



Highland Health & Social Care Partnership

Annual Performance Report

2024 - 2025

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Foreword

As Chief Officer of the Highland Health and Social Care Partnership, I am pleased to present our Adult Services Annual Performance Report. This report is an important moment for reflection on our shared efforts, drawing from the priorities of our Strategic Plan 2024–2027 and the data insights from our Joint Strategic Needs Assessment (JSNA) published in March 2025.

This past year has been marked by rising complexity in the needs of our population, growing levels of unmet care, and increasing pressure across our health and care workforce. Our communities—particularly in remote, rural and island locations—continue to experience stark inequalities in access and outcomes. And yet, despite these challenges, our teams and partners have shown resilience, innovation, and commitment to person-centred care.

Through this report, we aim to provide a transparent account of our performance, demonstrate how we are responding to local need, and reaffirm our commitment to transformation. The financial, demographic, and workforce challenges we face are significant, but we are determined to co-produce solutions that sustain care, strengthen local communities, and shift the balance of services closer to home.

I am deeply grateful to all colleagues, carers, volunteers, and partners who have contributed to the delivery of services this year. Your efforts are the foundation of our shared ambition: working together to support our communities in Highland to live healthy lives and to achieve their potential and choice to live independently where possible.

Arlene Johnstone
Chief Officer
Highland Health & Social Care Partnership



1 Executive Summary

This Annual Performance Report sets out how the Highland Health and Social Care Partnership (HHSCP) has progressed against its strategic aims during the 2024–2025 period. It reflects our performance in relation to the National Health and Wellbeing Outcomes, alongside delivery priorities outlined in our 2024–2027 Strategic Plan and our March 2025 Joint Strategic Needs Assessment.

Key messages from this year include:

Demographic Pressure

The number of people aged 75 and over continues to grow rapidly, with dependency ratios and care needs rising across Highland. Simultaneously, the working-age population is shrinking, particularly in rural and fragile areas Highland (JSNA Mar2025)

Inequalities in Access

Over 50% of the population live in areas classified among the most access-deprived in Scotland. Minority ethnic groups and people with disabilities are overrepresented in areas with higher deprivation Highland (JSNA_Mar2025)

Health Challenges

Reports of long-term illness, mental health conditions, and multimorbidity have risen sharply, particularly among younger adults. Drug and alcohol-related harms remain a significant concern Highland (JSNA Mar2025)

System Strain

Delayed discharges, reduced care home capacity, and unmet demand for care at home continue to reflect high levels of systemic pressure. Workforce availability and housing affordability directly impact the ability to maintain services.

Response and Transformation

Despite these challenges, progress has been made in prevention, local care models, early intervention, anticipatory care planning, and community-based initiatives. The development of Locality Delivery Plans has started to tailor service improvement to local contexts.

This report provides detailed analysis across each area of performance, offering transparency and accountability. It also outlines how we are embedding insights from lived experience and co-design into future delivery.

2 Overview of System Context and Strategic Priorities

The HHSCP continues to deliver services through a lead agency model, transitioning to a Body Corporate model by 2025–26. The strategic focus this year included:

Tackling Delayed Discharges

Improving flow across the system

1

Redesigning Mental Health Pathways

Including Attention Deficit Hyperactivity Disorder (ADHD) and Neurodevelopmental Services

2

Three Year Community Equipment Strategy

Implementing the Strategy to meet demographic and clinical demand

3

Embedding Integrated Working

Between Health, Social Care and Housing Services

4

3 Key Highlights across the Partnership in 2024-2025

Over the past year, the Highland Health and Social Care Partnership has made important progress in several areas, despite ongoing pressures. Some of the key highlights include:

Improved Access to Services

Two new NHS dental practices opened in Inverness, expanding access for around 6,000 people. We also continued to grow virtual and community-based care options, improving access for people in remote areas.

1

Support for Our Workforce

Recruitment campaigns brought new staff into hard-to-fill roles, while wellbeing initiatives and flexible working options have helped to stabilise and support existing teams.

2

Strengthening Community Services

Investment in local teams has improved access to home-based care and support, reducing reliance on hospital services and helping people to stay well at home for longer.

3

Focus on Prevention and Early Intervention

Expansion of community mental health services and anticipatory care planning has supported earlier help for people and families, aiming to reduce crisis presentations.

4

Collaboration and Integration

Closer working between NHS Highland, Highland Council, and third sector partners has delivered new integrated care pathways and more joined-up support, particularly for people with complex needs.

5

Building Resilience in Rural Communities

Work with local communities has strengthened emergency planning and support networks, ensuring services remain as reliable as possible during severe weather and other disruptions.

6

4 Workforce Performance

4.1 Recruitment

Across the system, recruitment remained a high-risk pressure. Persistent vacancies in rural areas and specialist roles impacted service continuity. Targeted campaigns, including “Living and Working in Highland” packages, were trialled. Success was seen in Allied Health Professional (AHP) recruitment through local training partnerships, but medical and senior leadership recruitment remained fragile.

