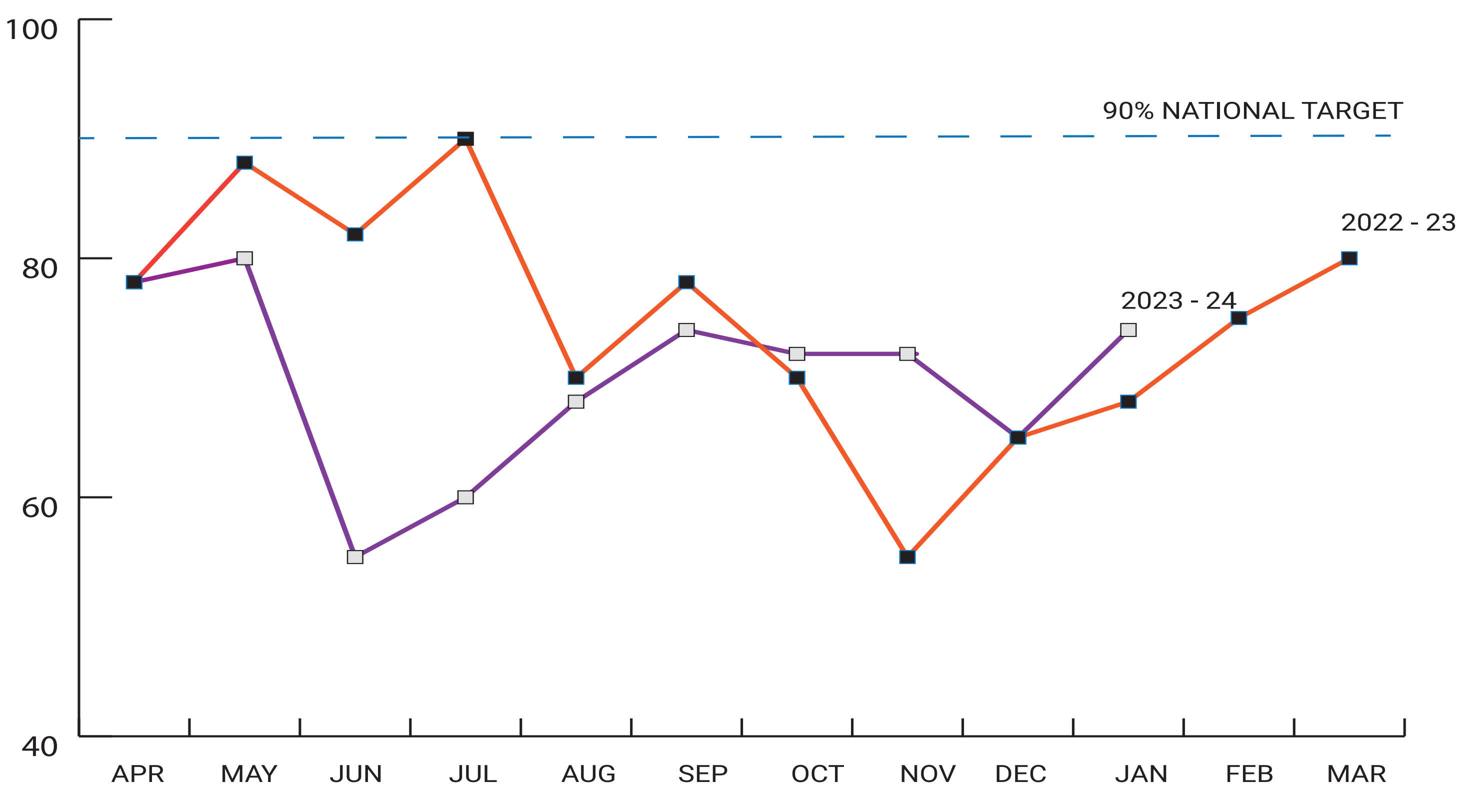
Child & Adolescent Mental Health Services (CAMHS)

The national target for Child and Adolescent Mental Health Services (CAMHS) is that 90% of young people to commence specialist CAMHS services within 18 wks of referral. NHS Highland performance is around 70%

NHS Highland performance in 2023/24 remains extremely challenging in terms of meeting the 18 week target from referral to access to CAMHS services. A service improvement plan is underway to develop a sustainable operating model that will embed a trajectory towards NHS Highland meeting this target. This includes assessment of the workforce model required to deliver these services across the vast geographical area.

We are aware that NHS Highland performance is below the national target and waits to access the Paediatric Neurodevelopmental service (NDAS) have followed a similar trajectory.

A joint improvement plan is required to enable different models of care that support an improvement in performance. This is a key area of focus for 2024/25.



Finance

Highland Health & Social Care Partnership Finance Report to 31st March 2024

Final position to March 2024

For the 12 months to March, HHSCP have overspent against budget by £10.634m, components of this overspend can be viewed in Table 1 below.

		Position to date		
Annual Plan £000	detail	**plan to date £ 000**	**actual to date £ 000**	**variance to date £ 000**
254, 114	NH Communities	254, 114	262, 988	(8, 874)
51, 864	Mental Health Services	51, 864	58, 163	(6, 299)
155, 000	Primary Care	155, 000	156, 926	(1, 926)
(773)	Adult Social Care Central	(773)	(7, 238)	6, 465
460, 205	**Total HHSCP**	**460, 205**	**470, 839**	**(10, 634)**
281, 717	Health	281, 717	292, 540	(10, 823)
178, 488	Social Work	178, 488	178, 299	188
460, 205	**Total HHSCP**	**460, 205**	**470, 839**	**(10, 634)**

Within the NH Communities year end out-turn of £8.874m, there are several main areas driving this position; £0.615m of unfunded pressures in Chronic Pain and the ECS services and supplementary staffing in OOH and community hospitals reflecting the recruitment issues rural areas are experiencing. Adult Social Care for 2023/2024 saw an increase in Independent Sector Care costs, with Learning Disability younger adult packages being the main attribute.

Mental Health Services ended the year with a £6.299m overspend; with locum and agency usage the main outliers along with out of area patient costs. National recruitment difficulties within the Psychiatry service meant a greater reliance on the use of medical locums with £2.468m agency expenditure in the financial year. Increase in clinical observations in both the Dementia and LD units have resulted in nursing agency costs of £3.001m. However, ongoing vacancies across both inpatient and community services have mitigated this pressure.

Primary Care's year end out-turn showed an overspend of £1.926m. A key driver being locum spend associated with Board Managed Practices mainly in the rural areas and prescribing where short supply and inflation increased costs nationally with the HHSCP overspending by £3.041m in 2023/2024. Mitigating this position, Dental reported an underspend of £1.274m which reflects the ongoing recruitment difficulties within the service.

