

NHS Highland	
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Meeting:	Highland Health and Social Care Committee
Meeting date:	3 rd September 2025
Title:	Highland Health and Social Care Partnership Annual Performance Review 2024/25
Responsible Executive/Non-Executive:	Arlene Johnstone, Chief Officer
Report Author:	Rhiannon Boydell, Head of Service, Integration, Planning and Performance HHSCP

Report Recommendation:
The report is presented as draft ahead of approval being sought from the Joint Monitoring Committee and publication at the end of September 2025 for awareness and discussion

1 Purpose

Please select one item in each section *and delete the others.*

This is presented to the Board for:

- Assurance

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well		All Well Themes	x		

2 Report summary

2.1 Situation

The Health, and Social Care Annual Performance Report (APR) for the year 2024 follows the requirement by the Public Bodies (Joint Working) Scotland Act, 2014. Submission on the Annual Performance Report as per deadlines of 30th September 2023 respectively.

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.

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.

2.2 Background

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.

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.

At the time of writing, the key performance indicators for the Annual Performance Report, the full suite integration indicators are yet to be published by Public Health Scotland

2.3 Assessment

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. (This does not apply in the first reporting year)
- Financial performance and Best Value

It also includes examples of key achievements during the year.

2.4 Proposed level of Assurance

Substantial	x	Moderate	
Limited		None	

Comment on the level of assurance

Authors **must** provide an outline of what actions are necessary to increase the proposed level of assurance to ‘Substantial’

3 Impact Analysis

3.1 Quality/ Patient Care

Included in the Annual Performance Report

3.2 Workforce

Included in the Annual Performance Report

3.3 Financial

Included within the Annual Performance Report

3.4 Risk Assessment/Management

The work described within the report is risk assessed and managed.

3.5 Data Protection

The work described in this report does not use person identifiable information.

3.6 Equality and Diversity, including health inequalities

Work described with the report includes impact assessment.

3.7 Other impacts

3.8 Communication, involvement, engagement and consultation

The Annual Performance Report has been compiled by senior responsible officers and work stream leads.

3.9 Route to the Meeting

The Annual Performance Report has considered by the following groups who have informed the development of the report:

- Highland HSCP Senior Leadership Team
- Highland HSCP Joint Officer Group

4.1 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Draft Highland Health and Social Care Partnership Annual Performance Review 2024/25
- Appendix No 2. Appendices to the Draft Highland Health and Social Care Partnership Annual Performance Report



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



1.1 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 Workforce Performance

3.1 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.

3.2 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



4 Service Performance

4.1 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.



Drug and Alcohol Recovery Services (DARS) maintained 100% staffing and implemented a range of harm reduction strategies including the MATPACT tool in custody settings, BBV testing at HMP Inverness, and wider use of the Trigger Checklist. Over the period Drug-related deaths dropped from 42 (2022) to 26 (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.

4.2 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. As a result, general practices are delivering more care in areas such as minor surgery, diabetes, contraception, anticoagulation, and care home support. Further discussions are under way with secondary care colleagues in urology, gynaecology, and dermatology to explore direct commissioning of additional community-based services.

Dental Services

Access to NHS dental care has improved, with two new NHS dental practices opened in the Inverness area through the Scottish Dental Access Initiative. These practices will offer registration and routine care to around 6,000 patients, improving local access and reducing inequalities.

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.

