NHS Highland

Together We Care
with you, for you

Annual Performance Report
2021-22
October 2022 Final Draft

APR

Annual Performance Review 2021-22

Introduction from Chief Officers, NHS Highland and The Highland Council

We welcome the opportunity to share our Annual Report setting out much of what we have achieved in 2021-22. The report provides us with a chance to share our achievements as well as our challenges, reflecting on the continued impact of Covid-19 and to consider our future direction.

We have been actively working with our communities to achieve good health and social outcomes for people. We are committed to ensure people's voices are heard and their needs are understood and effectively met in collaboration with partners. Everyone using our services, their families and carers, all staff and stakeholders are working hard together to improve the health and wellbeing of our local population.

Within the report you will see examples of specific services which demonstrate positive change at a local level and improved outcomes for the population. Through the year we have also been working to strengthen the partnership within the agreed Integration Agreement and the Joint Project Management Board is now well established.

We are proud of the continued commitment of our colleagues and the services they provide whilst acknowledging the ongoing challenges for our communities and the need for ongoing service redesign and development.

Providing effective support for carers is central for those being cared for and our local communities and 2021-22 saw work commencing on the co-production of a carers strategy. This will reflect the needs and priorities of our unpaid carers.

Financially, the HHSCP position at month 12 showed a year end overspend of £0.791m of which £2.355m relates to Adult Social Care (ASC) and the balance being Health expenditure.

This position includes Scottish Government funding which was provided in response to Covid-19 pressures.

Building on our developments and learning there are many opportunities for the future, not without challenge, but surmountable due to the excellent partnership approach of the communities of our local populations and service teams.

We would like to thank all of our colleagues and communities for their help and support over the past year. With strong leadership, community participation and the support of our Partnership Board, we are confident that we will continue to strengthen our partnership governance to enable continued high quality service delivery as we move into the next stage of the pandemic and consider the way ahead.

Fiona Duncan, Executive Chief Officer, Health and Social Care, Highland Council

Louise Bussell, Chief Officer Highland Health and Social Care Partnership

Introduction

This annual report for 2021-22 confirms our commitment to the health, care and overall wellbeing of our community. We aim to give every child and young person in Highland the best possible start in life; enjoy being young; and are supported to develop confidence, capability and resilience, to fully maximise their potential, ensuring our children are safe, healthy, achieving, nurtured, active, respected & responsible and included. We aim to provide the right level of service provision, support and information to our adult population to ensure they have optimum opportunities to live well working in partnership across the statutory, third sector, voluntary and independent organisations.

As a partnership, we are committed to developing our services. We have some very complex and testing decisions to make around what services will look like in the future, with development of the National Care Service plans. In response to this we commenced work on an NHS Highland 5 year *Together We Care* Strategy, looking at all ambitions of Health and Care services across our community.

We continued to make progress across many areas with a number of largely positive comparisons against National performance. The challenge for the future is to focus on delivering care in a post Covid-19 environment, to enable self support, better support carers, developing and extending home based care options and working with Highland communities to develop more local, community based provision and support.

Successes

This year has been challenging because of the reach of Covid-19 pressures, but we worked hard to continue to provide excellent health and social care services for our people, especially in Primary, Community, Mental Health, Acute Care and Adult Social Care. There are areas where performance has been positive and innovative which we aim to maintain. In those areas where there is work still to be done we are planning our next steps.

- We are focused on improving health and wellbeing as well as delivering high quality care for the people of Highland
- Moving to deliver as many of our normal services as possible, as safely as possible
- We have applied resource to specific areas for improvement and change and these initiatives, to support the national health and wellbeing outcomes by which we are measured.
- The engagement of all staff, volunteers and partners has been vital to the planning, developing and implementing of our service developments and we work hard to maintain positive relationships.
- We have listened to our partners and communities in the development of the NHS Highland strategy so we have a framework for the next 5 years.

Much redesign and development activity has been around community based services to build community capacity and further develop an anticipatory and preventative approach to care with further work planned for 2022-23. This development has included the opening of two new hospitals in Badenoch and Strathspey and Skye and the redesign of services as part of this with work progressing well in Caithness and Lochaber redesigns.

During 2021-22 the successful Covid Response Team has moved to being a sustainable service under the new title of Community Response Team This innovative model of care is established across Highland area, and are continuing to provide primary care support to a broad range of people needing care.

It is likely to be a number of years before we see the full impact of these changes. The development of the integrated children's service plan has caught the testimony and voice of children young people and their families and has supported the development of priorities for the next two years. Our initial engagement with our Community as part of the *Together We Care* NHS Highland strategy is also capturing the desire for a holistic health and social care service over the next 5 years.

Challenges and Opportunities

This year, the continued impact of Covid brought about sustained challenges and high pace of change. How to deliver services as normally as possible and ensuring we have the capacity to deal with the continuing presence of Covid were major challenges in our partnership. Recovery and redesign of services were key challenges that were regularly reported to the Scottish Government. These challenges however were balanced by our focus on remobilize, refresh and redesign with good relationships, to enable positive change. Within this report you will see evidence of this alongside forward planning work. The commitment of staff and communities is unquestionable which resulted in an many successes, albeit with work still to be done.

We thank all for the continued enormous contributions made by the people dedicated to providing care, including NHS and Council staff, Independent and Voluntary organisation staff, as well as individual volunteers and carers.

The Public Bodies (Joint Working) (Scotland) Act 2014 requires the publishing of the Annual Performance Report, assessing the performance and carrying out the integration functions for which Integrated Joint Boards in Scotland and Integration Authorities (in Highland's case) are responsible.
The Annual Performance Report 2021-22 therefore encompasses:

- Assessing Performance in relation to the National Health Wellbeing Outcomes
- Financial Performance and Best value
- Reporting on Localities and the work of Locality Planning groups and Community Stakeholders
- Inspection of services, including details of any inspections carried out in 2021-22 relating to the functions delegated to the Partnership, by scrutiny bodies
- The 9 National Health and Wellbeing Outcomes describe what people can expect from the HSCP. Performance against each outcome is analysed in the performance assessment sections, with illustrative practice examples demonstrating how local services are working to achieve the outcomes.

This report identifies the progress achieved and the work that is ongoing within our Localities, recognising the continued and unprecedented impact, challenges and opportunities of the pandemic. It also demonstrates some of the challenges for the Health and Social Care Partnership (HSCP) and highlights the significant changes that will take place to shape services that respond to future need, via our Together We Care strategic intents, when published in autumn 2022.

In Highland in 2021-22 our main aim during the pandemic was to maintain and deliver our wide range of health and social care services for our population, with investment made to either continue or commence development of service improvements. Additionally our aim has been to strengthen our governance arrangements within the Partnership through review of the Integration Agreement.

For NHS staff, a key aim was to develop and implement our action plan for our Culture Fit for the Future, making Highland a great place to work and to improve sustainable and resilient services.

Financially, our drive was to recover our financial position. Financially, the HHSCP position at month 12 showed a year end overspend of £0.791m of which £2.355m relates to ASC and the balance being Health expenditure. Going forward, work will continue to improve services whilst focusing on the financial position.

All of these components co-exist and as we move forward we will seek to continue to build on this good work, evolving through the identification of local needs with the aim of building sustainable high quality services.

This is a review of what we faced in 2021-22, and what we learned.

Strategic Background

Strategic Context

In 2012, The Highland Council and NHS Highland Board used existing legislation (the Community Care and Health (Scotland) Act 2002) to take forward the integration of health and social care through a lead agency Partnership Agreement. The Council would act as lead agency for delegated functions relating to children and families, whilst the NHS would undertake functions relating to adults.

"Our aim is: "Making it better for people in the Highlands".

Progress is measured through tracking work and improvement plans using key measures. This report sets out a number of important measures of progress. It also describes some of the main areas we have been working on and the difference this has made.

The Annual Performance Report is an opportunity to reflect on 2021-22 and the resilience of our workforce and partners in delivering services during the pandemic. It is also a chance to reflect on the key learning and ways we can develop, and to appreciate the presented opportunities.

Highland Health and Social Care Partnership

The Highland Partnership covers the Highland Council area. The total land mass is 25,659 square kilometres, which covers a third of Scotland, including the most remote and sparsely populated parts. We have the 7th highest population of the 32 authorities in Scotland at around 234,000, with a slightly higher percentage of children, and higher proportions in all of the age groups above 45 years.

This population is broadly equally divided across urban areas, small towns, rural areas and very rural areas. Outside Inverness and the Inner Moray Firth there are a number of key settlements around the area including Wick and Thurso in the far north, Fort William in the south west and Portree in the west. These towns act as local service centres for the extensive rural hinterland which makes up the majority of the region.

There are four coterminous managerial areas for NHS Highland and Highland Council children's services, and nine local Community Planning Partnerships.

Adult Social Care is commissioned by Highland Council from NHS Highland. Delivery of Adult Social Care is reported to Committees of both the Highland Council and the NHS Board and the governance of the partnership is managed by the Joint Monitoring Committee. With similar reporting arrangements, Children's Services are delivered with the Highland Council acting as lead agency. The Strategic Plan for Children and Young People, 'The Highland Integrated Children's Service Plan 2021 – 2023' is governed by The Integrated Children's Services Planning Board through to The Highland Community Planning Partnership Board (HCPPB). In addition to the formal reporting through the HCPPR regular updates on the progress in meeting the aspirations and oucomes of this plan are provided to The Highland Council's Health, Social Care and Wellbeing Committee, the JMC and the HHSCP.