ASC Central are reporting a £6.465m underspend. This position allows ASC to balance overall across the HHSCP and can be viewed on appendix 1.

Cost Improvement Plan

NHS Highland identified a Cost Improvement Plan of £29.500m to deliver a balanced position at the start of the year, of which £11.011m was allocated to the HHSCP. Whilst there was delivery of savings and cost reductions of £3.836m from the Division, additional support from the SG at the end of the year was required to deliver a breakeven position for the Board overall.

Conclusion

HHSCP financial position completed the year end with an overspend of £10.634m. This position reflects the challenge of the service pressures and slippage on the CIP.

Governance Implications

Accurate and timely financial reporting is essential to maintain financial stability and facilitate the achievement of Financial Targets which underpin the delivery and development of patient care services. In turn, this supports the deliverance of the Governance Standards around Clinical, Staff and Patient and Public Involvement. The financial position is scrutinised in a wide variety of governance settings in NHS Highland.

Risk Assessment

Risks to the financial position are monitored monthly. There is an over-arching entry in the Strategic Risk Register.

Planning for Fairness

A robust system of financial control is crucial to ensuring a planned approach to savings targets – this allows time for impact assessments of key proposals impacting on services.

Engagement and Communication

The majority of the Board's revenue budgets are devolved to operational units, which report into two governance committees that include staff-side, patient and public forum members in addition to local authority members, voluntary sector representatives and non-executive directors. These meetings are open to the public. The overall financial position is considered at the full Board meeting on a regular basis. All these meetings are also open to the public and are webcast.

NHS Highland
Appendix 2
Adult Social Care Financial Statement at Month 12 2023 - 2024

services cagtegory	annual budget £ 000's	YTD budget £ 000's	TYD actual £000's	YTD variance £ 000's	Outturn £ 000's	YE variance £ 000's
Older people Residential/ Non-Residential Care						
older people Care Homes (in-house)	20, 047	20, 047	18, 783	1, 264	18, 763	1, 264
older people Care Homes (ISC/SDS)	35, 447	35, 447	35, 629	(182)	35, 629	(182)
Other non-residential care (in house)	1, 419	1, 419	1, 506	(87)	1, 506	(87)
Other non-residential care (ISC)	1, 445	1, 445	1, 457	(12)	1, 457	(12)
Total older people Residential/ Non-Residential	**58, 359**	**58, 359**	**57, 375**	**984**	**57, 375**	**984**
Older people Care at Home						
older people Care at Home (in-house)	17, 907	17, 907	16, 488	1,419	16, 488	1, 418
older people Care at Home (ISC/SDS)	16, 767	16, 767	20, 354	(3, 587)	20, 354	(3, 587)
Total older people Care at Home	**34, 674**	**34, 674**	**36, 843**	**(2, 168)**	**36, 843**	**(2, 169)**
People with a Learning Disability						
People with a Learning Disability (in-house)	5, 087	5, 087	4, 116	962	4, 116	962
People with a Learning Disability (ISC/SDS)	36, 699	36, 699	41, 330	(4, 631)	41, 330	(4, 631)
Total People with a Learning Disability	**41, 778**	**41, 778**	**45, 446**	**(3,668)**	**45, 446**	**(3, 668)**
People with a mental illness						
People with a mental illness (in-house)	575	575	461	115	461	115
People with a mental illness (ISC/SDS))	7, 701	7,701	7, 913	(212)	7, 913	(212)
Total People with a mental illness	**8, 276**	**8, 276**	**8, 373**	**(97)**	**8, 373**	**(97)**
People with a Physical Disability						
People with a Physical Disability (in-house)	1, 036	1, 036	822	214	822	214
People with a Physical Disability (ISC/SDS)	7, 298	7, 298	7, 827	(529)	7, 827	(529)
Total people with a Physical Disability	**8, 334**	**8, 334**	**8, 650**	**(316)**	**8, 650**	**(316)**

services cagtegory	annual budget £ 000's	YTD budget £ 000's	TYD actual £000's	YTD variance £ 000's	Outturn £ 000's	YE variance £ 000's
Other Community Care						
Community Care Teams	9, 882	9, 882	9, 544	338	9, 544	338
People misusing drugs & alcohol	0	0	0	0	0	0
People misusing drugs & alcohol (ISC)	105	105	140	(35)	140	(35)
Housing Support	5, 839	5, 839	6, 087	(248)	6, 087	(248)
Technology Enabled Care	987	987	1, 012	(25)	1, 012	(25)
Carer's Support	1, 628	1, 628	1, 465	163	1, 465	163
Total other Community Care	**18, 441**	**18, 441**	**18, 247**	**194**	**18, 247**	**194**
Support Services						
Business Support	2, 095	2, 095	1,799	296	1, 799	296
Management & Planning	7, 055	7, 055	2, 934	4, 121	2, 934	4, 121
Total Support Services	**9, 150**	**9, 150**	**4, 733**	**4, 417**	**4, 733**	**4, 417**
Care Home Support/ Sustainability payments	**0**	**0**	**(655)**	**655**	**(655)**	**655**
Total Adult Social Care Services	**179, 011**	**179, 011**	**179, 011**	**0**	**179, 011**	**(0)**
check	**0**	**0**	**0**	**0**	**0**	**(0)**
ASC Services now integrated within Health codes	**4, 193**	**4, 193**	**4, 193**	**0**	**4, 193**	**0**
Total Integrated Adult Social Care Services	**183, 204**	**183, 204**	**183, 203**	**0**	**183, 204**	**(0)**
Total ASC less Estates	**178, 488**	**178, 488**	**178, 299**	**189**	**178, 299**	**188**

Document Information

This document is produced on behalf of NHS Highland and The Highland Council by Strategy & Transformation, NHS Highland.