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

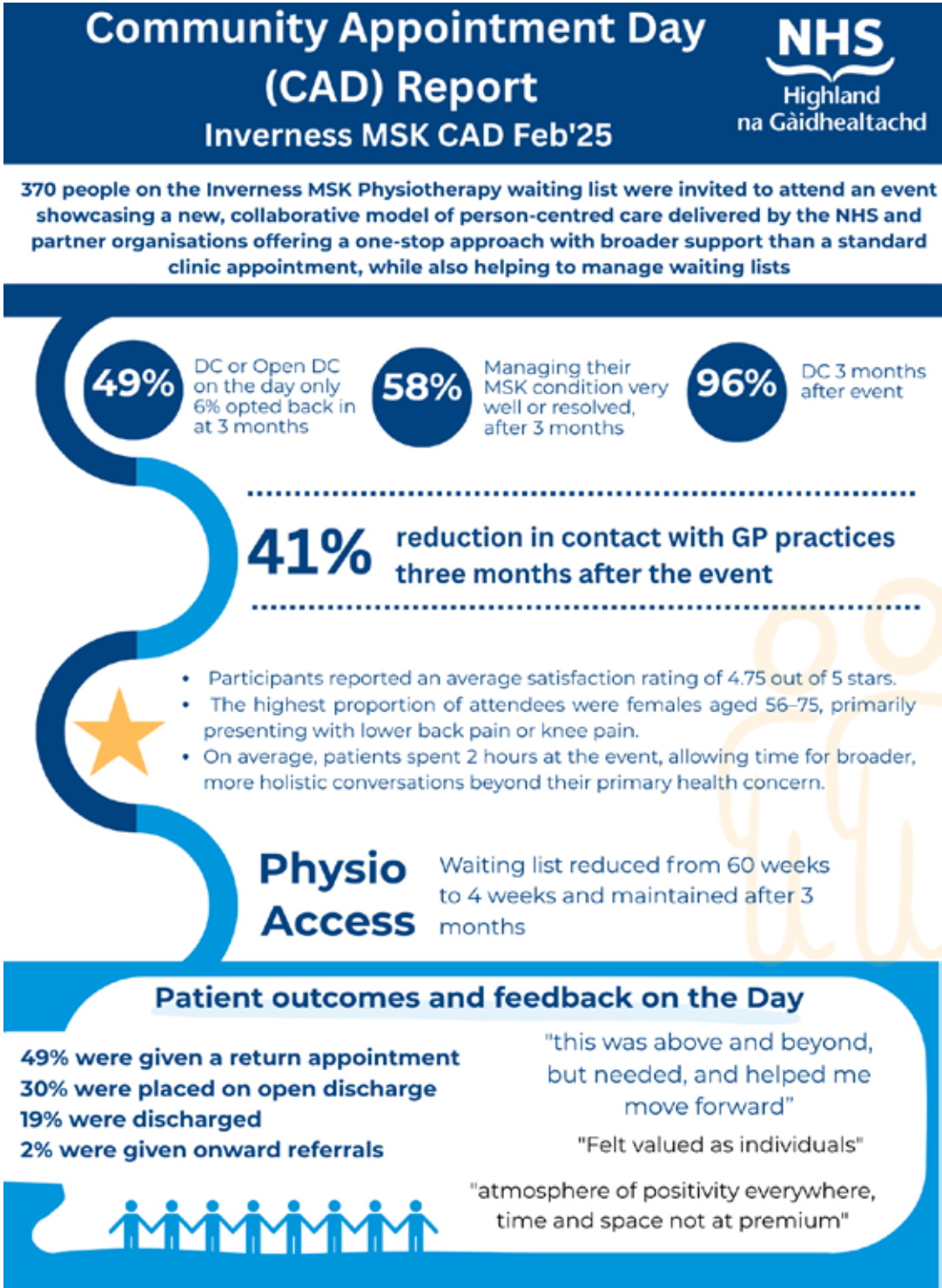
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the national average. The busiest period, winter 2024/25, saw the largest increase in activity, highlighting the essential role of pharmacies in supporting unscheduled care and relieving pressure on other parts of the system.



4.3 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.



4.4 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.



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5 Children's Services

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.