4.2 Absence

Sickness absence data from Feb 2024 to Feb 2025 shows:

- Long-term absence remains the dominant factor.
- Key causes include psychological distress, musculoskeletal issues, and long COVID.
- Mental Health and Learning Disability services had the highest rates, prompting targeted staff wellbeing interventions and localised HR support



5 Service Highlights

5.1 Mental Health Services

Mental Health and Learning Disability Services experienced a year of positive transformation in 2024/25, driven by a shared focus on improving care quality, embedding integrated models, and stabilising the workforce. This year was marked by major developments across inpatient care, community services, and specialist teams, building on both national improvement programmes and locally driven innovation.

At New Craigs Hospital, major redesigns transformed the inpatient environment. Ruthven Ward (Dementia Care) was refurbished to better support therapeutic care, while Morar Ward (Adult Acute Admissions) began a redesign ahead of its planned reopening in August 2025. To support patient engagement, two new Health and Wellbeing Assistants were appointed.

In the community, Community Mental Health Teams (CMHT's) strengthened digital and access infrastructure. The MORSE framework was implemented for improved care planning and referral pathways, and the Older Adult Mental Health service-maintained delivery while progressing with HIS Dementia improvement work. A higher trainee post in psychiatry was introduced to support medical leadership continuity.



NHS Highland Drug and Alcohol Recovery Services (DARS) continue to focus on delivering Medication Assisted Treatment Standards (MAT). Alcohol continues to be the prominent reason for referral into the DARS specialist service which can occasionally lead to competing priorities; balancing the requirements of MAT alongside individuals also at elevated risk of harm due to alcohol dependency. It has been a challenging year with progress and Referral to Treatment (RTT) compliance variable predominantly due to recruitment challenges coupled with year on year increase in referral numbers. To manage demand, the service continues to evolve and develop new ways of working to enable a timely response to those most at risk. 21 drug-related deaths were registered in 2024, a decrease of 5 deaths from 26 reported in 2023.

Learning Disability services advanced in line with the “Stronger Together” strategy. Achievements included the full roll-out of the Dynamic Support Register, 213 annual health checks, and a community discharge for a long-term hospital patient. The Isobel Rhind Centre Shop became a permanent work-based learning project.

Psychological Therapies saw waiting times fall, closer integration with CMHTs, and further development of Clinical Health and Workforce Psychology teams. Pharmacy services expanded with a new lead technician post and development of valproate guidance.

In community mental health teams Social Work professionals continued to manage 150 complex CMHT cases and completed 180 annual package reviews. Their efforts reduced delayed discharges and supported transitions to recovery-focused resources such as Thistle House.

The service delivered £2.08m in savings through reductions in locum and agency use and a streamlined approach to Police Custody and SARC delivery.

5.2 Primary Care

Primary care services across Highland have continued to evolve and strengthen over the past year, with significant developments supporting access, quality, and sustainability. From general practice and dental care to pharmacy, optometry and mental health, our teams have worked together to enhance the integration of services and improve outcomes for individuals and communities.

General Practice

One of the most significant achievements has been the continued integration of Clinical Pharmacists within GP teams. The Central Pharmacy Hub has provided vital remote support to practices across the region, including those with local workforce gaps. The pharmacy workforce itself has matured, with the first cohort of Pharmacy Technicians successfully completing training and registering with the professional body. Alongside Primary Care Pharmacists, the increased use of Pharmacy Technicians and Support Workers has enhanced skill mix and capacity within teams.

Our First Contact Physiotherapy (FCP) service has gone from strength to strength. NHS Highland is the first Health Board in Scotland to implement the PHIO digital triage tool across all 62 GP practices, enabling patients to access rapid, expert musculoskeletal assessment online. The results have been impressive—over 2,000 patients registered, with more than 70% completing the full assessment and hundreds managed without further referral. The FCP workforce has continued to develop, with many now trained in joint injection and non-medical prescribing, improving continuity and reducing pressure on GP appointments. Patient feedback has been overwhelmingly positive, citing ease of access, quality of advice, and increased self-management support.

Mental health provision in primary care has also become more embedded, with specialist multidisciplinary teams now supporting all 62 practices. This includes Mental Health Nurses, Guided Self-Help Workers, and Mental Health Support Workers, offering timely, local support to patients in need.

The Community Link Worker (CLW) programme, delivered in partnership with Change Mental Health, expanded to reach all GP practices during 2024. New peripatetic roles were introduced to support rural and remote practices, and a Highland-specific Directory of Services has been launched to enhance onward referral and signposting. This person-centred support is helping address the wider social and wellbeing needs that often underlie health concerns.

Community Treatment and Care (CTAC) services continue to be delivered through general practice, supporting the role of Practice Nurses and ensuring patients receive accessible, high-quality care close to home. This model will be reviewed with the Scottish Government in 2026 to support long-term planning and sustainability.