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Highland Health & Social Care Partnership

Annual Report 2023 - 2024

Appendices to the Report

Integrated Children's Services Planning Board
Performance Management Framework 2023 - 2036

Outcome 1

Highland's Children will be safe, healthy, achieving, loved, nurtured, active, included, respected and responsible

Indicator 1	target	baseline	current		data source
the number of young carers identified on SEEMiS will increase	improve from baseline	68			Education & Learning
analysis					

Indicator 2	target	baseline	current		data source
the number of households with children in temporary accommodation will reduce	95	100			Education & Learning
analysis					

Indicator 3	target	baseline	current		data source
Percentage of children reaching their developmentalmilestones at their 27 – 30 month health review will increase	85%	75%		82%	Child Health
analysis					
Data from NHS, last updated Jan - Mar 23. Note in the data file that this is incomplete. Data shows a slightly deceasing number of children achieving their developmental milestones at the 27-30 month Child Health Surveillance review. This is correlated to the number of assessments being undertaken and the targeted approach which is part of the mitigation plan to improve outcomes. (note Indicator #6)					

Indicator 4	target	baseline	current		data source
Percentage of children in P1 with their body mass index measured	95%	85%		94%	
analysis					
data last updated in 2021-22 by NHS Highland					

Indicator 5	target	baseline	current	data source
The rate of LBW babies born to the most deprived compared to those born in the least deprived parts of Highland.	improve from baseline	1%		Public Health

analysis

A number of key professionals, including midwives, health visitors, Community Early Years Practitioners (CEYP) and specialist breast feeding support workers support women to exclusively breastfeed their baby in Highland. Breastfeeding rates have been consistently good in Highland. The performance has dipped slightly in the past quarter, however an improvement plan has been put in place to address this, particularly to a partnership approach, between NHSH and THC, is being tested to improve support for breast feeding in remote and rural Highland. This involves better use of core support worker roles (CEYP) through enhanced additional infant feeding support. It is hoped this approach will provide a more effective and equitable service for families across Highland. This will be evaluated to support the scale and spread of a more universal approach to infant feeding support across other rural locations in Highland.

Indicator 6	target	baseline	current		data source
Improve the uptake of 27 - 30 month surveillance contact	95%	52%		77%	Child Health

analysis

There has been a slight decrease in the uptake of this core contact. A contributory factor has been the availability of suitability qualified Health Visitors.Highland's Advanced Nurse Training programme has been highly successful across the past 2 years in supporting the recruitment and training to advanced level health visitors.
Highland currently have allow vacancy rate (around 8%) in Health Visiting however 20% of the HV workforce are undertaking the one year post graduate masters level health visitor training programme. Training requirements mean that trainee health visitors are not available or qualified to undertake this review. This has impacted on the ability to undertake the developmental assessment within the allotted timescale.
Mitigating actions are in place which include prioritisation for families in need, at risk, where there are concerns, care experienced, suffering the impacts of inequalities or trauma. Bank Staff are also used where necessary to support the review. There is likely to be a significant improvement in performance with the 22/23 and 23/24 cohort of health visitors achieve their advanced qualification and are supported through the preceptorship course

Indicator 7	target	baseline	current		data source
% of children with 1 or more developmental concerns recorded at the 27 – 30 month review	95%	85%		82%	Child Health

analysis

Not updated in NHSH file.

Indicator 8	target	baseline	current		data source
Percentage uptake of 6-8 week Child Health Surveillance contact	95%	85%		82%	Child Health

analysis

Data updated by NHSH - last update Dec 22. Note saying incomplete data for Mar 23.Data from Quarter 3 (incomplete) reports only 82% of children have had a 6-8 week child health surveillance contact. This contact is part of the universal Health Visiting pathway. This contact remained a priority through the pandemic as determined by the Chief Nursing Officer. Health visitors complete the infant assessment, and the paperwork is forwarded to the GP who submits the completed documentation only after the GP 6-week infant check is complete. This GP check historically included the 6–8 week infant immunisation. A number of GPs have reported a reduction in presentation to the 6 week check since infant immunisations are no longer delivered at this time. Mitigating action to include

1. Ongoing scrutiny of the data is required to measure risk
2. The Highland Council Health visitors to promote attendance at GP practice for completion of review
3. NHSH Child Health Dept reminder to all GPs re submission of completed data forms.

Indicator 9	target	baseline	current		data source
Achieve 36% of new born babies exclusively breastfed at 6-8 week review	36%	30%		32%	Child Health

analysis

A number of key professionals, including midwives, health visitors, Community Early Years Practitioners (CEYP) and specialist breast feeding support workers support women to exclusively breastfeed their baby in Highland. Breastfeeding rates have been consistently good in Highland. The performance has dipped slightly in the past quarter, however an improvement plan has been put in place to address this, particularly to a partnership approach, between NHSH and THC, is being tested to improve support for breast feeding in remote and rural Highland. This involves better use of core support worker roles (CEYP) through enhanced additional infant feeding support. It is hoped this approach will provide a more effective and equitable service for families across Highland. This will be evaluated to support the scale and spread of a more universal approach to infant feeding support across other rural locations in Highland.

Indicator 10	target	baseline	current		data source
Maintain 95% Allocation of Health Plan indicator at 6-8 weeks from birth (annual cumulative)	95%	97%		N/K	Child Health

analysis

not updated in NHSH file

Indicator 11	target	baseline	current		data source
Maintain 95% uptake rate of MMR1 (% of 5 year olds)	95%	95%		95%	Child Health

analysis

latest data from NHSH to Dec 22

Indicator 12	target	baseline	current		data source
CAMHS referrals seen within 18 weeks	95%	80%			CAMHS, Education & Learning

analysis

considerable progress has been made in clinical modelling, performance and governance. Progress has been made despite despite a lack of appropriate supports and improvements in e – health with much of the work of business analyst colleagues having to be completed manually due to limitations of current systems. The service has halved the number of patients waiting since the peak of May 2022 and reduced longest waits from over 4 years just over 2 years projected clearing of cases over 2 years by April 2023. This progress has been achieved with a workforce funded establishment at the second lowest of mainland boards with a current vacancy rate of 48% with ongoing national workforce shortages and additional recruitment challenges of remote and ruralservices. We are diversifying our staff profile and adopting a grow our ownstrategy which is showing promise but will be a medium term approach to increasing capacity.

Indicator 13	target	baseline	current		data source
Percentage of statutory health assessments completed within 4 weeks of becoming LAC will increase to 95%	95%	70%		72%	Health & Social Care

analysis

Statutory health assessments in Highland for Care Experience infants children and young people are carried out by health visitors and school nurses in accordance with the Scottish Government Guidance for Health Assessments 2015. A number of NHS Boards have recently adopted a proportionate approach to assessing health need for care experienced children and young people. This approach recognises the need for a relationship based approach to assessing health needs of children and young people who may have suffered extreme trauma. The approach enables an assessment which has the views, voice and choice of children and young people at the heart and supports a more meaningful and considered holistic assessments and analysis of need. It is proposed that across 23/24 Highland move to this model of assessment of health need for CE CYP.