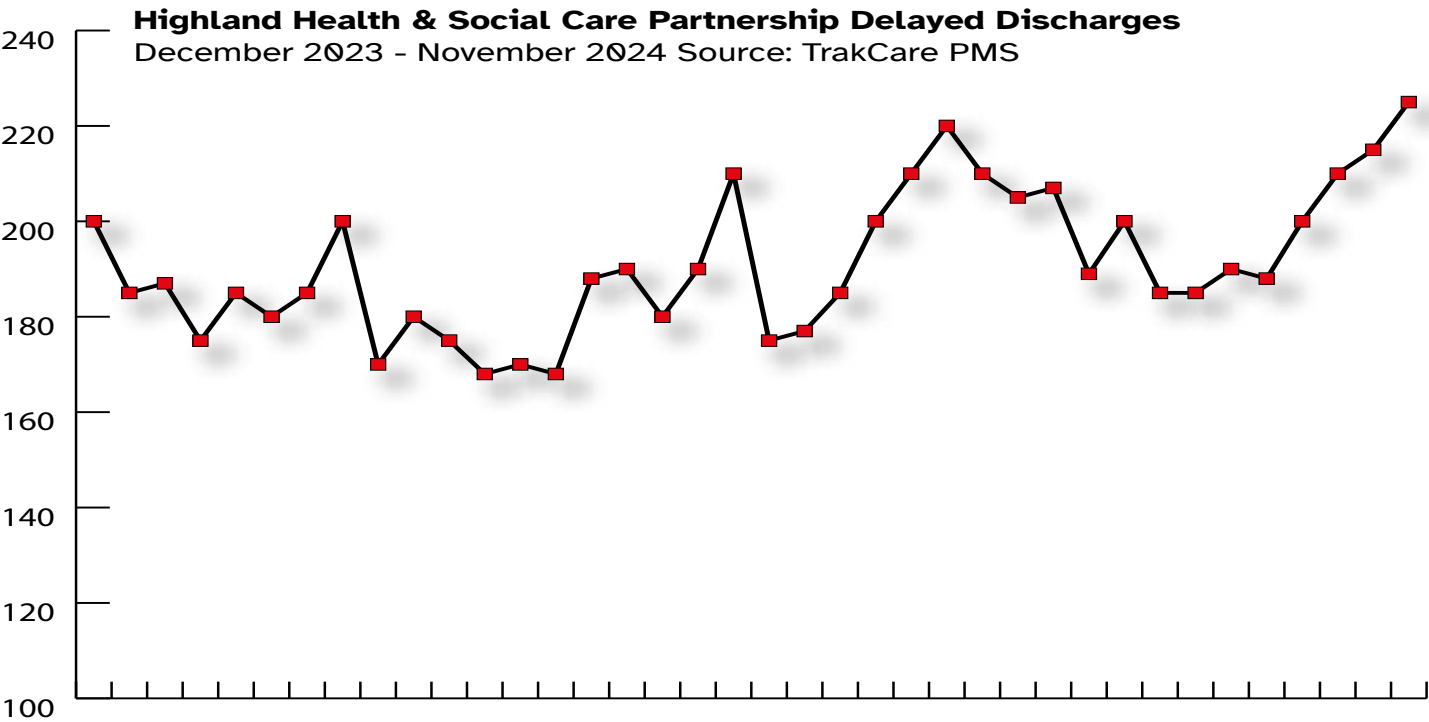
Everything we've done this year – from the Free Period Product events to training over 3,600 people in child protection – has been shaped by what you've told us. And there's more to come. In the year ahead, we'll keep working with you to make Highland the best place to grow up.

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

6 Cross-System Pressures and Resilience

6.1 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.