Highland Council and NHS Highland have formal arrangements for engaging with Third Sector and Independent partners, service users and carers. These partners are represented in strategic planning and governance processes.

In 2021-22 work continued in implementing the Integration Agreement and also in considering the impact of the developing National Care Service. Within children's services we have renewed our commitment to:

Tackling Inequalities
Reducing the gap in outcomes between the most and least deprived children and young people in Highland by working to reduce child poverty within our communities and keep our children and young people safe from harm.

Love and Support for our Care Experienced Young People
Ensuring children and young people who are care experienced are loved and supported to improve their life experiences and life chances.

Good Health and Wellbeing including Mental Health
Ensuring all children and young people are supported to achieve and maintain good physical and mental health and wellbeing.

Promoting Children's Rights and Participation
Work to ensure we are delivering on the provisions of the United Nations Conventions on the Rights of the Child (UNCRC) as incorporated into Scots Law. These could affect our service delivery and also in how we report our performance in the future.

Improvement Programmes currently underway in Highland include:

- Modernisation of Primary Care
- Redesigning Mental Health
- Redesigning Unscheduled Care
- Investing in Acute and Community Care Hospitals e.g. National Treatment Centre Highland (due to open April 2023), Badenoch & Strathspey and Broadford Hospitals (opened in 2022)
- Transforming Adult Social Care
- Review of Children's' services in line with UN Rights of a Child

All of these components co-exist and as we move forward we will seek to build on this good work, evolving through the identification of local needs with the aim of building high class sustainable services. Initial engagement on the NHS Highland 5 year *Together We Care* strategy commenced with our Community in the latter half of 2021-22.

Highland tends to have a health profile that is qualitatively higher than the Scottish national average overall , although there is variation across localities:

- Above average educational attainment, employment, income
- Below average crime, homelessness, alcohol-related mortality and hospital admissions
- Average smoking rates
- Health condition prevalence rates that are similar to, and often lower than, the national average; some emergency hospital admission rates that are higher than elsewhere in Scotland?
- Geographical challenges in providing equal access to services: Low wage rates, high fuel poverty, higher numbers of older people, recruitment challenges.

Delivering on the commitments and priorities outlined in the integrated children's services plan. https://www.forhighlandschildren.org/index_70_464745328.pdf

Delivery of Adult Social Care during 2021-22

All of these components co-exist and as we move forward we will seek to continue to build on this good work, evolving our approach through the identification of local needs with the aim of building sustainable high quality services.

This is a review of what we faced in 2021-22, and what we learned.

Challenges

- Understanding and reacting to risk situations: i.e. respective risks being very difficult to calibrate
- Managing Services in highly dynamic policy and practice environments
- Seeking to support adult mental health in new ways – and coping with the impact on relationship based practice of social distancing and use of Personal Protective Equipment (PPE)
- Seeking to support carers with many respite services during lockdown periods
- Ongoing and increasing impact on the health and well-being of adults with mental illness
- Care Homes: maintaining warm, homely environs and maintaining Infection Prevention Control
- Maintaining good communication with dispersed workforce
- Supplying PPE and Testing routes for staff
- Working with partners in new and ways with unprecedented risk situations.
- Workforce and care facilities susceptible to Covid absences

What went well

- Staff, service users and carers working flexibly to promote welfare at almost every level: including taking on greater workloads etc.
- Increased flexibility and choice for people who access self directed support services under SDS Options 1 and 2
- Light touch monitoring of budgets under Options 1 and 2; no monies withheld although aware of some changes to PAs
- Staff (across all disciplines) continue to be cohesive and focused on a common goal
- New organisational links have been made
- Staff demonstrated bravery and commitment to provide services in spite of risks
- Streamlined processes used to expedite valued outcomes: e.g. processes fast-tracked to facilitate discharges from Hospital
- Enormous effort maintained in supporting logistical routes for PPE and Testing.
- Remote working and virtual meetings maintained
- Work with voluntary sector and ongoing strengthened community spirit

Opportunities for Development

- Traditional service models have to change; this provides us with an opportunity to reconsider our services and how we make best use of resources
- The use of technology to maintain links with service users, carers and professionals needs to be both consolidated and accelerated to improve service provision
- Delivering personal outcomes in a wider variety of ways, already required as part of our demographic challenge
- A consensus regarding the need to prioritise 'Services to Carers' to enable fast-tracking new responses to meet demand

National Health and Wellbeing Outcomes

1. People are able to look after and improve their own health, wellbeing and live in good health for longer
2. People , including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practical, independently and at home or in a homely setting in their community
3. People who use health and social care services have positive experiences of those services and have their dignity respected
4. Health and social care services are centered upon helping to maintain or improve the quality of life of the people who use those services
5. Health and social care services contribute to reducing health inequalities
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
7. People using health and care services are safe from harm
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
9. Resources are used effectively and efficiently in the provision of health and social care services

The National Health and Wellbeing Outcomes are the Scottish Government's high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care. These outcomes provide a strategic framework for the planning and delivery of health and social care services. They focus on the experiences and quality of services for people using these services, carers and their families.

The following pages provide an assessment of our performance against these outcomes; and against agreed core national integration indicators linked to these outcomes. The core integration indicators provide an indication of progress towards the outcomes that can be compared across Partnerships and described at a national level over the longer term.

Performance against the National Health and Wellbeing Outcomes

Performance against each of the National Health and Wellbeing Outcomes and associated National Performance Indicators is detailed in the following pages. Where relevant, performance against associated Local Performance Indicators is also provided. The extent to which implementation of the Plan is contributing towards meeting the National Health and Wellbeing Outcomes is noted below with each associated action cross referenced within the footnotes. Comparison is also made with the initial 2015-16 baseline figure.

National Health and Wellbeing Indicators

An associated core suite of 23 National Performance Indicators has been developed, drawing together measures that were felt to evidence the 9 National Health and Wellbeing Outcomes. In addition, there are 2 Childrens Outcomes. Of the 23 indicators, 14 evidence the operational performance of Highland Health and Social Care - with the data provided by the NHS Information Services Division (ISD). The data for the remaining 9 indicators is taken from responses from the Scottish Government's biennial Scottish Health and Care Experience Survey. These tables are at the end of the document.

Currently there is a national and local review of the performance management framework and outcomes.

NHS Highland's 5 year Strategy, Together We Care, with you for you maintains a strong emphasis on self managed care which underpins all of the responses in this document.

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Outcome 1

People are able to look after and improve their own health, wellbeing and live in good health for longer.

This indicator is intended to determine the extent to which people in Highland feel they can look after their health. It is recognised that this may be more difficult for people with long term conditions and these performance indicators provide a measure of that.

The 2021-22 Biennial Survey results showed NHS North Highland slightly higher than the national average in a number of areas with an overall client satisfaction rating higher than the national average. This is an improvement since the last Survey in 2019-20. We remain committed to working with our services and partner organisations, to achieve sustainable improvement in client and patient satisfaction.

To support our strategic outcome 'more people will live well in their communities', and the initial engagement with our community as part of the Together We Care strategy, we are committed to growing community capacity that focuses on early intervention and a preventative approach.

Within services for children, the partnership has committed to delivering on 'The Promise' which clearly identified the need to significantly upscale family support services and identified whole family support as a priority in Plan 21-24. We have developed plans to ensure children and families are able to access preventative, needs-based support when they need it, for as long as they need it. The focus of this work is to holistic support that addresses the needs of children and adults in a family, at the time of need rather than at crisis point, aims to support families to flourish and reduce the chances of family breakdown and of children entering the care system. The same preventive interventions should also support adults in a family's ability to engage with other support that helps them access the labour market, pursue qualifications, or progress in employment, thereby enabling them to improve their financial situation.

To support our strategic outcome 'more people will live well in their communities', and the inital engagement with our community as part of the Together We Care strategy, we are committed to growing community capacity that focuses on early intervention and a preventative approach. Our approach is to provide care, based on co-production principles, developing new community driven models of care, and to help people maintain their independence wherever possible.

Our relationship with the Third Sector will support us to continue the development of a Highland based third sector network focused on health and wellbeing in our communities.

Outcome 2

People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

This indicator reflects whether people who need support feel that it helps them keep their independence as much as possible. This outcome is supported by national survey every 3 years and information gathered locally.

Overall, the picture is one of improving previous performance. There was a continual increase in the numbers of clients referred for, and provided with, telecare to enable them to remain at home. However, the number of days' people spend in hospital when they are ready to be discharged, per 1,000 population (75+) increased and was significantly above the national average. This most likely reflects the increased acuity and complexity of admitted patients, who perhaps were not seen during lockdown.

A key indicator in this group is the number of delayed discharges which is well above the Scottish average. Delayed discharge continues to be a challenge. A key part of the national Redesign of Urgent Care Programme 2021-22 is to improve the delayed discharge position.

The four options of Self Directed Support (SDS) are available to any adult who has been assessed as requiring social care support. An outcomes-based assessment can be requested from any NHS Highland Integrated District Team.

A personal, outcomes-focused assessment will be completed jointly by the person in partnership with one or more professionals to determine eligibility for assistance with care and support needs. Depending on the individual's circumstances, a financial assessment might also be undertaken. Assessments will normally be reviewed on an annual basis.

In adult services substantial growth in Self-Directed Support and in particular Options 1 and 2, has been seen over the last five years. Throughout North Highland, as we develop services following the pandemic, the measures as described above have led to greater involvement of supported people and their family/networks in the assessment and decision making processes and increased flexibility, choice and control in relation to meeting desired outcomes.

