NHS Highland

Meeting	**Highland Health & Social Care Committee**
Meeting Date	**4th March 2026**
Title	**Chief Officer Assurance Report**
Responsible Exec/Non-Exec	**Arlene Johnstone, Chief Officer**
Report Author	**Arlene Johnstone, Chief Officer**

1. Purpose

To provide assurance and updates on key areas of Adult Health and Social Care in Highland

2. Strategic & System Updates

2.1 Audit Scotland: Community Health & Social Care Performance – Highland Summary

Community health and social care: Performance 2025 | Audit Scotland Summary table included at end of report.

2.1.1 Audit Scotland's national performance briefing provides an assessment of how Integration Authorities (IAs) are delivering community health and social care across Scotland. The national picture is one of declining performance, rising demand, and persistent variation between areas, compounded by significant data limitations that hinder the ability to fully understand and track outcomes.

Within this context, the Highland Health & Social Care Partnership's performance shows a mixed but largely positive profile when assessed against the Core Suite of Integration Indicators, broadly categorised in three themes (summarised in the table at the end of the report):

2.1.2 Prevention & early intervention / balance of care

Highland performs consistently at or above Scotland's average in several core indicators linked to prevention and community-based care. These include:

- The percentage of adults reporting they can look after their health well (NI1)
- Emergency admissions and emergency bed days (NI12, NI13)
- End of life care delivered in the home/community (NI15)
- Falls among people aged 65+ (NI16) – a key prevention measure.

The proportion of adults with intensive care needs receiving care at home (NI18) is lower than the national average, indicating ongoing challenges in delivering complex care in the community at scale.

2.1.3 Person-centred and accessible care

Audit Scotland notes declining satisfaction nationally; however, Highland's results contrast positively. Highland performs at or above the national average across nearly all experience indicators (NI2–9):

- Coordination of services (NI4)
- Quality ratings for care and support (NI5)
- Experience of GP services (NI6) – markedly higher than Scotland
- Quality of life outcomes (NI7)
- Feeling safe at home (NI9)
- Carer outcomes (N18)

Despite operational pressures, people in Highland generally report positive experiences of support and access, suggesting strong relational practice, effective coordination, and good frontline delivery in many areas.

2.1.4 Reducing inequalities

Highland's performance in inequality related indicators is mixed, reflecting the national picture. Key strengths include:
Premature mortality (NI11) – significantly lower than the Scotland average.

However, the most concerning area of performance across the dataset is:
Delayed discharge (NI19) – where Highland performs significantly worse than Scotland. Highland's figure (2,208.8 per 1,000 population) is more than double the national comparator (952).

2.2 Development of Vaccination Hybrid Model

Work continues at pace on the development of the Hybrid Vaccination Delivery Model, following Scottish Government endorsement. The model reflects Highland's geography and population distribution and will combine delivery through participating GP practices with NHS Highland's Community Vaccination Teams, ensuring a flexible and equitable service across all localities. Negotiations with the Highland LMC on the childhood vaccination specification continue to progress.

To support implementation, the HHSCP has strengthened governance and established a Vaccination Hybrid Model Working Group with sub-groups for staff engagement, communications, and digital and data infrastructure. A detailed programme plan and risk framework are in place, with implementation targeted for April 2026 (childhood) and Winter 2026 (adult). Current priorities include finalising GP contracts, progressing pharmacy governance and licensing requirements, and ensuring digital alignment across GP systems, Turas VMT and national child health platforms. Early workforce and communications work is underway to support organisational change and reduce inequalities through targeted outreach.

However, timescales remain extremely challenging due to the complexity of the programme and several dependencies outside HSCP control, including agreement on the specification, MHRA licensing steps, national digital interoperability, and GP participation decisions. These external factors continue to present risks to the delivery timeline despite strengthened governance and good local progress.

2.3 HMP Highland: Healthcare Business Case

Work continues to progress the Healthcare Business Case to support the transition from

HMP Inverness to the new HMP Highland, which will increase capacity from 93 to 210 people in custody, a 126% rise in population. Health needs assessments confirm a high prevalence of complex physical and mental health conditions, substance use, and trauma, requiring an expanded, multidisciplinary model of care aligned with national prison healthcare standards.

The Executive Directors Group has reviewed the case and identified Option 4, the fully compliant MDT model, as the preferred approach to ensure safe, sustainable, and person-centred healthcare within the new facility. However, while the Scottish Prison Service has received capital and revenue investment for the new prison, no equivalent health funding has yet been allocated, and this presents a significant mobilisation risk.

A formal request for funding has been submitted to the Scottish Government. Mobilisation planning is underway, but delivery timelines remain tight, and several enabling factors, including workforce funding, digital infrastructure and national policy dependencies, sit outside NHS Highland's direct control.

2.4 Strategic Commissioning Plan

The Strategic Commissioning Plan was presented in draft to HHSCC at the last meeting, and the team is now undertaking a redraft to incorporate the feedback provided. In parallel, work continues in developing the Market Facilitation Plan, which will sit alongside the commissioning strategy and outline how we will shape and support the local care market.