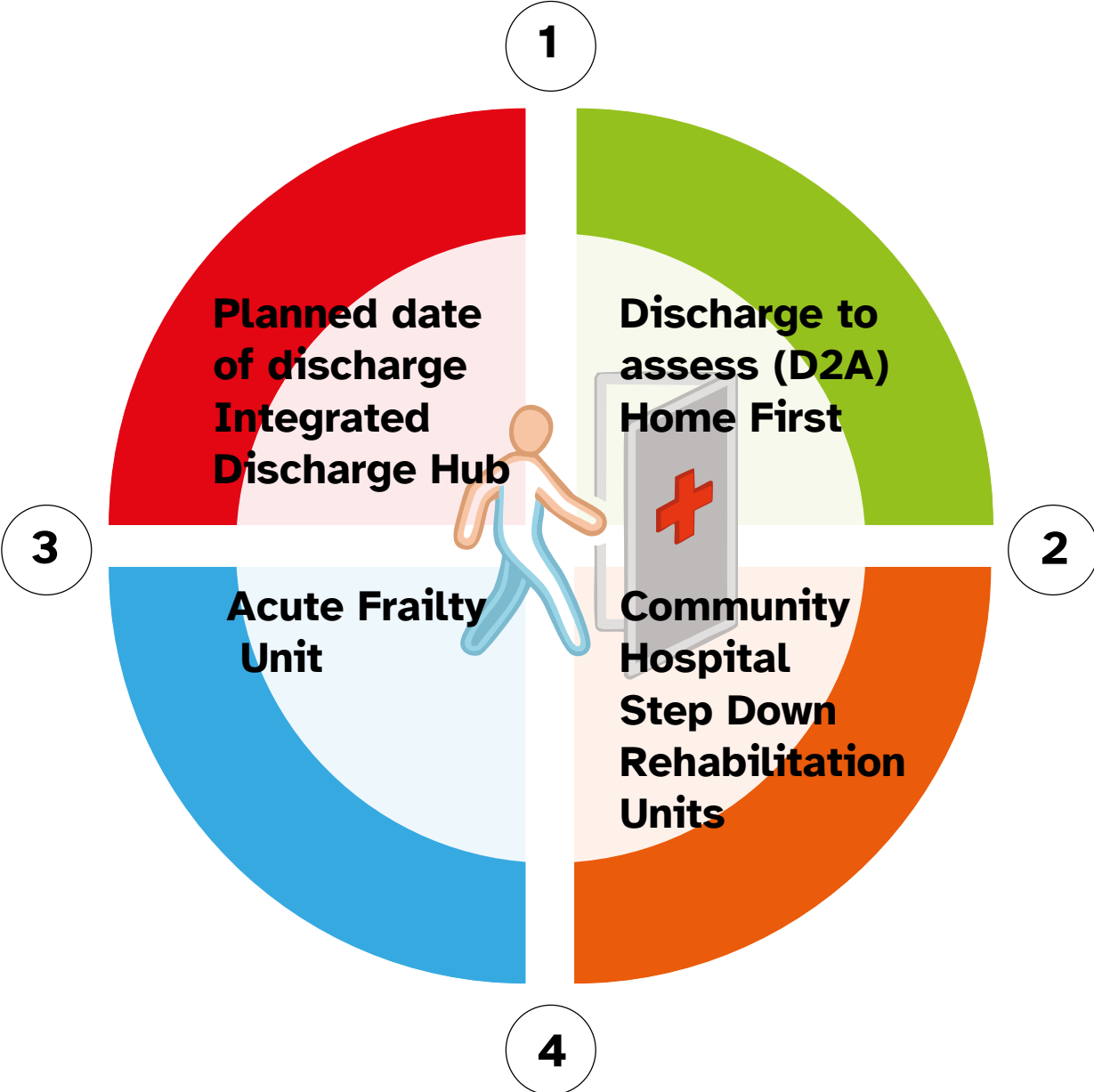


Discharge without delay

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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6.2 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

6.3 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.

6.4 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.



7 Finance

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.

7.2 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.

7.3 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.

7.4 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.

7.5 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.

Annual Performance Report 2025-2026



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NHS Highland & The Highland Council

- 1. Scottish National Integration Indicators
- 2. “Together We Care” NHS Highland Strategic Outcomes
- 3. Integrated Children’s Services Planning Board Performance, The Highland Council
- 4. Ministerial Strategic Indicator Summary

Key to Tables			
performance status		benchmarking	
Improving Performance			Better than average plus 5%
Static performance			Average +/- 5%
Declining performance			worse than average plus 5%
Pending Publication			PHS data



Annual Performance Report Appendix 1 National Integration Indicators

Highland Health and Social Care Partnership

NHS Highland & The Highland Council

national outcomes	national standard	national integration indicators	target 2023-24	frequency	Reporting Periods					NHS	benchmark	Scotland 2023
					2017-18	2019-20	2021-22	2023-24	2024-25			
1	NA	Percentage of adults able to look after their health very well or quite well	NA	biennial	94.00%	94.00%	92.40%	93.00%	NP			90.70%
2	NA	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	NA	biennial	86.40%	82.30%	86.50%	71.90%	NP			72.40%
2 & 3	NA	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided		biennial	79.20%	75.40%	72.10%	60.50%				NP
3 & 9	NA	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	NA	biennial	76.30%	69.10%	72.10%	60.50%	NP			59.60%
3	NA	Percentage of adults receiving any care or support who rated it as excellent or good	NA	biennial	83.00%	79.20%	83.00%	75.70%	NP			70.00%
3	NA	Percentage of people with positive experience of the care provided by their GP practice	NA	biennial	87.00%	85.10%	77.20%	80.40%	NP			68.50%
4	NA	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	NA	biennial	85.70%	78.00%	84.30%	73.6%	NP			69.80%
6	NA	Percentage of carers who feel supported to continue in their caring role	NA	biennial	37.50%	28.70%	32.00%	31.20%	NP			32.00%
7	NA	Percentage of adults supported at home who agreed they felt safe	NA	biennial	83.70%	82.20%	86.00%	78.20%	NP			72.70%
1 & 5	NA	Premature mortality rate for people under 75 (per 100,000 population)	NA	year ending		397	407	400	389			442
1,2,4,5,7	NA	Emergency admission rate for adults (per 100,000 population)	NA	year ending		9,846	9,860	9,599	9,549			11,859
2,4,7	NA	Emergency bed day rate for adults (per 100,000 population)	NA	year ending		100,321	110,871	119,873	118,628			120,047