Indicator 14	target	baseline	current		data source
Percentage of young people in RCC with an up to date Routine Childhood Immunisation Schedule (RCIS)	improve from base-line	67%		57%	Health & Social Care

analysis

Data updated quarterly in PRMS. 57.4% represents a decrease from the baseline but an increase compared to recent quarters. There has been a small increase in this indicator although it remains down from baseline. Recent developments within School Nursing and Transforming roles has allowed a greater health resource for Children and Young People in Residential Childcare. Developing relationships, taking time to explore barriers and supporting attendance at health appointments should support an increased uptake of immunisations. The centralisation of immunisation services with more open clinics may have a positive impact on the immunisation uptake for CYP in residential child care.

Indicator 15	target	baseline	current		data source
Percentage of children and young people referred to AHP Service PHYSIOTHERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%	85%		89%	Health & Social Care

analysis

There are a number of contributory factors to the increase in waiting times for SLT over the last year, including an increase in need/number of request and the decrease in availability of staff with long term sick leave, phased returns, secondments without backfill, a career break and maternity leave and the loss of ASN therapy partner support. There is consistently a difficulty in recruitment to paediatric SLT as a result of a national shortage. These factors have a direct impact on the length of waits for SLT assessment and intervention. It is clear from caseload evaluation that there is increasing complexity of requests for SLT post pandemic creating a widening gap between new requests and discharges. It is also clear that the SLT capacity is significantly impacted by the increased need to support early assessment into neurodiversity. The central SLT team has supported the building of capacity of a core NDAS team for Highland through the diversion of resource for this specific activity. A mitigation plan is in place which include pre-request conversations, whole setting approaches, NDAS Early Conclusion assessment work, online and face to face parent groups for the early intervention around complex cases. An extensive team action plan has been put in place with a number of potential routes to address waiting times Risks centre on supporting developmental outcomes, particularly for infants and non-verbal children and on the health and wellbeing of the workforce. With the mitigations it is hoped that by end of 2023, overall service waits will be reduced to 75% being seen within 18 weeks.

Indicator 16	target	baseline	current		data source
Percentage of children and young people referred to AHP Service OCCUPATIONAL THERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%	88%		66%	Health & Social Care

analysis

There are a number of contributory factors to the increase in waiting times for OT over the last year, including an increase in need/number of request, limited resilience due to staff sickness/availability of staffing within the small paediatric OT service in Highland, increase in the urgent area of work, hospital discharges from out of authority and acute complex cases in more rural areas and increased surgeries for CYP post covid. A particular pressure has arisen since 2020 since the removal of a number significant portion of ASN support in schools. A mitigation plan is in place which includes: A Central approach to managing waiting times for cross team overview and prioritisation, revisiting geographical boundaries to enable longer waits to be actioned, consideration of alternative ways of interventions (telephone, telehealth, face to face), pre request discussions are being carried out and increasing to manage where possible advice / support and intervention and building capacity through reduction of time on Just Ask helpline. Clinic-based services have been tried with limited success as many CYP need school / home visits as well. Some aspects of the service have been redesigned to ensure upfront intervention and support and reduce the need for Requests in some areas (e.g. Sensory , Post diagnostic support). Further data cleansing is planned to ensure figures are correct. OT have recently redesigned some aspects of their service to ensure upfront intervention and support, aiming to reduce the need for Requests in some areas. A steady staffing flow over the coming months is required to begin to improve the 18 week RTT target.

Indicator 17	target	baseline	current		data source
Percentage of children and young people referred to AHP Service DIETETICS, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%	88%		66%	Health & Social Care

analysis

Paediatric dietetics consists, in the main of a small specialist team. The increase in waiting times has been a direct result of an increase in need/referrals (from 71 requests in 2022 to 86 per month in 2023) to the service and a decrease in staffing availability, with an average of 28% reduction across dieticians and support staff as a result of long term sickness, carers leave etc. A review of the service was undertaken in 2022 with mitigating action plan which included further prioritisation. This includes a greater focus on early prevention and intervention and working with schools and families, addressing emerging issues at an earlier stage working and through the implementation of new focussed pathways around particular areas of increased need. (eg: selective eating). The plan also is driving forward change to the approach addressing infant allergy which aims to provide early support for parents of infants with feeding difficulties and a reduction in the misdiagnosis of cow's milk protein allergy as well as contributing to service development for the increased number of CYP who have diabetes including supporting access to technology for more vulnerable CYPs, to support self management A period of full staffing may be possible in coming months, and this should improve waiting times to within target by the autumn as long as demand does not continue to significantly increase. The mitigation plan will be adapted according to presenting need with risks escalated as necessary.

Indicator 18	target	baseline	current		data source
Percentage of children and young people referred to AHP Service SPEECH & LANGUAGE THERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%			46%	Health & Social Care

analysis

There are a number of contributory factors to the increase in waiting times for SLT over the last year, including an increase in need/number of request and the decrease in availability of staff with long term sick leave, phased returns, secondments without backfill, a career break and maternity leave and the loss of ASN therapy partner support. There is consistently a difficulty in recruitment to paediatric SLT as a result of a national shortage. These factors have a direct impact on the length of waits for SLT assessment and intervention. It is clear from caseload evaluation that there is increasing complexity of requests for SLT post pandemic creating a widening gap between new requests and discharges. It is also clear that the SLT capacity is significantly impacted by the increased need to support early assessment into neurodiversity. The central SLT team has supported the building of capacity of a core NDAS team for Highland through the diversion of resource for this specific activity. A mitigation plan is in place which include pre-request conversations, whole setting approaches, NDAS Early Conclusion assessment work, online and face to face parent groups for the early intervention around complex cases. An extensive team action plan has been put in place with a number of potential routes to address waiting times Risks centre on supporting developmental outcomes, particularly for infants and non-verbal children and on the health and wellbeing of the workforce. With the mitigations it is hoped that by end of 2023, overall service waits will be reduced to 75% being seen within 18 weeks.