Addressing unscheduled care was a key driver of the national Redesign of Unscheduled Care programme for 2021-22. Through the year, we continued to develop the reach of the Flow Navigation Centre which helps to triage emergency calls and provide the most appropriate emergency care and sometimes reduces the impact on A&E. This is run in partnership with NHS24 and other national bodies.

The percentage ofadults aged 65 or over supported at home who agreed that they are supported to live as independently as possible increased to 87%, significantly above the national average of 79%.

The readmission to Hospital within 28 days (per 1,000 discharges) showed a small decrease from 2020-21 to 113, in line with the national average of 110.

Care at Home Services can be delivered via all 4 SDS options. For Option 3, service delivery is broken into three component parts. In-house enablement care, in house mainstream care and independent sector care. The independent sector makes up 69% of the total Care at Home delivery in Highland.

Care at home services have experienced a challenging period, particularly around staff recruitment and retention, and delivery of capacity required to meet current needs.

There has been significant dialogue with the sector collectively regarding plans and intentions regarding commissioned care at home services, in order to achieve first and foremost, sector stability, with a view to thereafter:

- building resilience;
- growing and releasing capacity; and
- improving efficiency / processes

A priority area is the need to identify, release and deliver additional care at home capacity is critical to addressing flow issues within the wider system.

Across North Highland, unmet need is still a real issue and the sector is finding further growth more difficult due to severe recruitment challenges that are currently facing all providers. This current issue is not unique to North Highland and is consistent with the picture at a national level but does need to be balanced against the significant additional growth seen during the pandemic. It is a multi- faceted changing situation, and Highland will continue to seek to engage collaboratively with providers as we work to build sustainable care at home services.

In terms of immediate actions to attract and retain staff, additional Scottish Government funding for care at home capacity has enabled Highland to implement, ahead of schedule, commitment of £10.50 per hour minimum wage, which was welcomed by the sector. It is noted that staff are fatigued and there is an increase in staff sickness, alongside vacancies is compounding the challenges.

There has been work in house and with care at home partners to seek to address the following identified key issues:

- Staffing crisis situations arising from significant
- recruitment / retention issues
- Increased attrition and unsuccessful recruitment
- Acute staffing availability and wellbeing issues
- Specific geographic challenges in rural / remote
- delivery
- Escalations / contingencies already deployed and service instability already experienced or anticipated

Due to significant stressors in this sector and despite the sustained efforts of both NHS Highland and our care-at-home partners as detailed above, there have been a reduction in commissioned hours per week over 2021-22 and, increasing package returns with a reduction in excess of 1,300 external hours across the whole region.

It is important to set this scheduled hour reduction in context with the many challenges described in the report as there has been an increase in the number of paid relative carers reflecting individual preferences in keeping with Scottish Government direction on self-directed support and the requirement to meet identified needs in a more flexible way, reflecting individual choice.

In addition to the early implementation of the Scottish Government's £10.50 commitment; there is implementation of block contracts for commissioned services and joint working to come together to focus on care as a career with several initiatives underway.

This sector has experienced a challenging 2 years but there is ambition about what can be achieved with and alongside the sector. There is a commitment to ensuring that care at home services have a clear and positive identity and are widely regarded as important and valued by Highland communities and that the models of care available embrace and maximise digital innovation and reflect the diversity and geography of Highland. To achieve this next steps include ongoing joint work with the sector, contract and commissioning redesign and workforce planning.

In house care at home services mirror many of the challenges faced by the external sector. This service and in house care home services work to a cycle of continual improvement. We have an updated and ratified registered services learning framework which reflects national and local priorities and reinforces statutory /mandatory learning. This is being further developed to ensure the impact of the learning is sustained and appropriate by enhancing supervision and appraisal sessions to include a noted reflection of this. The NHS Highland SSSC policy has also been updated to clearly outline the responsibilities of employer and employee in relation to achieving and maintaining registration.

Looking ahead, we are in the early stages of working with partners in exploring the possibility of a more widespread and consistent approach to modern apprenticeships. A series of bite size training resources are being developed to support staff to have the skill set required to safely undertake roles. Quality assurance processes, outcomes focussed care planning, and the new Care inspection frameworks are all priority areas.

Care at Home (CAH)

The pandemic placed significant pressure on all parts of the care sector, including care at home. The stressors for both In-House and commissioned providers of maintaining standards while addressing supply and flow issues around PPE, fluid and fast changing guidance, reporting requirements and testing, were challenging. Nevertheless, there was remarkable commitment, contribution and care provided, by all, in this extremely challenging environment.

All care at home services quickly responded to the pandemic and adapted their contingency plans to reflect current and projected needs. By identifying high priority situations the service was able to maintain a consistent support to those most vulnerable or at risk in the community.

Initial challenges in relation to PPE were addressed and teams were given extra input in relation to infection prevention control. Care at home staff displayed flexibility and professionalism and this approach assisted to keep the people they support and staff safe.

There is a need to have sustainable and available care at home capacity to assist with the discharge flow from hospital to home, and to prevent unnecessary hospital and care home admissions. Care at home capacity is sometimes only available where providers have additional capacity; this is not always at the volume or locations required across an urban, rural and remote dispersed geographical area such as Highland.

CAH Commissioned Services

It is clear that the previous commissioning approach has not delivered the necessary capacity improvements anticipated. In remote and rural areas there has been very little expansion from independent sector providers into remote/ rural areas whereas there has been significant growth in urban and some rural areas.

In order to have sustainable care at home services available, there is still a need to commission the necessary capacity in the locations required and

there is a requirement on the part of NHS Highland to encourage a range of providers to areas where additional capacity is still required. NHS Highland continues to commission high volumes of care at home from the independent sector; In house services remain in many areas, including North and West Highland.

Specialist services have been set up in Inverness such as the Enhanced Responder Service (ERS) and Overnight Service (SOS) to assist with flow from hospital and work is progressing in the North Area (Caithness and Sutherland) around service redesign for in house services. A number of block purchase commitments have been made to continue to support service certainty and improve flow.

The care at home sector adapted well to the challenges of the pandemic and continued to deliver services without significant disruption. This is testament to the commitment of our valued partners in delivering care. Several care providers have expanded their operations quickly and efficiently with demonstrable growth seen alongside the support of discharge and flow from hospitals during the pandemic.

The current contract with our external care providers was extended for a year in March 21 and there is an opportunity to review our approach, take learning from Covid and also of experiences of services such as the Enhanced Responder Services (ERS) and Overnight Service (SOS).

CAH In-House Services

Recruitment to care at home teams remain challenging within remote and rural areas and this is reflected in redesign proposals where job roles allow and encourage flexibility across services.

As with many services, the ability for staff to attend face to face training was significantly affected and this has resulted in the need for extra focus in this area. A recent training needs analysis identified priority areas and plans are in place to address the shortfalls.

The teams have demonstrated further how critical their role is in supporting communities to remain safe within their home environment. Their dedication to continue to provide a high standard of support for everyone is notable.

CAH Business Process Payment Improvement

We transitioned to our new payment arrangements which were warmly welcomed by our partners during December 2020.

Before Covid, we paid all care at home providers in arrears. Now we pay in advance which has sustained short term cash flow, introduced flexibility within our system, secured a level of payment for care delivery and an agreed known and understood payment timetable for all providers. This enabling step is intended to assist providers but it does not resolve the need for service level certainty and to have available capacity when required.

Through the period we worked in improving patient flow by reducing delayed hospital discharges and through additional surge capacity provision and ensuring continuity of social and community care.
Our staff were committed in supporting people to remain at home.

Carers

Support services to carers were increasingly important due to the ongoing impact of Covid-19. This was manifest in the suspension of many Day and Respite Services which has significantly reduced the short-breaks available to carers to support them in their role.

The Highland Carers Improvement Group agreed that interim services for carers should be sought which could demonstrate that they can provide a significant impact in one, or more, of the following areas:

- Provide highly reactive supports to help carers at times of particular stress
- Link carers to their local communities and the sources of support they contain
- Prevent carer breakdown and obviate the need for more formal services to the cared for person (including admission to residential care or hospital);
- Support carers when the person they care for is being discharged from hospital;
- Offer a range of planned and 'Covid-proof' short-break alternatives which are attractive and/ or acceptable to both carers and the cared-for person;
- Provide carers with the practical skills they need to manage their caring role; and
- Provide information and advice for carers that allow them to make informed choices about their role and supports decision making in line with Self-Directed Support principles.

A Carers Services Project Team was quickly brought together to structure a bidding process for Carers services/projects which were considered capable of mitigating the impact of Covid-19. Its work included:

- Structuring an open invitation of bids
- Setting out the parameters for applications, including evaluation criteria.

Working to an identified Implementation Budget (of which £250,000 of the earmarked £400,000k was deployed).

This work was undertaken to complement the ongoing work to identify a fully costed Carers Programme to develop good local services for carers which include; information, advice, completion of Adult Carer Support Plans and, crucially, a greater number and variety of short break opportunities.

Currently we have a great deal of work still to do to provide the tangible supports for carers that we know they need; however with the completion of our Strategy and the work to tender for services for carers that journey is now well underway.

Support Services

The support sector has adapted well to the challenges of Covid-19 and continued to deliver and maintain services for people with a learning disability and mental health issues in Highland. The sector has been meeting regularly with the Head of Service: Learning Disabilities and Autism in a huddle arranged to flag issues with regards to service delivery, PPE, and any other emerging issues. In

addition, regular meetings with individual providers have been held in order to provide additional support and oversight of services.