national outcomes	national standard	national integration indicators	target 2023-24	frequency	Reporting Periods					NHS	benchmark		Scotland 2023
2,3,7,9	NA	Emergency re-admissions to hospital within 28 days of discharge (per 1,000 discharges)	NA	year ending		118	114	116	116				104
2,3,9	NA	Proportion of last 6 months of life spent at home or in a community setting	NA	year ending					90.10%				89.2%
					2017-18	2019-20	2021-22	2023-24	2024				
2,4,7,9	NA	Falls rate per 1,000 population aged 65+	NA	year ending		15.00%	14.20%	14.20%	14.20%	14.80%			22.7%
3,4,7	NA	Percentage of care services graded “good” (4) or better in Care Inspectorate inspections	NA	year ending		84.20%	80.30%	83.00%	81.20%	81.20%			81.90%
2	NA	Percentage of adults with long term care needs receiving care at home	NA	year ending		53.70%	56.80%	58.70%	54.80%	56.50%			64.50%
2,3,4,9	NA	No. of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	NA	year ending		817	1019	1213	1822	2209			867
2,4,7,9	NA	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	NA	year ending	21.30%	22.60%				data not published since 2019-20			
8	NA	Percentage of staff who recommend their workplace as good	NA	Recorded as “still under development” in cover page “future developments” section									
2	NA	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA										
2,3,9	NA	Percentage of people who are discharged from hospital with- in 72 hours of being ready	NA										
2,3,9	NA	Expenditure on end of life care	NA										

Annual Performance Report Appendix 2 Together We Care Strategic Outcomes

Highland Health and Social Care Partnership

NHS Highland & The Highland Council

Strategic objective/ outcome	Priority	Measure	National outcome	Frequency	Reporting Periods						Comment
					03-2020	03-2021	03-2022	03-2023	03-2024	03-2025	
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	446	number of clients per week, as at year end position, assessed for care at home and awaiting a package of care
SO 3 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	2,942	number of scheduled hours per week required, including new clients and those already in receipt of a service requiring additional hours
SO 3 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	1,664	number of clients per week in receipt of a care at home package, including internal and external provision as at year end
SO 3 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	13,413	12,962	
SO 3 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	1,086	1,130	1,017	all clients (internal and external provision) recorded as "new" or "short service" during year
SO 3 Outcome 9 Care Well	2 (9a,9b, 9c)	Care Homes current long-stay residential & nursing placements		year end		1,723	1,758	1,747	1,693	1,654	number of residential placements as at March year end
SO 3 Outcome 9 Care Well	2 (9a,9b, 9c)	Care Homes new long-stay residential & nursing placements		annual			743	705	592	603	all residents (internal and external provision) recorded as "admission" or "short placement" during year

Annual Performance Report Appendix 2 Together We Care Strategic Outcomes

Highland Health and Social Care Partnership



NHS Highland & The Highland Council

Strategic objective/ outcome	Priority	Measure	National outcome	Frequency	Reporting Periods						Comment
					03-2020	03-2021	03-2022	03-2023	03-2024	03-2025	
SO 3 Outcome 9 Care Well	2 (9a,9b,9c)	Care Homes long-stay residential & nursing placements (closed)		annual			739	740	640	692	all residents (internal and external provision) recorded as "admission" or "short placement" during year
SO 3 Outcome 9 Care Well	2 (9a,9b,9c)	Carer Breaks Number of people who were approved funding		annual			381	536	533	517	Scheme commenced September 2021
SO 3 Outcome 9 Care Well	2 (9a,9b,9c)	Carer Breaks Total funding approved (£)		annual			999,980	1,227,547	1,015,103	643,492	
SO 3 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	800	number of people in receipt of a direct payment as at March year end
SO 3 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	299	number of people in receipt of an ISF as at March year end