Indicator 19	target	baseline	current	data source
Percentage of children and young people referred to AHP Services (ALL above), waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%	80%	56%	Health & Social Care

analysis

The AHP teams collectively have had an increase in the numbers of requests for assistance being made in the post covid period. This is beginning to settle for Occupational Therapy (OT) but continued to increase over the past year for Speech and Language Therapy (SLT), Dietetics and Physiotherapy. Numbers of children/young people (CYP) waiting has increased for all services over the past year with only Physiotherapy being within the 18 weeks target in the last few months. This is mainly due to difficulties with staffing. Vacant posts can be difficult to fill quickly and there is often no cover for staff who are on long term leave. Staffing has fluctuated for all teams, however staff availability (as a result of absence/maternity leave etc) is a broad theme across all teams creating a lack of resilience. Systems changes, including the loss of ASN support in schools working alongside AHP disciplines as “therapy partners” has had a direct impact on capacity with all AHP teams

Indicator 20	target	baseline	current	data source
The health needs of children are considered within risk identification and safety planning through specialist child health protection advisors	100%	100%		Health & Social Care

analysis

Indicator 21	target	baseline	current	data source
Numbers of children and young people waiting less than 18 weeks from date of request received by NDAS (Neuro Developmental Assessment Service) to census date(monthly)	90%	24%	24%	Health & Social Care

analysis

Indicator 22	target	baseline	current	data source
Percentage of referrals that lead to recruitment to the Family Nurse Partnership programme	85%	65%	85%	Health & Social Care

analysis

The Family Nurse Partnership provides intensive family support to new and first time parents under the age of 20. (under the age of 15 if care experienced) The programme is voluntary and reliant on referrals from midwives. This is a national programme, with rigorous fidelity regulations, scrutiny and reporting. Highland are working with the Scottish Government Programme Team to consider the provision in remote and rural areas. This has historically proved problematic as a result of recruitment difficulties.

Indicator 23	target	baseline	current		data source
Increase the uptake of specialist child protection advice and guidance to health staff supporting children and families at risk	improve from baseline	59%		100%	Health & Social Care

analysis
IRDs are the interagency tripartite (health, social work and police Scotland) discussions which form part of the risk assessment and planning for children at risk of harm. Child Protection Advisors, are accountable for co-ordinating, representing and analysing all information from across the health systems as part of the IRD process. There has been a 48% increase in the Interagency Referral Discussions (IRDs) between 20/21 and 22/23. This created significant pressure to the service including risks to the delivery of stat/man Child Protection training across the partnership and for providing supervision to staff to universal and targeted health services. An action plan was implemented to ensure the tripartite process was secured. These actions included upskilling from the general workforce to be trained in being the agency decision maker at IRD. Notwithstanding this, the service, and ability to retain the national tripartite approach to child protection risk management, continues to be at risk. The risk is likely to increase in the incoming months as a result of implementation of the new Child Protection Guidance and an increase in the number of IRDs

Indicator 24	target	baseline	current		data source
The number of children reporting that they feel safe in their community increases	improve from baseline	85%		88%	Education & Learning

analysis
Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils. Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools Large improvement in the value for the most recent survey, with an increase from 55.41% in 2019 and 58.98% in 2017.

Indicator 25	target	baseline	current		data source
Self-reported incidence of smoking will decrease	improve from basline	13%		3%	

analysis
Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools Mean of 3.28% (P7: 0.44%, S2: 2.71% and S4: 6.70%) is a decrease from 5.32% in 2019. This downward trend has been seen for a number of years.

Indicator 26	target	baseline	current		data source
The number of children who report that they drink alcohol at least once per week	improve from basline	20%		6%	Education & Learning

analysis
Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools Mean of 5.56% (P7: 0.43%, S2: 1.37% and S4: 14.90%) is a decrease from 8.79% in 2019. This downward trend has been seen for a number of years.

Indicator 27	target	baseline	current		data source
The number of children in P7 who report that they use drugs at least once a week	improve from basline	1.8%		0.26%	Education & Learning
analysis					
Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools Mean of 3.28% (P7: 0.44%, S2: 2.71% and S4: 6.70%) is a decrease from 5.32% in 2019. This downward trend has been seen for a number of years.					

Indicator 28	target	baseline	current		data source
The number of children in S2 who report that they use drugs at least once a week	improve from basline	5.3%		0.65%	Education & Learning
analysis					
Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools. There has been a decrease over time, with 2017 reporting at 7.20%, 2019: 5.07% and 2021: 2.38%.					

Indicator 29	target	baseline	current	data source
The number of children in S4 who report that they use drugs at least once a week	improve from basline	19.2%		Education & Learning
analysis				
"Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools There has been a decrease over time, with 2017 reporting at 7.20%, 2019: 5.07% and 2021: 2.38%."				

Indicator 30	target	baseline	current		data source
Maintain high levels of positive destinations for pupils in Highland vs national averages	93%	91%			Education & Learning
analysis					

Indicator 31	target	baseline	current		data source
The number of offence based referrals to SCRA reduces	improve from base-line	528		314	Education & Learning
analysis					

Indicator 32	target	baseline	current		data source
The reduction in number of multiple exclusions is maintained	36	55			Education & Learning
analysis					

Indicator 33	target	baseline	current		data source
The number of children entering P1 who demonstrate anability to develop positive relationships increases	improve from basline	91%			Education & Learning
analysis					

Indicator 34	target	baseline	current		data source
The delay in the time taken between a child being accommodated and permanency decision will decrease (Target in Months)	9	12		9.4	Health & Social Care
analysis					
This data is reported quarterly on PRMS under the title "Average months between child accommodated to permanence decision at CPM Qtr". The latest update was for Q4 21/22 and the baseline was established in 2016.					

Indicator 35	target	baseline	current		data source
The number of care experienced children or young people placed out with Highland will decrease (spot purchase placements)	15	55		21	Health & Social Care
analysis					

Indicator 36	target	baseline	current		data source
The number of care experienced children or young people in secure care will decrease	3	8		3	Health & Social Care
analysis					
This data is collected monthly. The baseline was established in 2021.					

Indicator 37	target	baseline	current		data source
There will be a shift in the balance of spend from out of area placement to local intensive support, to reduce the number of children being placed out with Highland through the Home to Highland programme	50%	10%		38%	Health & Social Care
analysis					
This data is collected monthly. The baseline was established in 2018.					

Indicator 38	target	baseline	current		data source
All children returning "Home to Highland" will have a bespoke education/positive destination plan in place	100%	22%		15%	Health & Social Care
analysis					
This data is collected annually. The baseline was established in academic year 2018/19					

Indicator 39	target	baseline	current		data source
Number of children subject to initial and pre-birth child protection case conferences		26		38	HSCCP minimum dataset

analysis

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23.

Indicator 40	target	baseline	current		data source
Number of initial and pre-birth child protection case conferences		19		51	HSCCP minimum dataset

analysis

Indicator 41	target	baseline	current		data source
Conversion rate (%) of children subject to initial and pre-birth child protection case conferences registered on child protection register	95%	78%		87%	HSCCP minimum dataset

analysis

Indicator 42	target	baseline	current		data source
Number of children on the child protection register as at end of reporting period		112		96	HSCCP minimum dataset

analysis

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23.There has been an overall reduction in the number of children registered on the CP Register, however there has been a noticable increase in the last quarter. This is due to a lower number of de-registrations in the period.