Since the onset of Covid-19, there has been an expectation that providers would maintain regular contact with every person that they support even if they have ceased their support for a short period. Providers were expected to complete and submit notification of change of support forms for every individual they support where a change has been made. In addition, a RAG (red/ amber/ green rating) status was set up for every person with a Learning Disability that we know in Highland which involved provider support for monitoring and overseeing. These support mechanisms have been successful in flagging any emerging issues, maintaining stability in the service and enabling a quick response to any escalation of issues.

Care Homes

Over the course of 2021-22, there has been a considerable level of care home related activity / supports within Highland, across a wide number of service areas: adult social care, nursing, health protection, infection prevention and control, vaccination, testing, community operational teams, business support (and others), all of whom have had a pivotal role in supporting or overseeing commissioned or delivered care home services.
The challenges faced by care home services have been multiple, sometimes simultaneous, fast changing and unrelenting, spanning across staffing, guidance, financial and regulatory areas.

The primary challenges have undoubtedly been in relation to staffing and Covid status, particularly around recruitment, retention and Covid impacted absences.

There were already insufficient numbers of staff in care home employment pre Covid. This has been exacerbated over the pandemic as exhausted staff seek to leave the sector for a less demanding and often better paid role.

The impact of Covid within a home can acutely and rapidly decimate staffing levels, which is, at best, significantly challenging to plan for, and highly stressful to manage and coordinate, in terms of staffing cover, along with supporting residents and their relatives during these anxious periods. These situations also have a direct and negative impact on resident experience.
Staffing issues have therefore dominated care home activity over 2021-22, mainly arising from the significant number of care homes experiencing staff or resident related Covid cases.

The highest number of care homes "closed to new admissions" at any one time, was 47 (out of 69 care homes in north Highland) on 9 January 2022. The highest number of care homes in outbreak at any one time was 29 on 24 March 2022. The knock on impact on staffing availability for care homes in these situations, was significant. Despite an expanded and expanding mutual aid support team (CRT) there has been unmet need and providers have been supported to prioritise the delivery of safe care.

During 2021-22, this area of activity has been overseen by the Care Homes Oversight Group.

Daily clinical and care huddles have enabled timely flow of information to and between relevant stakeholders, assisting fast and effective decision making. Significant efforts and energy invested in provider liaison, relationships and supporting service continuity plans. A significant level of mutual aid has been made available but not service all demands have been able to be met. There has been a necessary focus on priorities of safe care for risk mitigation. Staffing escalation protocol has not been as effective as envisaged and development of this continues.

There have been 2 care home closures in the last two months with a 3rd pending, it is a risk that there will be further unplanned short notice closures, without action / intervention.These short notice closures result in poor resident outcomes, are resource intensive to manage and require significant short notice and high level business and commercial input to support.

A decisive and proactive plan is being developed to ensure availability of and support to, care homes in identified strategically important locations.
Going forward, it is anticipated that the acute staffing issues experienced in 2021-22 will continue, and in addition to quality related impacts, these challenges will also present increasing viability and sector sustainability issues

Remobilising Day Services

Throughout 2121-22 day services paused, amended or flexed to respond to public health guidance and the needs of local communities. The most recent guidance now allows and increasing number of people to access buildings-based services and we are seeing further changes in response to this guidance. Day opportunities for adults with a learning disability have been transformed during the pandemic to ensure buildings based access for those with the most complex needs and an increasing focus on community based activity.
There have been some changes in the provision of older adult day care with some sector care homes choosing not to restart day care and some in-house areas opting for better use of local hubs. There is also a requirement to respond to the changing need and wishes of individuals who use these services and there is commitment to review and redesign day services to incorporate outreach and bespoke support when required.

"80% of adults receiving care or support rated it as good or excellent. That's comparable to previous years. The national average is 83%"

"75% of adults are supported at home agreed that they had a say in their help, care or support, which is a slight decrease from previous years. The national average is 75%"

Adults with Incapacity (AWI)

In response to the Mental Welfare Commission (MWC) Report, "*Authority to Discharge: Report into decision making for people in hospital who lack capacity*", NHS Highland submitted an 8 point action plan to address the 11 recommendations in the report.

A Senior Practitioner AWI Specialist was recruited in Sept 2021 to support and implement the action plan, to work collaboratively with health & social care staff to improve standards of practice, clarify processes, procedures and ensure compliance with the law across all disciplines.

Work is underway to address the training needs identified by staff across health and social care, with some immediate training needs being addressed and a rolling programme of training being planned to ensure compliance with statutory duties.

A focus of work has been to standardise and clarify social work processes for all relevant NHS Highland staff, to ensure accurate recording and accountable decision making in respect of adults who lack capacity, to ensure the legality of moves and patient's legal rights are upheld.

Looking ahead an AWI audit is planned, which will look at individuals who were discharged from hospital who lacked capacity between 1st Jan 2021 and Dec 2022. Due to the work already completed it is anticipated there will be evidence of improvement in practice during this period, and it will highlight areas for further development.

There has been an increase in new welfare guardianship orders & subsequent demand on social work teams, between 2019 (106) and 2022 (206), with the reduction in 2020 (107) due to the Covid Pandemic. The majority of social work teams saw a significant increase in Guardianship orders, with the Transitions team (supporting adults 18 – 25 years) seeing an increase of 112%. There were 51 orders granted in 2019, compared to 108 in 2022.

This has also increased demand on other professionals and services in Highland, such as medical practitioners, mental health officer's and legal services.

The total number of active Guardianships at March 2019 was 697 and at March 2022 was 888. This equates to a 22% increase in legal orders being supervised and managed by Social Work teams in Highland.

In terms of delayed hospital discharges linked to AWI issues, the following table shows the average number of AWI delays added per month & the number of AWI delays at the Public Health Scotland Census point

(which is the last Thursday in every month).

	2019-20	2020-21	2021-22
Average delays added per month	4.5	3.5	5.8
Number of delays at census point	9.3	8.6	16.5

Adults with Incapacity delays

Social Work Teams

The Social Work service has seen a predicted increase in demand over the period. The impact on social care services has created additional risks and pressures to individuals and their carers. Social work teams have seen a reduction in resources available to meet outcomes as well as an increase in statutory work relating to recruitment challenges.

The Adult Social Care Leadership Team are finalising the completion of a social work workforce review and workforce plan. This important piece of work will inform the future planning and development of the 15 adult social work teams across Highland, ensuring they are prepared and supported to meet future demand and practice improvement. Information to inform and advise the workforce planning has been gathered in partnership with social work team managers and colleagues in public health. The workforce review will focus on the following areas:

- The changing demographic across Highland
- Greater percentage and number of older adults (over 65yo) over time
- Increased population in urban areas; with rapid growth in some specific small populations
- Acknowledgement that the social work role is being reviewed
- Stronger, relationship based, and person-centred approaches are recommended
- Greater time and creativity are seen to be necessary for social work staff to effect community-based solutions – matching individuals' needs and aspirations to a flexible range of community resources
- There is a significant recruitment challenge across Highland and across all professions
- The social work profession needs to ensure its career pathways are clearly marked and attractive

We must ensure we maximise the potential of the Highland-based workforce

There are currently a range of social work vacancies across teams, at present there is only 1 adult social work team which is fully staffed. The current vacancies include recruitment to posts following additional funds from the Scottish Government to strengthen Social Work and multidisciplinary teams (this equated to the equivalent of 18.3 whole time social workers). Recruiting qualified and experienced social workers continues to be challenging. We have worked with team managers to explore creative solutions to these challenges, this has included the ongoing support to "grow our own" social workers through the trainee scheme. We have supported this by developing a full-time practice educator post, supporting 4 experienced social work practitioners to undertake the practice educator course, and work with team managers to consider when a trainee social worker may be a positive solution to recruitment challenges in their team.

In order to support and promote recruitment of social work into Highland we are working with colleagues in the NHS Highland communications team to develop a marketing plan which several existing Highland social work staff have volunteered to participate in, to promote the positive career opportunities and supportive environment working in Highland can offer.

Hospital Flow

Highland has seen a long period of sustained high numbers of delayed hospital discharges. NHS Highland is developing a discharge hub to ensure discharge without delay.

With the known pressures in the social care sector immediate improvement work commenced in April 2022. A core team was developed to consider support to local teams with coordinating discharge, preventing admission and with social work in reach; ensuring appropriate statutory support and a human rights approach is maintained during a stay in hospital. Intermediate care home beds are being utilised in one care home with a view to rolling this out around Highland. The CRT are utilising any capacity to support care at home teams to enable earlier discharge. While in its infancy this approach is proving successful with a focused approach on discharge with an additional 30 individuals being discharged with the support of this team in the first 5 weeks of operation.

Holistic Whole Family Support

The partnership has been developing plans to ensure that holistic whole family support is readily available across Highland to families that need it, with the National Principles of Holistic Whole Family Support ('the National Principles') embedded into the planning, commissioning and delivery of services provided to support children and families. They will be used to deliver high quality, preventive, holistic whole family support through their services for children and families.
This has been developed to ensure that:

- the services families experience feel integrated;
- families have access to the range of services they need to help them flourish and thrive; and
- they will have the support they need, when they need it, and for as long as they need it.