NHS Highland & The Highland Council

No	Together we care outcome	Description	Main Service	Link to National & Ministerial outcomes and indicators
1	Start well	Give every child the opportunity to start well in life by empowering parents and families through information sharing, education, and support before and during pregnancy	Maternity & Neonatal Services PNIMH	
2	Thrive Well	Work together with our families, communities and partners by building joined up services that support our children and young people to thrive	CAMHS / NDAS / Corporate Parenting / Integrated Children's Services / Paediatrics	
3	Stay Well	Work alongside our partners by developing sustainable and accessible health and care focused on prevention and early intervention	Public Health / Sexual Health / Gender Identity / Women's Services	National outcome 1
4	Anchor Well	Be an anchor and work as equal partners within our communities by designing and delivering health and care that has our population and where they live as the focus	Public Health / Comms & Engagement	
5	Grow Well	Ensure that all colleagues are supported to be successful in their role and are valued and respected for the work they do. Everyone will be clear on their objectives, receive regular feedback and have a personal development plan	People & Culture / All services	
6	Listen Well	Work in partnership with colleagues to shape our future and make decisions. Our leaders will be visible and engage with the wider organisation, listening to, hearing, and learning from experiences and views shared	People & Culture / All services	National Outcome 8
7	Nurture Well	Support colleagues' physical and mental health and wellbeing through all the stages of their life and career with us. We foster an inclusive and kind culture where difference is valued and respected	People & Culture / All services	
8	Plan Well	Create a sustainable pipeline of talent for all roles, and excel in our recruitment and onboarding, making us an employer of choice both locally and nationally	People & Culture / All services	
9	Care Well	Work together with health and social care partners by delivering care and support together that puts our population, families, and carers experience at the heart	Adult Social Care	National Outcome 2, 3, 4, 6, 7, 9 Ministerial Strategic Indicator 6
10	Live Well	Ensure that both physical and mental health are on an equal footing, to reduce stigma by improving access and enabling all our staff in all services to speak about mental health and wellbeing	Mental Health Services	National Outcome 2, 3, 4, 7, 9 Ministerial Strategic Indicator 2c

NHS Highland & The Highland Council

Outcome 1 Highland's Children will be safe, healthy, achieving, loved, nurtured, active, included, respected and responsible				
	target	baseline	current	data source
Indicator 1 The number of young carers identified on SEEMiS will increase	improve from baseline	68		Education & Learning
analysis				
Indicator 2 the number of households with children in temporary accommodation will reduce	95	100		Education & Learning
analysis				
Indicator 3 Percentage of children reaching their developmental milestones 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 decreasing 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 Percentage of children in P1 with their body mass index measured	95%	75%	82% 	Child Health
analysis: data last updated in 2021-22 by NHS Highland				
Indicator 5 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%		Population Health

NHS Highland & The Highland Council

Outcome 1 Highland's Children will be safe, healthy, achieving, loved, nurtured, active, included, respected and responsible				
	target	baseline	current	data source
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 NHH 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 Maintain 95% Allocation of Health Plan indicator at 6-8 weeks from birth (annual cumulative)	95%	97%	NK	Child Health
analysis: not updated in NHH file				
Indicator 11 Maintain 95% uptake rate of MMR1 (% of 5 year olds)	95%	95%	95%	Child Health
analysis: latest data from NHH to Dec 22				
Indicator 12 90% CAMHS referrals are seen within 18 weeks	90%	80%		CAMHS, Education & Learning
analysis: considerable progress has been made in clinical modelling, performance and governance. Progress has been made 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 rural services. We are diversifying our staff profile and adopting a grow our own strategy which is showing promise but will be a medium term approach to increasing capacity.				
Indicator 16 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%	85%	51%	Health & Social Care