2.5 North Coast Redesign

The **North Coast Redesign** continues to progress, with NHS Highland, Highland Council and Wildland working in partnership to deliver the new North Coast Care Hub in Tongue. The development will replace Caladh Sona and Melvich Community Care Unit with a purpose-built facility comprising a 15-bed care home, an integrated community team base and a GP surgery. Updated lease arrangements have recently been reviewed and approved through EDG, and work is now underway to refresh the associated workforce and service-delivery model to ensure long-term sustainability. Population need across the North Coast remains high, with limited local care capacity, making this redesign a critical component of improving access and supporting resilient, community-based care.

3 Operational Performance and Delivery

3.1 Whole System Flow & Delayed Discharges:

Delayed discharge continues to be the most significant operational pressure, the weekly sitrep confirms Highland remains well above the national trajectory, with demand concentrated in acute sites and large numbers waiting for Care Home or Care at Home packages.

3.1.1 Key issues:

- Over **50%** of delays are in acute settings
- The primary constraint is Care Home availability, followed by Care at Home capacity.
- Coding of "OTHER" delays continues to require deep dive analysis to ensure accuracy and targeted improvement actions.

3.1.2 Recent actions include:

- Standing up a Flow IMT and identifying 29 additional community hospital surge beds to support transfer of patients
- Exploring additional capacity options across Community Hospitals and Care Homes (including risk assessed non-standard care space)
- Progress on Discharge Without Delay (DWD) and criteria led discharge planning, including the development of an Integrated Discharge Team approach and the appointment of Interface Manager.

3.2 Care at Home Capacity & Unmet Need

Care at Home remains under substantial pressure with unmet need continuing to limit flow, particularly for people in hospital awaiting packages of care.

Key improvement actions underway:

- Strengthened in-house recruitment to stabilise staffing numbers.
- Rebalancing internal services toward prevention and reablement
- System Capacity Work focused on Inverness

3.3 Hospital @ Home & AHP's at the Front Door

Hospital @ Home continues to expand as a key element of our unscheduled care and shifting the balance of care work.

Recent performance shows:

- Active capacity of 6 Hospital at Home "beds", supporting pull from Raigmore and Caithness & Sutherland and providing admission avoidance.
- AHPs at the Front Door initiative to accelerate functional assessments, although staffing challenges mean full rollout is delayed to end of April.

3.4 Community Hospitals & Bed Utilisation

Community hospitals have been a central mechanism for improving flow, with:

- Additional surge capacity used to relieve pressure on acute sites.
- Intensive review of individuals to enable rapid discharge

4. Staffing Updates

Mental Health Services: Substantive psychiatrist was appointed in January 2026, bringing to an end a seven-year reliance on locum provision in Caithness.

5. Registered Services: Care Inspectorate Update

Between **1 October 2025 and 31 January 2026**, a total of **21 Care Inspectorate inspections** have concluded for commissioned and in house registered services in the Partnership area, with information and grades subsequently published.

This figure includes inspections for providers with dual registrations where registrations were inspected simultaneously. Details are as noted:

- Independent Sector services inspected:
  - X11 Care homes (7 care homes, 2 had more than one inspection)
  - X4 Support services
  - X3 Care at home services

- In-House services inspected:
  - X1 Care home
  - X2 Care at home services

The **average grades** from these inspections (taken across all Key Questions) were as follows:

- Independent Sector Services
  - Care Homes – Average of 3 (Adequate)
  - Support services – Average of 4 (Good)
  - Care at home services – Average of 4 (Good)

- In-House Services
  - Care Homes - Average of 4 (Good)
  - Care at Home service - Average of 4 (Good)

There are no improvement notices currently in place.

Summary of Core Integration Performance Indicators (Highland vs Scotland)

Ref & Indicator	Highland	Scotland	Ref & Indicator	Highland	Scotland
NI1 Adults able to look after their health	93.0%	90.7%	**NI11** Premature mortality (per 100k)	389	442
NI2 Supported to live independently	71.9%	72.4%	**NI12** Emergency admissions per 100k adults	9,549	11,859
NI3 Say in care/support	60.5%	59.6%	**NI13** Emergency bed days per 100k adults	118,628	120,407
NI4 Services seem well coordinated	65.9%	61.4%	**NI14** Readmissions within 28 days	116	104
NI5 Rate care/support as excellent or good	75.6%	70.0%	N**I15** Last 6 months of life at home/community	89.2%	88.9%
NI6 Positive experience of GP services	80.4%	68.5%	**NI16** Falls per 1,000 (age 65+)	14.8	22.7
NI7 Quality of life maintained	73.6%	69.8%	**NI17** Care services graded good+	81.2%	81.9%
NI8 Carers feel supported	32.0%	31.2%	**NI18** Adults with intensive care needs receiving care at home	56.5%	64.7%
NI9 Feel safe at home	78.2%	72.7%	**NI19** Days in hospital when clinically ready (per 1,000 population)	2,208.8	952