Vaccination delivery across HHSCP is evolving, with a hybrid model currently under development. During 2025/26, GP practices will begin contributing to pre-school and adult vaccination programmes, increasing uptake and improving timely access.

We have also made considerable progress in strengthening Board-managed GP practices in areas such as Alness & Invergordon, Caithness, Skye, Ardnamurchan, and North West Sutherland. Vacancies in these

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practices have reduced significantly—from an historic average of 12 whole-time equivalent (WTE) GPs to just 4.5 WTE.

A major review of Local Enhanced Services has helped ensure fairer, more transparent commissioning. All service specifications have been updated and are now costed using a common methodology. Activity caps have been removed, enabling a more responsive service offer. The aim of this work has been to enable GP practices to deliver more care locally, and discussions are ongoing regarding further service offers.

Dental Services

Access to NHS dental care has improved in Inverness, with two new NHS dental practices opening through the Scottish Dental Access Initiative. These practices will provide registration and routine care for around 6,000 patients, helping to reduce local inequalities. However, access remains a challenge in many remote and rural areas of Highland, where recruitment and service sustainability continue to limit availability. This means that while progress has been made in parts of the region, further work is required to ensure equitable access across all communities.

Recruitment of Public Dental Service (PDS) staff remains a challenge. However, creative solutions such as secondments and local skills development have helped enhance service resilience. New skills in paediatric dentistry and minor oral surgery are now embedded in local teams, reducing the need for secondary care referrals.

We continue to support dental education through student outreach programmes in Inverness. This has resulted in several graduates choosing to stay and train in the area, contributing to the long-term stability of the local dental workforce. Dental Therapists have also been recruited into local practices and PDS teams.

Urgent and emergency care continues to be provided through our integrated out-of-hours (OOHS) service, delivered in line with national guidance. Meanwhile, oral health improvement work continues through the Childsmile programme. All nurseries and early learning centres across Highland now offer daily supervised toothbrushing, and fluoride varnish is being provided to children in target schools and nurseries. Targeted adult oral health programmes are also helping reduce inequalities through training delivered to care homes, homelessness services, and within the justice system.

Community Optometry

Our focus on improving eye health continues with the development of NHS Highland's implementation of Open Eyes, and the phased delivery of the national Community Glaucoma Service. While capacity constraints mean this service is not yet available in all areas, optometrists across Highland have been engaging with NESGAT accreditation to help expand local provision.

We are also working with e-Health colleagues to enable community optometrists to shift from Formstream to SCI Gateway for electronic referrals. Community Optometry is now included in our routine performance monitoring across the Partnership, strengthening governance and alignment with wider services.

Community Pharmacy

Community pharmacies continue to play a critical role in primary care. The Pharmacy First service is now offered in 59 Highland pharmacies, with 12 delivering the enhanced Pharmacy Plus model. These services allow people to access expert advice and treatment for a wide range of minor conditions without needing to see a GP.