NHS Highland & The Highland Council

Outcome 1 Highland's Children will be safe, healthy, achieving, loved, nurtured, active, included, respected and responsible				
	target	baseline	current	data source
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 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 consistsof 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 Increase the uptake of specialist child protection advice and guidance to health staff supporting children and families at risk	90%		46%	Health & Social Care
Analysis:				
Indicator 23 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				

NHS Highland & The Highland Council

Outcome 2 The voice and rights of Highland's children will be central to the improvement of services and support				
	target	baseline	current	data source
Indicator 24 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 Self-reported incidence of smoking will decrease	improve from baseline	13%	3%	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 26 The number of children who report that they drink alcoholat least once per week	improve from baseline	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 33 The number of children entering P1 who demonstrate anability to develop positive relationships increases	improve from baseline	91%		Health & Social Care
Analysis:				
Indicator 34 The delay in the time taken between a child being accommodated and permanency decision will decrease (Target in Months)	15	55	21	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 The number of care experienced children or young people placed out with Highland will decrease (spot purchase placements)	3	8	3	Health & Social Care
Analysis: This data is reported monthly. The baseline was established in 2016.				
Indicator 36 The number of care experienced children or young people in secure care will decrease	3	8	3	Health & Social Care

NHS Highland & The Highland Council

	target	baseline	current	data source
Analysis: This data is reported monthly. The baseline was established in 2016.				
Indicator 37 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 All children returning "Home to Highland" will have a bespoke education/positive destination plan in place	100%	22%	15%	
Analysis: This data is collected annually. The baseline was established in academic year 2018/19				
Indicator 44 Number of concerns recorded for children placed on the child protection register at a pre-birth or initial conference		58	90	HHSCP minimum data set
Analysis: This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23. In Q3 2022/23, there were 90 concerns recorded and showed an increase from the low value in the prior quarter. Emotional Abuse was the most common concern recorded across Highland in the Quarter, but there was also a notable increase in Physical Abuse in the quarter.				
Indicator 45 Number of children and young people referred to the Children's Reporter	reduce	8	1	HHSCP minimum data set
Analysis: This 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 until last quarter, where the number of children referred on Non-Offence Grounds has 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 130 in Q3, and "Lack of Parental Care", rising from 93 in Q1 to 125 in Q2 and 180 in Q3. The current figure is much higher than the baseline figure				
Indicator 47 The number of non-offence referrals taken to a hearing by the Reporter	reduce	218	417	HHSCP SCRA quarterly report
Analysis: Data reported quarterly from SCRA, last update for Q3 22/23 (April 23). There has been a sharp and significant increase in recent updates in the total number of non-offence referrals				
Indicator 48 Number of Children's Hearings held		263	202	HHSCP SCRA quarterly report
Analysis: Data reported quarterly from SCRA, last update for Q3 22/23 (April 23). The number of Children's Hearings has remained relatively steady in recent quarters, with the most recent update being the lowest level since Q4 21/22				

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	target	baseline	current	data source
Indicator 54 Number of looked after children and young people with prospective adopters	increase from baseline	12	16	HHSCP 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 Number of looked after children and young people within a local authority provided house	reduce from baseline	81	65	HHSCP 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 The number of LAC 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 The percentage of children needing to live away from the family home but supported in kinship care increases	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 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.				

Annual Performance Report Appendix 4 Ministerial Strategic Indicators

Highland Health and Social Care Partnership

NHS Highland & The Highland Council

MSG No.	Standard Indicator	target	Reporting Periods					Comments
			2019-20	2020-21	2021-22	2022-23	2023-24	12-month total
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 Services)		184,712	159,070	183,542	200,660	178,194	12-month total
MSG 2C	Unplanned bed days (Mental Health)		38,544	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		31,380	19,819	24,482	31,998	43,864	12-month total
MSG5	End of life care, percentage of last 6 months in the community		89.10%	91.20%	90.70%	89.80%	Scotland 89.10% (2022-23, latest provisional)	
MSG5	End of Life, percentage of last six months in hospital / hospice		10.80%	8.80%	9.40%	10.20%	Scotland 10.9% (2022-23, latest provisional)	
MSG6	Balance of Care, percentage of population in community settings		93.10%	93.10%	93.40%	93.50%		