Pharmacotherapy

This service was introduced as part of transforming primary care to aid GP practices to support the implementation of serial prescriptions. This has helped to improve convenience and access for patients with long term prescriptions, whilst reducing footfall into practices.

As part of the Primary Care Pharmacy Service to GP practices we continue to work to increase rates of serial prescribing and to reduce rates of repeatable acute prescribing, both to reduce GP practice workload.

This year we were one of five Scottish Boards to successfully test serial prescribing for residents of care homes. We are looking to roll out serial prescribing to other care homes.

We are working towards prescribing processes, medicines reconciliation and serial prescribing being delivered primarily by pharmacy technicians and pharmacy support workers. We are supporting a focus on high-risk medicines and high-risk patients, using regular medication review and/or clinical patient management, providing pharmacists with a minimum proportion of their time spent providing direct patient care. This aims to help manage demand in practices and develop a sustainable service which will attract and retain pharmacists.

Pharmacy First

Pharmacy First was implemented in 2021-22. This is a national service that allows patients to use a community pharmacy as the first port of call for treatment. Recent analysis demonstrates increased use of this service, e.g. for Urinary Tract Infections, Shingles and skin infections, which has reduced demand on GP services. It has also helped to triage the number of GP referrals for more specialist treatment e.g. MAS. It is anticipated that the number of services and reach will increase.

Outcome 3

People who use health and social care services have positive experiences of those services, and have their dignity respected.

This indicator is about the quality of the services provided and client's ability to manage and be in direct control of the services that they require. Other indicators such as enablement and self-directed support are also relevant.

Overall since the decline in performance in these areas in 2019-20 there have been improvements shown in the 2021-22 national report. The percentage of people rating the care or support as good or excellent was above the national average and an improved trend. In 2020-21 and 2021-22 maintaining primary care services were a key element of our Covid-19 response.

The Highland Learning Disability Listening Group was established to ensure that the voices of people with a learning disability are heard by NHS Highland managers. The majority of group members are people with a learning disability from Inverness, Fort William and Thurso, other members are paid professionals. A Human Rights Approach, using the PANEL principles forms the foundation of the group. The group have been testing technology to ensure that participation is fully accessible.This service is due to be assessed.

First Contact Physiotherapy Service (FCP) NHS North Highland

As part of the Primary Care Improvement Plan, the FCP service provides fast access to expert physiotherapists for musculoskeletal (MSK) assessment/opinion in the general practice setting. From its creation in May 2019, this service benefited from all partners having a joint sense of purpose and a commitment to create a culture of collaboration. This commitment laid the foundations of the group, forming strong working relationships and governance based on honesty, trust and openness. Fuelled by regular communication this approach underpinned the planning and implementation stages of the service. The work stream was fully supported by AHP leadership, GPs, practice managers, e-health facilitators, primary care modernisation project manager, human resources, staff side representatives and FCP clinical leads.

By moving the MSK pathway upstream into the practice setting, the service transformed how patients access MSK Physiotherapy. Without the need to see the GP first, patients can now be assessed, diagnosed and treated, often without the need for onward referral. This helps promote earlier self management of acute conditions and adds to the prevention of and management of longer term MSK conditions. Current MSK Physiotherapists were able to progress into Advanced Practitioner roles, developing new skills and embracing the opportunities to learn from and share knowledge with new colleagues in the wider GP setting. Joining up patient care with shared records and timely case discussions also became a welcome reality, with the Physiotherapists feeling their contribution being more timely and of recognised value for patients' care.

Implementation of a service is never in isolation. Pragmatic solutions were sought to meet the challenges of delivering this service to practices across the unique geography of NHS North Highland. Individual practice and population needs as well as clinician availability meant a significant degree of flexibility was required. The concurrent service redesign within Physiotherapy added further complexity and introduced additional and particular challenges around staff movement and recruitment.

A recent patient survey using the validated CARE survey measure reflects a high positive patient experience of their consultations and in how easily they can now access MSK Physiotherapy. Full quantitative evaluation of the service has been interrupted by the response to the pandemic however some limited interim data is encouraging.Three years on the FCP service continues to deliver exceptional care, and we are still planning the evaluation so we can celebrate this!

We are also hoping to expand the service based on demand and increase release of GP time whilst providing further improved MSK services to patients in our North Highland communities.

Outcome 4

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

We continue to review all overnight support provision across Highland. The Inverness Waking Night Responder Service continues to be a highly effective model of night support and responds to approximately 40 people a night across Inverness.

The demand for the service continues to grow and we are reviewing the existing capacity to enable more support provision. The service also now provides a responder service to individuals in Sheltered Accommodation that do not have the required number of telecare responders.

This indicator is about the quality of life of the people who use those services. On average, we are now showing an improvement on previous performance or when compared with national position for most indicators, with focus continuing on reducing lengths of stay for our delayed discharge patients awaiting care in the private sector. This is a key challenge across the country, with limited care home availability, and is part of a national programme for improvement.

The percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life shows an improvement both over previous performance and compared with the national average.

In East Ross our falls prevention pilot, which started in 2020-21, is being undertaken using the Scottish Patient Safety Programme methodology. This involves all professionals asking the same initial falls screening questions, to identify those needing the full multi-factorial screening (MFS) tool to be used. The aim is to increase the number of social work and social care staff who are able to complete the MFS tool, thus speeding up identification and interventions for those most at risk.

The national falls rate indicators have shown an improvement in this perforfmance based on previous years and in comparison with the Scottish average.

The Government requested more multi-disciplinary care home assurance visits. This is to provide assurance that measures to mitigate risk of Covid transmission are in place and that physical, emotional and spiritual needs of residents are being met. This requires a blend of professional clinical and social work skills to identify any particular support needs the care home may have to enable a timely response by NHS Highland of any appropriate clinical support, advice or escalations.

A Project Team was set up involving social work, nursing, public health, infection, prevention and control, and allied health professional colleagues. Assurance visits commenced in February 2021. All 69 care homes in Highland received a quality assurance visit, and any support areas identified as part of the visit have been followed up during 2021-22.

The majority of co-morbidity of physical and mental illness in acute hospitals affecting older people is due to three disorders:

- Dementia
- Depression
- Delirium.

These conditions are a predictor of increased length of stay.

Mental Health

We developed our transformation and improvement plans during the year reflecting on the impact of transforming services post-pandemic to enhance prevention and early intervention in mental health while developing more responsive and effective services for people with mental health problems.

The mental health team commenced work on a comprehensive mental health strategy with a particular emphasis on engagement and inclusion as part of the development of the strategy and as a focus of the strategy moving forward. This work will be completed by the end of 2022-23.

Multi Outcomes Case study

Home is Best approach to integrated care

During 2020-21 in Inverness, we piloted an enhanced community service model of care. This was to trial the shift in the balance of care to deliver acute services in the community where appropriate.

In 2021-22, using learning from this pilot, we developed our Home is Best programme to provide care as close to home as appropriate. This redesign work is now embedded in NHS Highland's *Together we Care* Strategy, as part of the Care Well ambition.

The Programme is also looking at redesign of our Community Assets:

- Re-configure community hospitals as step-up
- facilities (not step-down)
- We have invested in staff (nurse and AHPs and medical) to enable a community response service to crises and to provide more effective and timely decision making if hospital or home required.
- Re-configure NHS Highland care homes as advanced care facilities.
- Permanently align Care Homes, Community Hospitals and Care at Home services to GP Practices.

Outcome 5

Health and social care services contribute to reducing health inequalities.

This indicator is about ensuring that communities in Highland are safe and healthy and that individual circumstances are taken into account. The premature mortality rate in Highland is lower than the National average and has improved since the last data was published.

Performance regarding the time taken to access drug or alcohol treatments services is similar to the performance in the previous year, with a gradually improving trend over time. We continued to implement further substantial strategic work on improving access to Psychological Therapies and CAMHS.

Health and Social care services contribute to reducing health inequalities. This indicator is about ensuring that communities in Highland are safe and healthy. This is a future intention, should funding be available. This will enable more local and agile diagnostic and treatment provision.

Working alongside the Alcohol and Drug Partnership is has been working this year to deliver on Scotland's national alcohol and drug strategy, Rights, Respect and Recovery, recognizing that families are assets and key partners.

Our strategy recognises that families have the right to support, in their own right, as well as the right to be involved in their loved one's treatment and support. In progressing this work, the partnership acknowledges that supporting adults is central to this work and that partners at national and local levels across children's and adults' services need to work together to ensure whole family support is provided.

Recognition that women can face a range of barriers that can hinder them entering and sustaining attendance with treatment and recovery programmes. wE are working to ensure that service responses are designed to support women overcome the trauma and loss that they often experience when involved in child protection and lose the care of their children. The programme aims to ensure strong, enduring, collaborative working arrangements between adult alcohol and drug services and children and families services.

Care Home Support and Engagement

NHS Highland continue to support care homes and care home providers in a number of ways:

Rapid responses

In 2020-21, 25 care staff were recruited by NHS Highland to complement existing, reassigned staff to form a care response team. It was formed to provide an effective response in situations where Care Services were impacted by Covid-19.

Through 2021-22, this Covid Response Team (CRT) has continued to support many services across

Highland affected by outbreaks and there was a recognised need to further strengthen the team and to also confirm the permanent status of the core team members who have supported outbreak sites since the start of the pandemic. The additional Scottish Government monies made available during November 2021 enabled these plans to be executed and the employment status of these staff to be confirmed before Christmas.

The CRT team continues to be fully deployed to support services negatively impacted by Covid-19. Recent deployments have included care homes settings (independent sector and NHS), Care at home services (NHS) and hospital services.