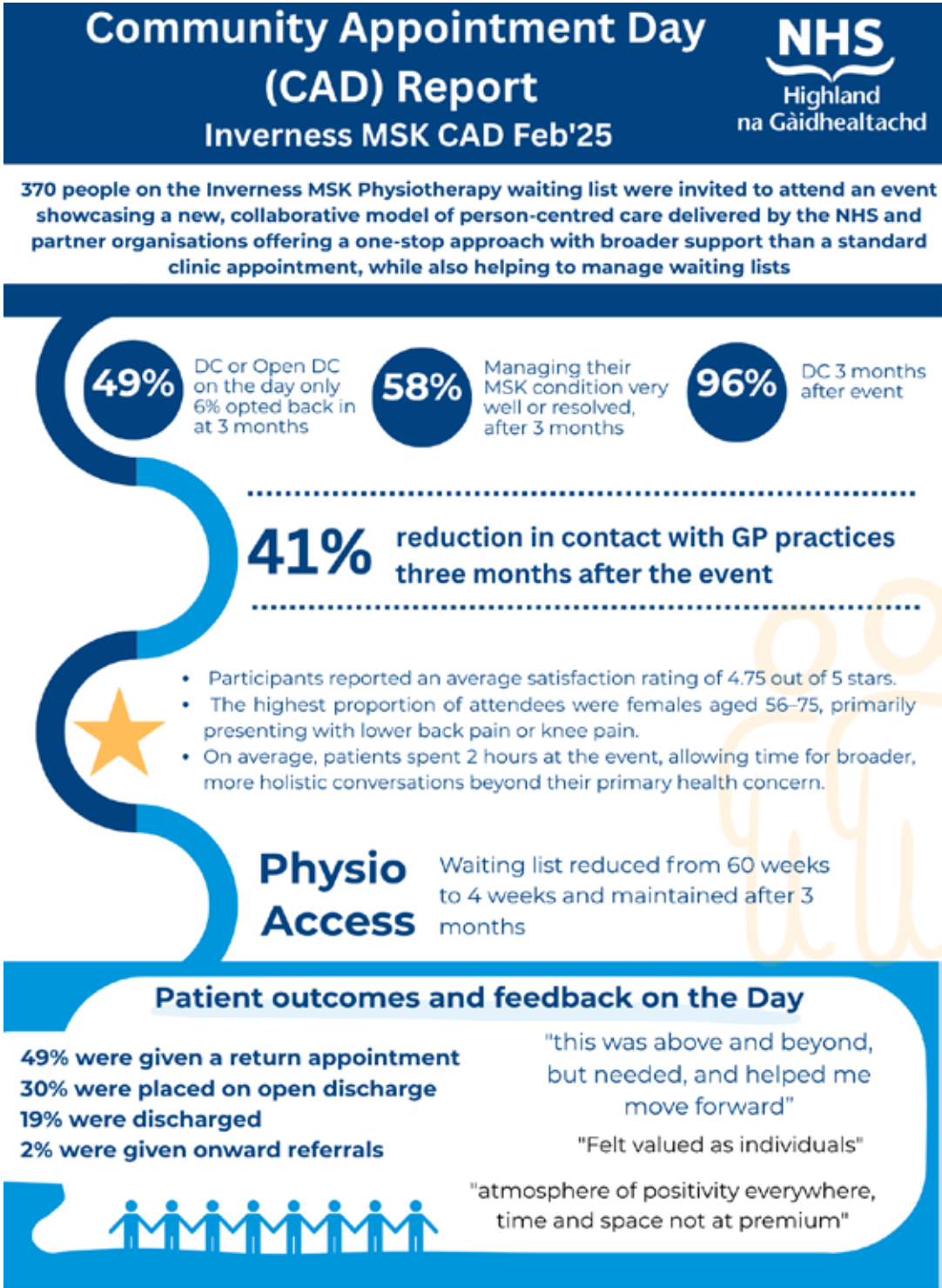
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Over the past year, public awareness and trust in Pharmacy First has grown. The number of items prescribed rose by 27%, and the number of consultations and recorded referrals increased by 28%—slightly above the national average. The busiest period, winter 2024/25, saw the largest increase in activity, highlighting the essential role of pharmacies in supporting unscheduled care and relieving pressure on other parts of the system.



5.3 Allied Health Professionals

Allied Health Professionals (AHPs) have been critical in ensuring people are supported at home and have been unavoidable admission to hospital is prevented for those attending the Emergency Department in Raigmore. We will continue to build on this work to better identify and support those in frailty to remain at home, providing place-based care and ensuring maximising independence is a core theme of all treatment pathways. The Musculoskeletal Physiotherapy service held a very successful community treatment day in February 2025 and learning will be adopted by AHP services into next year.



5.4 Adult Social care

Adult Social Care across Highland remains central to the delivery of person-centred, safe and sustainable services within a complex and pressured health and care system. The ASC leadership team continues to work collaboratively across operational services, commissioning, and transformation functions to address current challenges while progressing toward strategic reform.

Current Position

Highland's adult social care system is facing sustained demand against a backdrop of constrained resources, significant workforce challenges, and evolving market fragility. As noted throughout this report, the cumulative effects of unmet need, increasing hospital flow pressures, and the reduction in commissioned provision are compounding system-wide strain. Despite this, ASC teams continue to prioritise critical service delivery while supporting improvement activity and contributing to transformational reform.

The ASC function has a dual focus—ensuring day-to-day operational stability, particularly in care at home and care home services, and shaping the future direction through locality-focused models of care and commissioning intent aligned to the Strategic Plan.

Key Priorities and Developments (2024/25)

Care at Home Market Stability

Highland has experienced a continued decline in commissioned care at home hours, with 5 provider terminations since December 2023 equating to the loss of approximately 1,100 hours per week. The implementation of a revised tariff in October 2024 aimed to address financial viability, but recruitment and retention difficulties persist. There are now around 2,980 hours of unmet need, and 43 individuals delayed in hospital awaiting packages (as of April 2025). Strategic and operational efforts are underway to stabilise and regrow the sector, including market engagement and internal service reviews.

Independent sector viability remains fragile, with 6 care home closures since 2022 (including a 50-bed home in April 2024) and a current reduction of 204 registered beds. In parallel, there has been a shift toward in-house provision, with temporary closures reflecting acute staffing shortages. Efforts to expand capacity include new builds and planned extensions, totalling an expected additional 78 beds in 2025/26. Quality standards remain high overall, with proactive oversight and improvement planning where required.

The multidisciplinary Care Home Support Team, funded through non-recurring Scottish Government allocations (£681k in 2024/25), continues to play a crucial role in supporting service quality and responding to Adult Support and Protection (ASP) concerns. The instability of the current funding model presents risks to continuity, and representations to mainstream this funding continue.

Self-Directed Support (SDS)

Option 1 uptake has continued to grow as a viable alternative amidst market challenges. However, persistent accumulations highlight access issues for individuals in sourcing appropriate Personal Assistants. Work is underway to align practice with the 2024 SDS Standards, including contributions to a refreshed ASC Practice Model and closer collaboration with national partners.