Indicator 43	target	baseline	current		data source
Number of children de-registered from the child protection register in period	35	34		23	HSCCP minimum dataset

analysis

“This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23.Q3 2022/23 has seen the greatest variation in the number of registrations and de-registrations for some time– with 10 more registrations. This is the largest variance since Q3 2020/21. It should be noted that large sibling groups being registered or de-registered in any quarter can impact on the overall figures significantly”

Indicator 44	target	baseline	current		data source
Number of children de-registered from the child protection register in period	35	34		23	HSCCP minimum dataset

analysis

“This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23.Q3 2022/23 has seen the greatest variation in the number of registrations and de-registrations for some time– with 10 more registrations. This is the largest variance since Q3 2020/21. It should be noted that large sibling groups being registered or de-registered in any quarter can impact on the overall figures significantly”

Indicator 45	target	baseline	current	data source
Number of children and young people referred to The Children’s Reporter		213	317	HSCCP minimum dataset

analysis

The data is collected quarterly and reported in the child protection minimum dataset. Latest data from Q3 2022/23. There tended to be little variation in the figures uintil last quarter where the number of children referred on non offense grounds increased significantly and remained at this high level. In particular, there have been sharp rises in the reason for referral being “Child’s conduct harmful to self or others” rising from 49 in Q1 2022/23 to 94 in Q2 and 103 in Q3. “Lack of parental care” also rose from 93 in Q1 23022/23 to 125 in Q2 and 180 in Q3. The current figure is much higher than the baseline figure.

Indicator 46	target	baseline	current	data source
Number of children and young people referred to the Reporter to The Children’s Panel.	reduction from base-line	8	1	HSCCP minimum dataset

analysis

The data is collected quarterly and reported in the child protection minimum dataset. Latest data from Q3 2022/23

Indicator 47	target	baseline	current	data source
The number of non - offence referrals taken to a hearing by the Reporter	reduction from base-line	218	417	HSC SCRA quarterly

analysis

Data reported quarterly from SCRA, last update Q3 22-23 (April 2023) There has been a sharp and significant increase in recent updates of the total number of non-offence referrals.

Indicator 48	target	baseline	current	data source
Number of Children’s Hearings held		263	202	HSC SCRA quarterly

analysis

Indicator 49	target	baseline	current	data source
Number of Pre-Hearing Panels held		4	20	HSC SCRA quarterly

analysis

Indicator 50	target	baseline	current	data source
Number of children with a Compulsory Supervision Order in place at the quarter end		54	62	HSC SCRA quarterly

analysis

Data reported quarterly from SCRA, last update for Q3 22/23 (April 23). There has been some variation quarter-to-quarter in the number of children with a CSO in place. The current figure of 61 is higher than recent quarters.

Indicator 51	target	baseline	current		data source
Number of looked after children and young people at home with parents	increase from base-line	112		82	HSC SG annual return

analysis

This data is collected and quality-assured annually as part of the statutory returns to Scottish Government. The snapshot for the data is 31 July. The number of LAC and young people at home with parents has dropped from 114in 2021 to a provisional figure of 82 in the 2022 submission. This is in part explained by the overall trend in number of looked after children in Highland (-28% decrease at home v -17% decrease overall).

Indicator 52	target	baseline	current		data source
Number of looked after children and young people with friends and families	increase from base-line	100		79	HSC SG annual return

analysis

This data is collected and quality-assured annually as part of the statutory returns to Scottish Government. The snapshot for the data is 31 July. The number of looked after children and young people with friends and family has decreased in a similar manner to that at home with parents from 117 (-32% decrease with friends and family v -17% overall LAC).

Indicator 53	target	baseline	current		data source
Number of looked after children and young people with foster parents provided by the Local Authority	increase from base-line	121		172	HSC SG annual return

analysis

This data is collected and quality-assured annually as part of the statutory returns to Scottish Government. The snapshot for the data is 31 July. Number of looked after children and young people with foster parents provided by local authority has increased from 156 to a provisional figure of 172. This explains themovement in indicators #50 & #51 above; while the overall number of LAC decreased by -17%, LAC with foster parents provided by the local authority has increased by 10% in the year

Indicator 54	target	baseline	current		data source
Number of looked after children with prospective adopters	increase from base-line	12		16	HSC SG annual return

analysis

This data is collected and quality-assured annually as part of the statutory returns to Scottish Government. The snapshot for the data is 31 July. Number of looked after children and young people with prospective adopters has decreased in the year from 22 to 16. This decrease is in line with the decreases seen above (-28%). It is, however, above the baseline figure.

Indicator 55	target	baseline	current		data source
Number of looked after children and young people within a Local Authority provided house	reducefrom baseline	81		65	HSC SG annual return

analysis

This data is collected and quality-assured annually as part of the statutory returns to Scottish Government. The snapshot for the data is 31 July. While the number of looked after children within a local authority provided house has decreased from 70 in 2021 to a provisional figure of 65, this represents a greater %age of overall LAC. The number of LAC has reduced by -17% but those LAC within a local authority provided house has only decreased 7%.

Indicator 56	target	baseline	current		data source
Number of looked after children accommodated outwith Highland will decrease	30	44		17	Health & Social Care

analysis

This data is reported quarterly on PRMS, with the baseline being established in 2016. The last update was in April 2023. The indicator on PRMS is titled: The average no. of LAC accommodated outwith Highland - Quarterly. The current value of 17 is a continued decrease since Q3 22/23, and represents the lowest value since the baseline was established.

Indicator 57	target	baseline	current		data source
The percentage of children needing to live away from the family home but supported in kinship care will increase	20%	19%		18%	Health & Social Care

analysis

This data is reported monthly on PRMS, with the baseline being established in 2016. The last update was in April 2023. There has been a slight decrease in the monthly figure for the last three months, with the current figure sitting below both the target and baseline figure

Indicator 58	target	baseline	current		data source
The number of children where permanence is achieved via a Residence order increases	82	72		120	Health & Social Care

analysis

This data is reported monthly on PRMS, with the baseline being established in 2016.The last update was in April 2023.There has been an overall steady increase in the value in recent months, and a significant increase in both the target and baseline figure.