The intention remains to develop the resource to continue to support care services in a more planned way by developing a roadmap to aid recovery and build resilience and this work will be developed with partners.

Recruitment continues at pace albeit staff numbers are fluid, and the team is expanding with more staff expected to join the team during April 2022. At the end of March 2022, 38 WTEs were recruited to the team with Team Managers, Team Leaders, Nurses, Admin Support, and predominantly 29.5 WTE Health & Social Care Workers/Assistants in post with permanent contracts.

Alongside this, work has commenced to restructure the team to allow for a more robust infrastructure to support current and anticipated growth.

Outcome 6

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

Carers play a particularly important role in ensuring the health and wellbeing of clients, patients and communities. The purpose of this indicator is to determine if they are supported in that role and takes into consideration their own quality of life. Historically, this has always been a different area in which to capture and record performance information.

The Biennial Survey, which asked this specific question of carers, has been used in the past, but is no longer part of the survey.

We are meeting our duties to Carers within current practice and contractual arrangements, whilst reviewing processes to meet the intent, ethos and duties contained within the Carers Act, to deliver an open and flexible response to meeting Adult Carers' needs.

Self-Directed Support

The Highland Self Directed Support (SDS) Strategy is about forming relationships, building trust, sharing intelligence and co-producing the new ideas and solutions necessary to truly refresh our approach to implementing Self-directed support in Highland. It is being taken forward collaboratively with people with lived experience, unpaid carers, a number of representative groups including Partners in Policy-making, SDS Scotland, SWS Scotland, Community Connections (locally funded SIRD organisation), service providers, social work staff and managers (among others).

The work on the development of the strategy is being informed by the SDS Change Map, the SDS Standards and the Independent Review into Adult Social Care. Crucially however we are aiming to ensure it will also be shaped by a wide ranging and in-depth engagement and consultation process. Underpinning the work is recognition of the need to address cultural and service change. With the publication of both the SDS Standards and the Independent Review, we believe the timing is absolutely right to progress this important area of work within NHS (North) Highland.

The four options of Self Directed Support are available to any adult who has been assessed as requiring social care support. An outcomes-based assessment can be requested from any NHS Highland Integrated District Team.

A personal, outcomes-focused assessment will be completed jointly by the person in partnership with one or more professionals to determine support requirements, with the aim of adopting a strengths-

based approach to meeting identified outcomes and considering eligibility for assistance with care and support needs where required. Depending on the individual's circumstances, a financial assessment might also be undertaken. Assessments will normally be reviewed on an annual basis.

In adult services, substantial growth in Self-Directed Support, and in particular Options 1 and 2, has been seen over the last six years as demonstrated at Charts 2 and 3 below, albeit there has been a slight decrease in the number of Options 2s within the past year specifically due to one provider ceasing to provide services which were replaced by an Option 3 traditional service delivery model.

We recognise, in keeping with the national picture and the development of SDS Standards, that change is required at a transformational level to ensure more consistent practice in terms of adopting strengths-based and community-led approaches to practice and highlighting the importance of good conversations, i.e. the development of relationship based practice to inform assessments and support options. As a supportive measure to staff, lead professionals are able to discuss complex cases and the variety of possible support options.

We do not think there is a simple, technical fix to the complex set of implementation issues in respect of Self-directed support. Rather, we believe we need to bring people 'around the table' to explore how we can make the changes together.

Therefore, NHS Highland's SDS Strategy is about forming relationships, building trust, sharing intelligence and co-producing the new ideas and solutions necessary to truly refresh our approach to implementing Self-directed support in Highland.

Subsequent to a significant consultation effort a number of local co-production groups are now working to improve our delivery of SDS including by;

- Improving local information about how budgets can be used flexibly
- Exploring how SDS can be used to complement Community-Led approaches to act preventatively
- Agreeing a realistic budget that those managing an Option 1 can translate into good quality care, and
- Agreeing how we can best engage people in realistic and creative conversations about the choice and control that SDS can offer them

At year end (March 22) we had 467 Option 1s and 234 Option 2s in ASC in Highland. This means there has been an ongoing increase in the uptake of Direct Payments in Highland (although we are working with partners to explore a small drop-off in Option 2s). We anticipate the trend in Option 1s will continue over time – and we are keen to increase the availability of Independent Support to help those choosing this option.

The aim of the Scottish Patient Safety Programme is to reduce the number of events which could cause avoidable harm from care delivered in any setting. Work has been undertaken in the following areas in primary care:

- Safety culture
- High risk medicines
- Safer medicines
- Pressure area care
- Safety at the interface including results handling.

The work of the Child Protection Committee have strengthened their role in undertaking work in the following areas;

- Developing culture and practice in relation to trauma informed and responsive approaches to child protection.
- Review and update Highland Child Protection Guidance in line with updated National Guidance.
- Implementation of National Learning Review Guidance locally.
- Work with the Corporate Parenting Board in developing plans to deliver on 'The Promise'.
- Identify methods for consulting with parents and carers about their experiences of child protection processes.
- Community Engagement Strategy and Plan to be developed to raise awareness of child protection in local communities and encourage communities to report concerns.
- Develop a suite of recommended resources for use with young people in relation to exploitation.

Outcome 7

People using health and social care services are safe from harm.

The purpose of this indicator is to ensure that there is support and services in place which ensure that clients are safe and protected from abuse and harm.

There is an increase in the percentage reporting as feeling safe, as is reflected elsewhere in the performance outcomes arising from the Biennial Outcomes survey both locally and nationally. This is an improvement on previous figures and at 86% is also higher than the national average of 80%.

Adult Protection

The work of the Highland Adult Protection Committee has progressed well in 2021-22. We have seen the consolidation of a number of working Sub-groups where partners are coming together to implement our continuous improvement framework. This work is being complemented by the initiation a number of SCR/ICRs.

At a practice level we have seen continuing high levels of demand:

- There were 675 Referrals received/recorded by Social Work Teams in 2021-22. This represents a 6% increase on the previous year's figures (636).
- These Referrals translated into 206 ASP Investigations. Therefore a third of Referrals resulted in Investigations (an Investigation involves the appointment of a Council Officer to assess the risks of harm to the identified individual).
- The completion of 206 Investigations represents a 2% decrease on the previous year's figures (211)

The "types of harm" which were the subject of an Investigation in 2021-22 are as below:

Principal type of harm which resulted in investigation	No. of investigations
financial harm	38
psychological harm	26
physical harm	39
sexual harm	8
neglect	54
self harm	6
other	35
total	**206**

The figure for Investigations for 2021-22 was 202. This is a slight decrease from the previous year – however it is clear that demand remains high in comparison to our pre Covid levels.

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- Identify methods for consulting with parents and carers about their experiences of child protection processes
- Community Engagement Strategy and Plan to be developed to raise awareness of child protection in local communities and encourage communities to report concerns

- Develop a suite of recommended resources for use with young people in relation to exploitation.

Child Protection Committee
The committee has this year been working to establish Local Child Protection Procedures. This marks a significant a shift moving from Multiagency Child Protection Guidance to Multiagency Child Protection Procedures. A series of information, training and awareness events have been held across Highland to inform all staff of the updated procedures and discuss any key changes to practice.

The committee has also been working to adopt the National Learning Review Guidance. This is an approach that replaces Significant Case Reviews and Initial Case Reviews. Information on the new Learning Review Guidance has been disseminated and discussed with frontline practitioners, managers and leaders.

The committee have drafted a Child Protection Committee Quality Assurance Strategy and established a new Quality Assurance Sub-Committee. They are also developing a suite of recommended resources for use with young people in relation to exploitation as well as developing and delivering training on exploitation awareness for residential staff, front line practitioners and community groups. In addition, they are delivering training in relation to trafficking and the National Referral Mechanism to ensure timely sharing of concerns. This work includes updating the local trafficking protocol to ensure practitioners and managers are clear how to share information in relation to trafficking concerns.

Within the committee's alcohol and drug sub group the focus is on developing services and support using a whole family early intervention and prevention approach to alcohol and drugs. Additional resource has been identified to improve partnership initiatives including a Perinatal Mental Health midwife, CAMHS Psychologist for Drugs and Alcohol and a health development officer to support early prevention and education.

Outcome 8

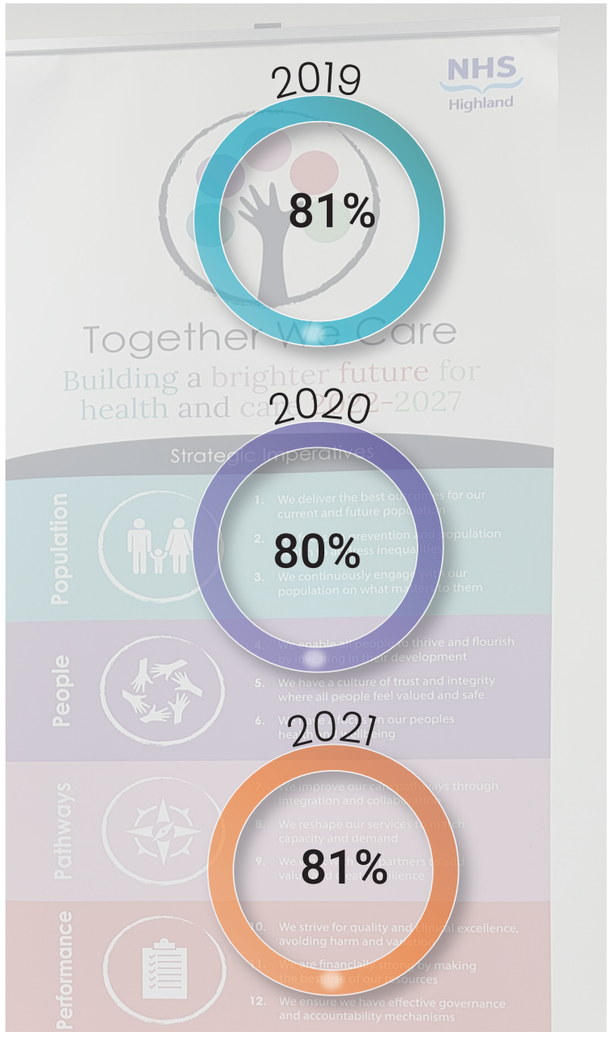
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Staff attending training find that the training is useful and increases confidence and abilities.
Although the ways of providing that training has changed and developed over the period shown, the measure as to whether it increases staff confidence has been maintained.