Support for Unpaid Carers

The role of unpaid carers remains fundamental to service sustainability. Support is channelled through

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the NHS Highland Carer's Wellbeing Fund to assist carers to sustain their caring roles, including those formally employed under Option 1 SDS arrangements.

Strategic Direction

Work is now progressing within the Transformational Programme to develop a Care Home Strategy, Market Facilitation Plan and Commissioning Plan to guide sustainable local models of care. This activity is aligned with the wider locality planning agenda and the strategic ambition for safe, affordable, and place-based care across Highland.



6 Children's Services

This Section contains summarised highlights from The Highland Integrated Children's Service Plan 2023 - 2026 (Annual Report 2024 - 2025) Please see the full Report for further details (Appendix 5)

This year has been full of exciting activities, new ideas, and real action across Highland – all shaped by what children and young people told us matters most. Whether it's learning through play, having your say, or getting help when you need it, we've been working hard to keep our promise to you.

Over 500 children and families joined us at Eden Court in Inverness for the Brighter Beginnings event, celebrating the importance of early years and helping our youngest children get the best start in life. There were lots of fun activities, and families had the chance to meet services and staff who are there to help.

At Vision 26, more than 200 young people, families and staff came together to talk about what's going well and what still needs to change. We launched the new Children and Young People's Participation Strategy, which was shaped by nearly 800 young people from across Highland. A child-friendly version of the Integrated Children's Services Plan was also published, so that children and young people can see what has been promised and how it affects them.

Our focus on rights and participation has grown. A new website was created to share information and stories, with over 6,000 clicks from nearly 500 users. The Library of Voices is now live, with young people sharing their views in their own words. We also welcomed three new Children's Rights and Participation Officers and now have 28 Promise Ambassadors helping to make sure the voices of young people are heard.

Health and wellbeing continues to be a key priority. The Mental Health Delivery Group used the THRIVE framework to look at all the support available to children and young people in Highland and to plan where more help is needed. Across schools, youth services and communities, local groups are offering fun and supportive activities that help people feel better, connect with others and stay well.

The Family Links project has been working in the Inverness High School area to provide whole family support. One P6 pupil said, "I love it when the Family Links worker comes to see me on Fridays. It makes me feel like more people care about me."

Keeping children safe is always important. The new Highland Child Protection and GIRFEC procedures were launched with an easy-to-use app that has been downloaded hundreds of times. We have also started using the Scottish Child Interview Model and Bairns' Hoose, so children who have been hurt or are worried can get the support they need in a way that is safe, kind and puts them first.

We've also worked with older young people at risk of harm to make sure there are people and services they can trust. The HasAnswers app, created by the Calman Trust, has been helping young people prepare for independent living with advice on jobs, money, cooking and more.

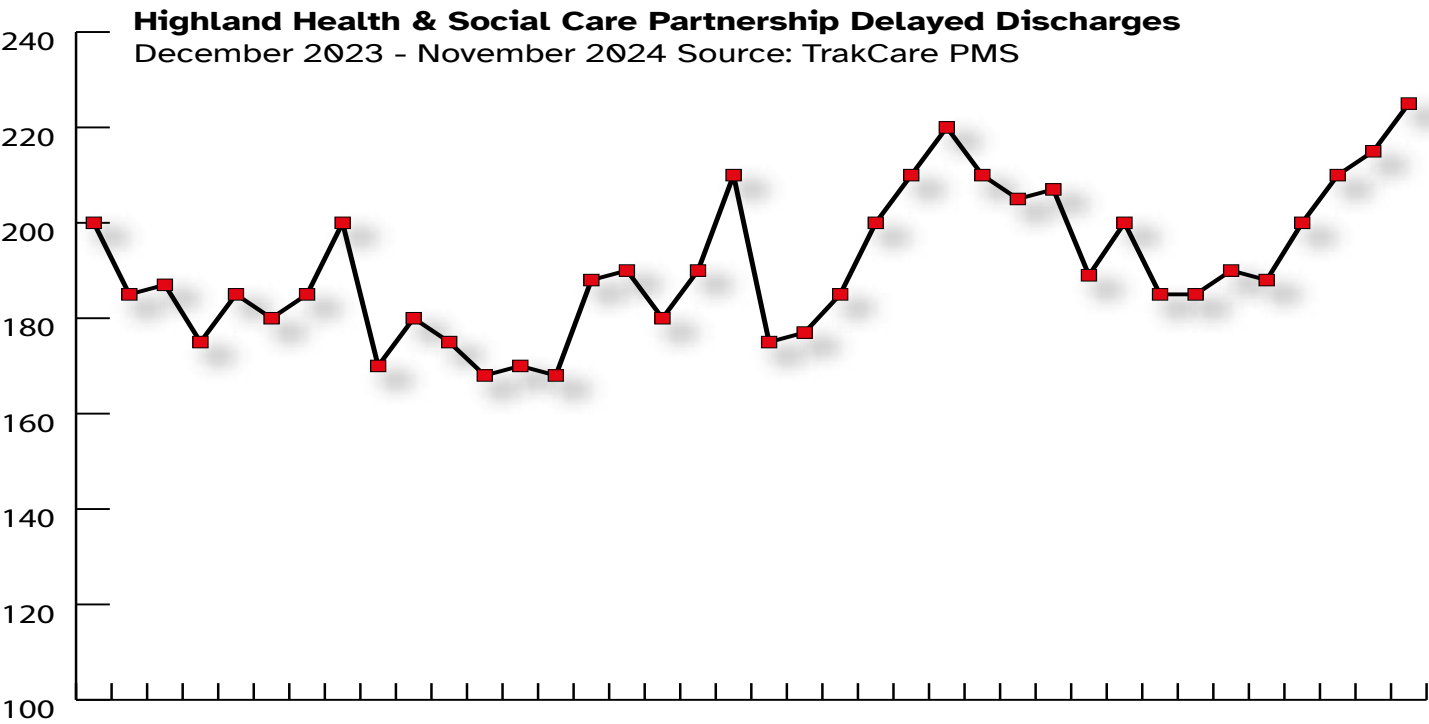
Everything we've done this year – from the Free Period Product events to training over 3,600 people in child protection – has been shaped by what you've told us. And there's more to come. In the year ahead, we'll keep working with you to make Highland the best place to grow up.