National Outcomes	National Standard	National Integration Indicators	Target 2023-2024	Reporting Period	Reporting Periods							NHS Highland	Benchmarking	Scotland 2023
1	NA	1. Percentage of adults able to look after their health very well or quite well	NA	Biennial	2017 2018	94.0%	2019 2020	94.0%	2021 2022	92.4%	2023 2024	93.0%		90.7%
2	NA	2. Percentage of adults supported at home who agreed that they are supported to live as independently as possible	NA	Biennial	2017 2018	86.4%	2019 2020	83.2%	2021 2022	86.5%	2023 2024	71.9%		72.4%
2 & 3	NA	3. Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	NA	Biennial	2017 2018	79.2%	2019 2020	75.4%	2021 2022	72.1%	2023 2024	60.5%		59.6%
3 & 9	NA	4. Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	NA	Biennial	2017 2018	73.6%	2019 2020	69.1%	2021 2022	71.9%	2023 2024	65.9%		61.4%
3	NA	5. Percentage of adults receiving any care or support who rated it as excellent or good	NA	Biennial	2017 2018	83.0%	2019 2020	79.2%	2021 2022	83.0%	2023 2024	75.7%		70.0%
3	NA	6. Percentage of people with positive experience of the care provided by their GP practice	NA	Biennial	2017 2018	87.0%	2019 2020	85.1%	2021 2022	77.2%	2023 2024	80.4%		68.5%
4	NA	7. Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaing their quality of life	NA	Biennial	2017 2018	85.7%	2019 2020	78.0%	2021 2022	84.3%	2023 2024	73.6%		69.8%
6	NA	8. Percentage of carers who feel supported to continue in their caring role	NA	Biennial	2017 2018	37.5%	2019 2020	33.3%	2021 2022	28.7%	2023 2024	32.0%		31.2%
7	NA	9. Percentage of adults supported at home who agreed they felt safe	NA	Biennial	2017 2018	83.7%	2019 2020	82.2%	2021 2022	86.0%	2023 2024	78.2%		72.7%
1& 5	NA	11. Premature mortality rate for people under 75 (per 100,000 population)	NA	Year Ending	2020 2021	397	2021 2022	407	2022 2023	400	2023 2024			Not yet published
1, 2, 4, 5 & 7	NA	12. Emergency admission rate for adults (per 100,000 population)	NA	Year Ending	2020 2021	9844	2021 2022	9856	2022 2023	9493	2023 2024	8333		
2, 4, & 7	NA	13. Emergency bed day rate for adults (per 100,000 population)	NA	Year Ending	2020 2021	100201	2021 2022	110635	2022 2023	116528	2023 2024	55934		PHS discovery Apr 23- Mar 24
2, 3, 7 & 9	NA	14. Emergency re-admissions to hospital within 28 days of discharge (per 1,000 discharges)	NA	Year Ending	2020 2021	118	2021 2022	114	2022 2023	115	2023 2024	126		

National Outcomes	National Standard	National Integration Indicators	Target 2023-2024	Reporting Period	Reporting Periods							NHS Highland	Benchmarking	Scotland 2023
2, 3 & 9	NA	15. Proportion of last 6 months of life spent at home or in a community setting	NA	Year Ending	2020 2021	91.2%	2021 2022	90.7%	2022 2023	89.7%	2023 2024			Not yet published
2, 4, 7 & 9	NA	16. Falls rate per 1,000 population aged 65+	NA	Year Ending	2020 2021	15.0%	2021 2022	14.2%	2022 2023	14.3%	2023 2024	19.4%		22.2%
3, 4, & 7	NA	17. Percentage of care services graded "good" (4) or better in Care Inspectorate inspections	NA	Year Ending	2020 2021	84.2%	2021 2022	80.3%	2022 2023	83.0%	2023 2024	84.8%		75.2%
2	NA	18. Percentage of adults with long term care needs receiving care at home	NA	Year Ending	2020 2021	53.7%	2021 2022	56.8%	2022 2023	57.1%	2023 2024	54.8%		63.5%
2, 3, 4 & 9	NA	19. No. of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	NA	Year Ending	2020 2021	817	2021 2022	1019	2022 2023	1249	2023 2024	2876		919
2, 4, 7 & 9	NA	20. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	NA	Year Ending	2017 2018	21.3%	2018 2019	22.6%	2019 2020	23.0%	NI. 20 presents the cost of emergency admissions as a proportion of total health and social care expenditure. PHS have recommended that integration authorities do not report information with their APR beyond 2019/20. Due to changes in service delivery during COVID-19 pandemic, NHS Boards were not able to provide information at this level for financiall year 2020/21. As a result, PHS are not able to produce cost information for that year.			
8	NA	**10. Percentage of staff who recommend their workplace as good	NA								Under development by PHS			
2	NA	**21. Percentage of people admitted to hospital from home during the year, who are discharged to a care home (under development)	NA											
2, 3 & 9	NA	**22. Percentage of people who are discharged from hospital within 72 hours of being ready (under development)	NA											
2, 3 & 9	NA	**23. Expenditure on end of life care (under development)	NA											

Minesterial Strategic indicators

MSG No.	Standard/ indicator	target 2021-2022	reporting periods				NHS Highland	comment
			2019 - 2020	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024	
MSG 1	Number of emergency admissions - North Highland		23 008	19 812	20 852	20 843	20 534	12 month total
MSG 2a	Unplanned bed days - acute		184 712	159 070	183 542	200 660	178 194	12 month total
MSG2c	Unplanned bed days - mental health		38 554	31 934	29 327	27 267	29 324	12 month total
MSG3	ED attendances		40 451	31 598	38 185	40 804	42 170	12 month total
MSG4a	Delayed discharges, bed days all reasons		42 611	28 223	34 673	44 897	64 269	12 month total
MSG4c	Delayed discharges, bed days H&SC reasons		31 830	19 819	24 482	31 998	43 684	12 month total
MSG5	End of life care, percentage of last 6 months in community		89.1%	91.2%	90.7%	89.8%		Scotland 89.1% (latest 22-23 provisional)
MSG5	End of life, percentage of last six months in hospital/ hospice		10.8%	8.8%	9.4%	10.2%		Scotland 10.9% (latest 22-23 provisional)
MSG6	Balance of care, percentage of population in community settings		93.1%	93.1%	93.4%	93.5%		(latest 22-23 provisional)