The system for review that staff have the required knowledge and skills framework has changed considerably and are no longer comparable. Sickness absence wosened slightly in 2021-22 from 4.8% to 5.38%

Workforce development and planning is being taken forward in collaboration with our Together We Care 5 year strategy and this is being translated into our 3 year Strategic Workforce Plan due in Autumn 2022.

Our People & Culture Programme Group was established for key decision making along with regular weekly wellbeing communications to ensure a healthy work-life balance for our staff. Our work on developing our workforce culture continued through 2021-22.
We continue to measure our success by the implementation of the iMatter programme which seeks to empower staff in fulfilling their potential as teams.



iMatter 2021-22

24 of iMatter question responses are in the highest quartile "strive & celebrate"

4 are in the "monitor to further improve" category

There are no responses in the "Monitor to improve" or "Focus to improve" categories

All responses show improvement since 2017

Children & Families

Within children and families vision is that 'All Highland's Children have the best possible start in life; enjoy being young; and are supported to develop as loved, confident, capable and resilient, to fully maximise their potential'

Our outcomes

Our outcomes consider the ways in which children and young people:

- Receive the help and support they need to optimise their well-being at every stage.
- Get the best start in life and enjoy positive, rewarding experiences growing up.
- Benefit from clear protocols, procedures and effective systems for recording observations and concerns which take account of best practice in information-sharing.

Our outcomes relate to the impact of services on the well-being of children and young people using the SHANARRI indicators. It focuses on their experiences and the extent to which their lives and life opportunities will be enhanced to ensure they are; Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included. This outcome has a specific focus on the following outcomes developed within our quality assurance and improvement framework.

- Children are protected from abuse, neglect or harm at home, at school and in the community.
- Children are well-equipped with the knowledge and skills they need to keep themselves safe.
- Young people and families live in increasingly safer communities where antisocial and harmful behaviour is reducing.
- Children and young people thrive as a result of nurturing relationships and stable environments.
- Children, young people and their families are supported well to develop the strengths and resilience needed to overcome any inequalities they experience.

Our Commitments

The partnership have outlined the following key commitments:

- Meet the requirements of the United Nations Convention on the Rights of the Child
- Deliver on 'The Promise'
- Deliver the the Care Leavers Covenant
- Develop a trauma informed approach
- Reaffirm the principles of 'Getting it Right'

Our partnership priorities for improvement are set around the following themes:

- Health and wellbeing including mental health
- Child poverty
- Children's rights and participation
- Child protection
- Corporate parenting
- Alcohol and drugs
- Governance and delivery arrangements
- Delivering the priorities

Delivery on the priorities and themes is undertaken by a delivery groups for each theme.

Each group is chaired by a lead officer from one of the partnerships and has membership across statutory services and third sector.

It is the responsibility of each group to develop the priorities and actions within their individual plans based on the agreed outcomes and needs assessment.

Plans are dynamic and monitored, evaluated and updated each time the group meets and formally reviewed annually.

Highland's Integrated children's Services Board provides oversight to the on-going work of the plan, scrutinise the deliverables and ensure the timescales are met. The board will provide regular updates to the CPP Board and will report formally to Scottish Government on an annual basis.

Child Poverty

This years focus has been on improving opportunities for training and apprenticeships for parents and young people, addressing food insecurity by increasing equity of access to good quality food, recognising the value of financial support for families during the school holidays, supporting the development of sustainable food tables and fridges in order to reduce the stigma associated with accessing food support and developing strategies to increase the uptake of free-school meals.

The partnership is also undertaking work to reduce the financial barriers of families by promoting the uptake of clothing grants, encouraging the uptake of concessionary leisure schemes for children with low income backgrounds, maximising the uptake of child related social security benefits and child specific benefits and the implementation of the health visitor financial inclusion pathway.

The partnership has imaintained a focus on staff wellbeing and professional skills development and responding to the needs of infants, children, young people and their parents/carers The partnership are also developing detailed plans to;

- develop perinatal mental health support
- maintain and further develop trauma informed and responsive approaches to universal and targeted food and healthy weight related initiatives for infants, children, young people and families
- agree and implement a trauma-informed infant mental health strategy to support very young children and their parents.
- undertake planning and redesign to develop a whole system approach to understanding and responding to the mental health needs of infants, children and young people and related access to support and services based on the Thrive model.
- understand and summarise the research in regard to the immediate and long-term impact of COVID-19 for the mental health needs of infants, children, young people and families.
- develop the skills, knowledge and confidence of Highland's staff through supported learning such as Promoting Positive Relationships, Mental Health Awareness and Change-Loss and Bereavement.
- Develop and promote online programmes for parents, teachers and community volunteers.
- Develop a 'whole school approach' to improving mental health.
- Provide effective counselling within an integrated approach to supporting children and young people.
- Ensure routes to request assistance from specialist services are in place and part of a staged approach that is understandable and supports accessibility of services.

Inspection of Services

Internal

Internal care services, such as Home Care, Day Care and Respite are regulated and inspected by the Care Inspectorate.

External

Commissioning Officers are responsible for managing the relationship between external providers and our service users.
Any concerns raised about the quality of care provided by an external provider are recorded and considered against other known information about the provider, such as previous concerns raised; and reports produced by the Care Inspectorate.

Where a concern has been raised, providers are responsible for developing and delivering an action plan identifying planned improvement activity which satisfies the Partnership (and Care Inspectorate if they are involved). This action plan will be monitored by Commissioning Officers to ensure it is being progressed and that improvements are being delivered within agreed timescales. This level of contract monitoring activity will continue until such times until we are satisfied that the provider has made the necessary improvements to ensure the care, safety and wellbeing of residents.

Where no improvement is evidenced, the Senior Management Team will take decisions in relation to any further action required to address on-going concerns, such as reductions in rates paid, increased monitoring activity such as on-site visits, and imposing conditions on the service until issues are resolved or contracts are terminated. Any action taken to address concerns raised about provider's service provision will attempt to do so in ways that put the best outcomes for service users first and which promote safety and wellbeing.

Reporting on Localities

Large Scale Investigation (LSI) Activity

LSI activity has focused on where there are identified concerns within care/service settings

There have been 5 Large Scale Investigations initiated in year 2021/22 which is down from last year.

It should be noted that the Care Home sector face significant challenges in order to maintain high level/ quality of service delivery.

Care homes have reporting to NHSH when they have any issues relation to public health or staffing, and while there may be risks to residents, the ASP and LSI activity in care homes has reduced for this period. A contributing factor to this is the strengthened relationship between the sector and NHSH, and individual care home's assessment of their pressure points.

- RAG status (whether there are any care homes on "red" or "amber" status) and actions taken
- Public Health closure status
- Bed capacity
- TURAS compliance (completion of daily TURAS portal by all care homes)
- Care Inspectorate gradings
- New Scottish Government guidance/requirements and update on implementation
- Mutual aid deployment
- Risks
- Escalations
- Characteristics and dynamics of factors which may impact on the provider base.

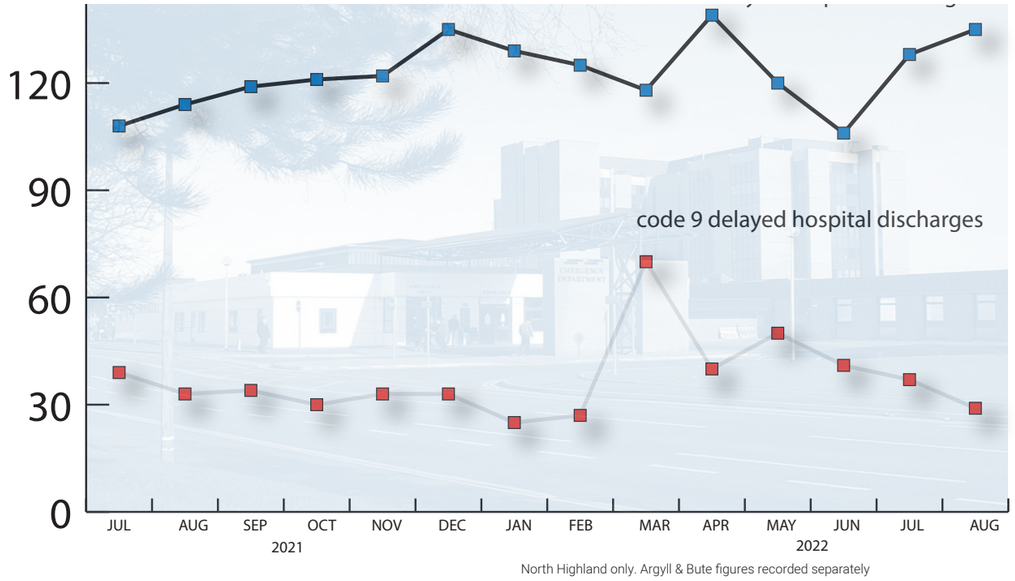
Outcome 9

Resources are used effectively and efficiently in the provision of health and social care services.