We are listening. We are learning. And we are doing – together.

7 Cross-System Pressures and Resilience

7.1 Delayed Discharge and Flow

Delayed Discharges and Flow through the acute and community system have remained a challenge and focus point for the Highland health and social Care Partnership during the year. The following graph illustrates the trend and total number of patients delayed in hospital in the Highland Health and Social Care Partnership over a one-year period from December 2023.

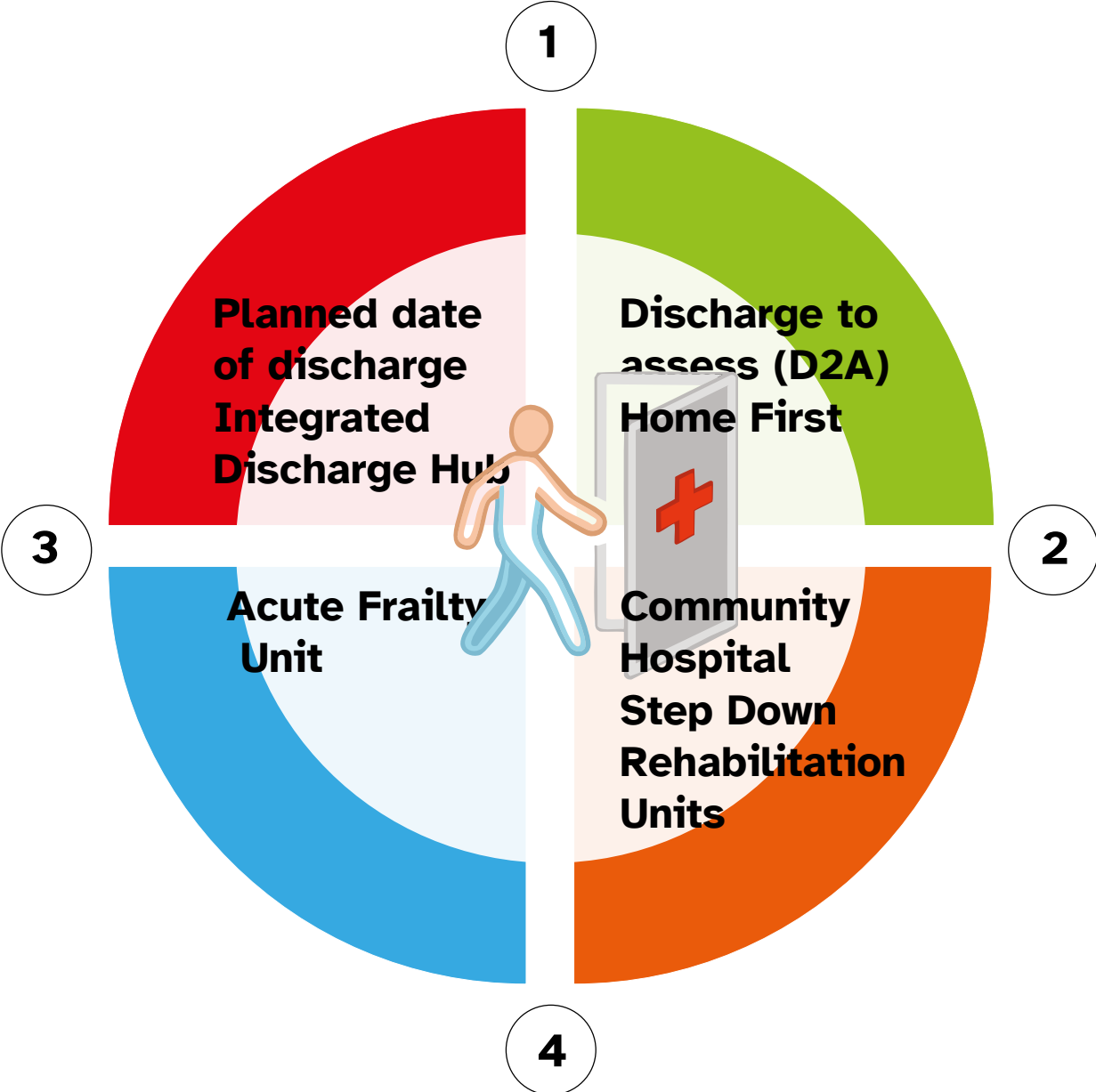


Discharge without delay

Focussed redesign on whole system pathways during the year included improvements in planning for discharge from hospitals and redesign of pathways from hospital to home and from acute hospitals to community hospitals.

The following diagram illustrates the four Key Actions of the Discharge Without Delay – There’s No Place Like Home Programme.

Additionally, we launched a Frailty Strategy and Frailty Redesign programme which will include a frailty unit in Raigmore Hospital as shown in the illustration.



DISCHARGE WITHOUT DELAY - THERE’S NO PLACE LIKE HOME

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7.2 Resilience Planning

Highland Health and Social Care Partnership have contributed an NHS Highland draft Resilience Policy and Major Incident Plan produced this year to:

- Define essential services under escalation.
- Establish standing-down protocols for non-essential activity.
- Link tactical escalation with real-time data on weather, power, and capacity disruptions.

Resilience planning is essential to ensure we can maintain service during adverse conditions including system failures, major incidents and adverse weather

7.3 Prevention and Early Intervention

Highland HSCP is committed to enabling people to lead their best lives and be able to live at home and as independently as possible for as long as possible. Notable developments during the year have included:

- Expansion of Distress Brief Interventions in mental health crisis response.
- Use of high-risk registers in Community Services for frailty and dementia.
- Public health and housing working jointly on adaptations for falls prevention.

7.4 Engagement and Co-Production

A key aim within the Highland HSCP Joint Strategic Plan 2024 –2027 is that we will co-produce and co-deliver services in partnership with our communities and individuals. During 2024/25 nine District Planning groups were established and are the main engagement mechanism for the locality. The groups met every quarter during the year and continue to shape the plan for the locality through action plans.

Additional engagement and co-production activities in Mental Health and Learning Disability services included the ongoing use of HUG (Highland Users Group), Carer Strategy Forums, and Community Partnerships enabled:

- Co-design of the ADHD pathway.
- Revision of communication practices in mental health discharge processes.
- Feedback on dignity in care and the importance of continuity.



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8 Finance

8.1 Summary

Highland Health and Social Care Partnership (HHSCP) concluded the financial year to March 2025 with an overspend of £13.648 million. This position reflects continued pressures across adult social care and health services and a shortfall against the Cost Improvement Plan (CIP), despite significant mitigation and additional support.

Final Position to March 2025

The year-end financial performance across the Partnership is summarised below:

Budget Area	Year-End Variance
NH Communities	(£6.282m) overspend
Mental Health & Learning Disabilities	(£1.723m) overspend
Primary Care	(£1.632m) overspend
ASC Central	(£4.011m) overspend

NH Communities

A year-end overspend of £6.282m was driven by pressures in Adult Social Care (ASC), Chronic Pain services, community equipment costs, and agency staffing—particularly within community hospitals. ASC pressures were most prominent in independent sector provision across Inverness, Nairn, and Ross-shire. However, ongoing vacancies across districts mitigated the overall out-turn.

Mental Health and Learning Disabilities

Reported a combined overspend of £1.723m, largely within health budgets. This was due to a combination of out-of-area placement costs, rising agency nursing spend, and increases in medication-related expenditure.

Primary Care

Ended the year with an overspend of £1.632m, primarily due to national prescribing pressures (£2.001m) and increased locum usage (£2.471m) within Board-managed GP practices. Mitigation was provided through underspend in the General Dental Services (GDS) budget, where recruitment challenges continued.

ASC Central

Reported a final overspend of £4.011m. This position includes £2.161m of transformation funding drawn down from Highland Council and a further £5.6m contribution to close the year-end ASC position at £10.915m.

Cost Improvement Plan

NHS Highland set a Cost Improvement Plan (CIP) target of £51.180m at the start of the year. While £43.129m in savings were achieved across the system, the HHSCP contributed £12.128m. To deliver a breakeven position, brokerage of £49.7m was secured from Scottish Government at year-end.

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Conclusion

The HHSCP ended the 2024/25 financial year with a £13.648m overspend. This outcome reflects the ongoing challenges in demand, inflationary and market pressures, and a continued reliance on locum and agency staffing, compounded by slippage in planned cost improvement delivery.