Together We Care Strategic Outcomes

strategic objective/ outcome	priority	measure	national outcome	reporting period	reporting periods					comments
					03-2020	03-2021	03-2022	03-2023	03- 2024	
SO 3 Outcome 9 Care Well	2 (9a,9b,9c)	Care at Home unmet need No of clients assessed and awaiting a service (waiting list includes DHD patients)		year end	155	163	241	329	371	number of clients per week, as at year end position, assessed for care at home and awaiting a package of care
SO3 Outcome 9 Care Well	2 (9a,9b,9c)	Care at Home unmet Need No. of hours required - assessed and awaiting a service (includes DHD patients)		year end	593	911	1 455	2 659	2 660	number of scheduled hours per week required, including new clients and those already in receipt of a service requiring additional hours
SO3 Outcome 9 Care Well	2 (9a,9b,9c)	Care at Home - current clients in receipt of a service		year end	1 871	2 020	1 895	1 770	1 776	number of clients per week in receipt of a care at home package, including internal and external provision as at year end
SO3 Outcome 9 Care Well	2 (9a,9b,9c)	Care at Home - hours per week (current clients in receipt of a service)		year end	14 440	15 921	14 905	13 333	13 428	number of hours per week, including internal and external provision as at year end
SO3 Outcome 9 Care Well	2 (9a,9b,9c)	Care at Home new clients in receipt of a service		year end	1 042	1 294	1 091	1 076	1 153	all clients (internal and external provision) recorded as “new” or “short service” during year
SO3 Outcome 9 Care Well	2 (9a,9b,9c)	Care at Home closed clients		year end	1 100	1 092	1 190	1 173	1 090	all clients (internal and external provision) recorded as “new” or “short service” during year
SO3 Outcome 9 Care Well	2 (9a,9b,9c)	Care Homes - long-stay residential & nursing placements (current)		year end		1 723	1 758	1 747	1 693	number of residental placements as at March year end
SO3 Outcome 9 Care Well	2 (9a,9b,9c)	Care Homes - long-stay residential & nursing placements (new)		annual			743	707	592	all residents (internal and external provision) recorded as “admission” or “short placement” during year

strategic objective/ outcome	priority	measure	national outcome	reporting period	reporting periods					comments
					03-2020	03-2021	03-2022	03-2023	03- 2024	
SO3 Outcome 9 Care Well	2 (9a,9b,9c)	Care Homes - long-stay residential & nursing placements (closed)		annual			739	740	640	all residents (internal and external provision) recorded as “admission” or “short placement” during year
SO3 Outcome 9 Care Well	2 (9a,9b,9c)	Carer Breaks - Number of people who were approved funding		annual			381	536	533	Scheme commenced September 2021
SO3 Outcome 9 Care Well	2 (9a,9b,9c)	Carer Breaks - Total funding approved		annual			£999 980	£1 227 547	£1 015 103	Scheme commenced September 2021
SO3 Outcome 9 Care Well	2 (9a,9b,9c)	SDS Option 1 - Current number of clients in receipt of a direct payment		year end	373	403	442	568	680	number of people in receipt of a direct payment as at March year end
SO3 Outcome 9 Care Well	2 (9a,9b,9c)	SDS Option 2 - Current number of clients in receipt of an ISF		year end	266	241	235	205	256	number of people in receipt of an ISF as at March year end
SO3 Outcome 10 Live Well	10a, 10b 10c	Psychological Therapies - Current number of People on Waiting List within North Highland		year end	1 699	1 469	1 792	1 131	711	part of National Statistics reported as NHS Highland excl A&B, as at March year end
SO3 Outcome 10 Live Well	10a, 10b 10c	Psychological Therapies % of People within North Highland in receipt of treatment within 18 weeks		annual	69.9%	86.6%	88.0%	85.6%	88.5%	National Target 90% of people will receive treatment within 18 weeks, part of National Statistics reported as NHS Highland minus A&B
SO3 Outcome 10 Live Well	10a, 10b 10c	CMHT		year end			1 434	1 485	1 314	Validation excercise is presently underway

strategic objective/ outcome	priority	measure	national outcome	reporting period	reporting periods					comments
					03-2020	03-2021	03-2022	03-2023	03- 2024	
SO3 Outcome 10 Live Well	2 (9a,9b,9c)	Adult Protection, number of referrals received	7	annual	525	636	675	740	818	Total number of referrals received within the financial year
SO3 Outcome 10 Live Well	2 (9a,9b,9c)	Adult Protection Percentage of referrals received that progressed to an investigation	7	annual	69.9%	86.6%	88.0%	85.6%	88.5%	
SO3 Outcome 9 Live Well	2 (9a,9b,9c)	Adult Protection, number of investigations	7	annual	127	211	206	183	181	total number of investigations commenced within the financial year
SO3 Outcome 11 Respond Well	3 (11c)	DHD		year end	101	81	112	134	174	Total number of inpatients reported at March month end as being delayed discharges

No.	TWC outcome	description	main service	linked to national and Minesterial outcomes & indcators
11	Respond Well	Ensure that our services are responsive to our population's needs, by adopting a "home is best" approach	urgent & unscheduled care services	National Outcome 1, 2, 3, 4, 5, 7, 9 Ministerial Strategic Indicator 1, 2a, 2c, 3, 4a, 4c
12	Treat Well	Give our population the best possible experience by providing person centred planned care in a timely way as close to home as possible.	planned care and support services	National Outcome 2, 3, 4, 7, 9
13	Journey Well	Support our population on their journey with and beyond cancer by having equitable and timely access to the most effec- tive, evidence-based referral, diagnosis, treatment, and personal support	cancer services	National Outcome 2, 3, 4, 7, 9
14	Age Well	Ensure people are supported as they age by promoting independence, choice, self-fulfillment, and dignity with personalised care planning at the heart	AHP services / Dementia / Long Term Conditions	National Outcome 2, 4, 7, 9 Ministerial Strategic Indicator 5
15	End Well	Support and empower our population and families at the end of life by giving appropriate care and choice at this time and beyond	Palliative and End of Life Care Specialist and Community Services	National Outcome 1, 2, 3, 4, 5, 9

No.	TWC outcome	description	main service	linked to national and Minesterial outcomes & indcators
16	Value Well	Improve experience by valuing the role that carers, partners in third sector and volunteers bring along with their individual skills and expertise	Carers / Third Sector / Volunteers	National Outcome 6, 8
17	Perform Well	Ensure we perform well by embedding all of these areas in our day-to-day health and care delivery across our system	Quality / Realistic Medicine / Health Inequalities / Financial Planning	This ambition facilitates delivery of the strategic ambitions
18	Progress Well	Ensure we progress well by embedding all of these areas in our future plans for health and care delivery across our system	Digital / Research & Development / Climate	This ambition facilitates delivery of the strategic ambitions
19	Enable Well	Ensure we enable well by embedding all these areas at a whole system level that create the conditions for change and support governance to ensure high quality health and care services are delivered to our population	Strategy & Transformation / Resilience / Risk / Infrastructure / Corporate / Procurement / Regional / National	This ambition facilitates delivery of the strategic ambitions