8.2 Governance Implications

Maintaining accurate and timely financial reporting remains essential for ensuring financial stability and delivering high-quality care. This is fundamental to meeting governance standards for clinical safety, staff welfare, and public involvement. The HHSCP financial position is regularly reviewed and scrutinised at various NHS Highland governance committees.

8.3 Risk Assessment

Financial risks are reviewed and monitored monthly and are recorded within the NHS Highland Strategic Risk Register. Escalation processes are in place where additional support or decisions are required.

8.4 Planning for Fairness

A structured approach to financial control allows time for equality and impact assessments of any major service change or savings proposals, ensuring that key decisions are fair and proportionate.

8.5 Engagement and Communication

The Partnership's devolved budget is monitored across two primary governance committees, each involving staff-side representatives, non-executive directors, local authority members, and third-sector participants. These meetings, alongside full Board meetings, are open to the public and webcast, ensuring transparency and accountability.



8 Key Challenges

Across the Partnership in 2025

1

Demographic Shift and Rising Complexity

The number of Adults over 75 is projected to increase by 22% over the next decade, intensifying demand for home based and institutional care (Highland JSNA, Mar 2025)

Mental Health issues are increasing sharply, especially in young women and multimorbidity is increasing across all age groups.

2

Workforce Sustainability

We are experiencing recruitment challenges across clinical and care roles with remote and rural areas facing the most acute challenges.

Recruitment issues are compounded by an ageing workforce, part time employment patterns and housing pressures and shortages.

3

Unmet Care and System Bottlenecks

Care at Home capacity has not matched need. A significant proportion of those awaiting social care are doing so in the community.

Delayed discharges continue to block flow through Hospitals and place strain on acute and emergency pathways.

4

Housing and Infrastructure

The housing crisis in Highland affects both the availability of suitable housing for those with care needs and the ability to recruit and retain staff.

Only 10% of new affordable homes are designed and planned to be wheelchair liveable, which is inadequate for projected population needs in Highland.

8 Key Challenges cont'd

Across the Partnership in 2025

6

Financial Pressure

The Partnership faces substantial financial constraints, with existing spending levels unsustainable without radical change. Workforce inflation, placement costs and growing demand continue to outpace funding growth.

7

Inequalities

Stark inequalities remain in health, access and outcomes for people with disabilities, ethnic minority groups, unpaid carers and those living in deprivation - especially in remote and rural areas.

8

Inclusion

Supporting unpaid carers and developing inclusive, equitable services is a cross-cutting priority.

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Looking Ahead: Priorities for 2025–2026

As the Highland Health and Social Care Partnership moves into the next year of its Strategic Plan (2024–2027), the focus for 2025–2026 will be on building momentum behind transformation while maintaining a strong emphasis on safety, sustainability, and partnership.

Many of the challenges highlighted in this report—rising demand, workforce pressures, system flow, and inequality—will require longer-term change. However, there are several key areas of focus for the coming year that will help lay the groundwork for that change, ensuring that services continue to meet the needs of people and communities across Highland.

Transition to a Body Corporate Model

A major strategic priority in 2025–2026 will be preparing for the transition from the current lead agency model to a Body Corporate (Integration Joint Board) model of integration. This change will bring Highland into alignment with the national integration approach and offers an opportunity to strengthen local governance, accountability, and decision-making across health and social care. Over the year ahead, work will continue to develop the governance, planning, and commissioning structures required to support this transition, with a clear focus on ensuring continuity of care and maintaining the strong working relationships that already exist across sectors.

Stabilising and Supporting the Workforce

Securing a sustainable and resilient workforce remains central to the Partnership's success. In 2025–2026, work will continue to stabilise workforce capacity—particularly in remote and rural areas—through targeted recruitment, retention initiatives, and more flexible workforce models. There will also be a continued focus on valuing and supporting the existing workforce through wellbeing programmes, leadership development, and enhanced opportunities for learning and progression across health and social care roles.

Strengthening Integrated Pathways

Improving the way services work together across hospital, community, and social care settings will be a key operational priority. Efforts will focus on improving discharge planning, reducing duplication, and ensuring individuals experience smoother, more coordinated care—especially those with complex or long-term needs. Expanding anticipatory care, building stronger links with primary care, and using data to better understand care pathways will support this work.

Addressing Rural Fragility and Supporting Community Resilience

Geography continues to play a defining role in how services are experienced in Highland. In 2025–2026, targeted work will continue to address the specific challenges of rural and island communities, including fragile workforce availability, limited infrastructure, and service accessibility. This includes working with local communities to develop resilient models of care that reflect local priorities, support local assets, and make the most of community capacity and third sector partnerships.

Maintaining Focus on Inclusion, Prevention and Outcomes

Throughout the year, the Partnership will continue to prioritise inclusion, prevention and improving outcomes. This includes tackling health inequalities, improving access to care, and embedding lived experience in service design and delivery. It also includes maintaining a focus on early intervention, public health, and working alongside communities to promote wellbeing and reduce future demand on crisis and institutional services.

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