Home care costs and residential costs are published nationally. However, there are so many different factors contributing to these costs that national comparisons are largely meaningless. Similarly, the changes made to the payments system for the independent sector means the original indicator is no longer comparable.

Three of these four indicators depend on the compilation of national data, which has been delayed during and since the Covid pandemic.

The number of people waiting to be discharged from hospital when they are ready (Delayed Discharges) increased during 2021-22. Service improvements in this area continue to be a key National focus to improve patient flow through the whole health and social care system.



North Highland only. Argyll & Bute figures recorded separately

Finance Report to 31st March 2022

Financial Performance and Best Value

Financial modelling for service delivery 2021-22. Despite the operational and financial challenges of the Covid-19 pandemic and subsequently, there is still a requirement to deliver on savings and a similar programme managed approach will be taken to try and address the funding gap.

For 2022-23 and beyond, discussions continue, with our partners in The Highland Council to develop and agree a Three year cost containment and transformational plan within a joint governance and programme management structure. This is necessary to address the known budget quantum gap with continued support from Scottish Government as required with precise detail of plan, scale of savings and joint ownership to deliver on this ambitious transformational change programme.

Year One (2022-23)

Cost containment, transformation planning and resourcing of programme management team

Years Two and Three

Continued cost containment whist taking forward a comprehensive strategy of transformational change and system wide integration.

Summary

HHSCP financial position at month 12 which shows a year end overspend of £0.791m of which £2.355m relates to ASC and the balance being Health expenditure. Position includes SG funding in response to Covid-19

Final position to March 2022

For the 12 months to March HHSCP have overspent against budget by £0.791m, components of this overspend can be seen in Table 1 below.

2021-22 Plan		Month 12 March 2022 Summary Funding & Expenditure	YTD Position		
Annual Budget £000	Current Plan £000		Plan to Date £000	Actual to Date £000	Variance to Date £000
		HHSCP			
		NH Communities			
63,118	63,118	Inverness & Nairn	63,118	65,278	(2,160)
46,945	46,945	Ross Shire and Badenoch & Strathspey	46,945	46,378	568
40,654	40,654	Caithness & Sutherland	40,654	40,622	32
49,340	49,340	Lochaber, Skye & Lochalsh and Wester Ross	49,340	48,771	569
19,784	19,784	Management	19,784	22,074	(2,290)
4,312	4,312	Community Other	4,312	4,075	236
1,624	1,624	ASC Other	1,624	1,346	278
6,367	6,367	Hosted Services	6,367	6,143	224
232,144	**232,144**	**NH Community**	**232,144**	**234,688**	**(2,543)**
41,623	41,623	Mental Health Services	41,623		
139,737	139,737	Primary Care	139,737		
6,679	6,679	Adult Social Care Central	6,679		
420,183	**420,183**		**420,183**	**421,815**	**(1,631)**
		Support Services			
(15,650)	(15,650)	ASC Income	(15,650)	(16,491)	840
404,533	**404,533**	**Total HHSCP & Support Services**	**404,533**	**405,324**	**(791)**

Table 1

Within the NH Communities year end out-turn of £2.543m, an overspend of £4.480m relates to Adult Social Care expenditure – see appendix 1 for further detail on Social Care. Adult Social Care for 2021-22 saw an increase in activity due to packages being reinstated post covid and this was reflected in the year end position.

The balance within NH Communities mainly relates to underspends due to both vacancies and non pay. Recruitment issues continued from previous year with nursing and AHP experiencing the most vacancies.

Mental Health Services ended the year with a £0.008m underspend; whilst this position shows breakeven, a pressure of £1.200m relating to the FME service was the main outlier with underspends in nursing vacancies pulling the position back to breakeven.

Primary Care showed an underspend of £0.023m. Pressures in prescribing and locum usage (2c Practices) continued throughout the year with vacancies in the Dental service mitigating the pressure.

Within HHSCP Support Services, costs for Covid-19 were fully funded by the Scottish Government as well as slippage on the CIP target being covered.

Savings

NHS Highland identified a savings challenge of £32.900m to deliver a balanced position at the start of the year. Whilst there was some significant delivery of savings from the Division, additional support from the SG at the end of the year was required to deliver a breakeven position.

Conclusion

HHSCP financial position completed the year end with an overspend of £0.791m. This position reflects costs and funding associated with covid and funding to cover slippage against the CIP.

Governance Implications

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

Risk Assessment

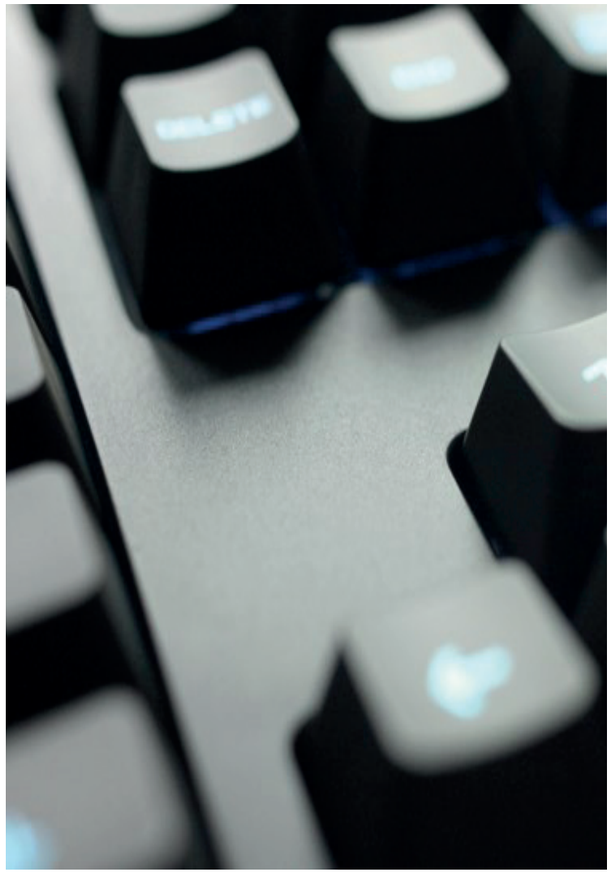
Risks to the financial position are monitored monthly. There is an over-arching entry in the Strategic Risk Register.

Planning for Fairness

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

Engagement and Communication

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



Appendices
Finance Table

Services category	Annual Budget £000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Forecast Out-turn £000's	Forecast Variance £000's
Older People - Residential/Non Residential Care						
Older People - Care Homes (In House)	14,717	14,717	12,702	2015	12,702	2015
Older People - Care Homes (ISC/ SDS)	32,042	32,042	32,004	39	32,004	39
Older People - Other Non-Residential Care (In House)	1132	1132	913	219	913	219
Older People - Other Non-Residential Care (ISC)	1252	1252	1094	158	1094	158
Total Older People - Residential/ Non Residential Care	**49,143**	**49,143**	**46,713**	**2430**	**46,713**	**2430**
Older People - Care at Home						
Older People - Care at Home (In House)	14,607	14,607	13,832	775	13,832	775
Older People - Care at Home (ISC/SDS)	14,813	14,813	16,725	(1912)	16,725	(1912)
Total Older People - Care at Home	**29,420**	**29,420**	**30,557**	**(1137)**	**30,557**	**(1137)**
People with a Learning Disability						
People with a Learning Disability (In House)	4161	4161	3611	549	3611	549
People with a Learning Disability (ISC/SDS)	30,474	30,474	32,754	(2280)	32,754	1320
Total People with a Learning Disability	**34,634**	**34,634**	**36,365**	**(1731)**	**36,365**	**1869**
People with a Mental Illness						
People with a Mental Illness (In House)	463	463	363	100	363	100
People with a Mental Illness (ISC/SDS)	7271	7271	7388	(117)	7388	(117)
Total People with a Mental Illness	**7734**	**7734**	**7751**	**(17)**	**7751**	**(17)**
People with a Physical Disability						
People with a Physical Disability (In House)	1057	1057	745	312	745	312
People with a Physical Disability (ISC/SDS)	5837	5837	6946	(1109)	6946	(1109)
Total People with a Physical Disability	**6895**	**6895**	**7691**	**(797)**	**7691**	**(797)**
Other Community Care						
Community Care Teams	6882	6882	6184	698	6184	698
People Misusing Drugs and Alcohol (ISC)	31	31	21	10	21	10
Housing Support	5829	5829	5724	104	5724	104
Telecare	852	852	655	197	655	197
Carers Support	1000	1000	1000	(0)	1000	(0)
Total Other Community Care	**14,595**	**14,595**	**13,585**	**1010**	**13,585**	**1010**
Support Services						
Business Support	1632	1632	1473	159	1473	159
Management & Planning	(1398)	(1398)	873	(2271)	873	(5871)
Total Support Services	**235**	**235**	**2347**	**(2112)**	**2347**	**(5712)**
COVID	**8416**	**8416**	**8416**	**(0)**	**8416**	**(0)**

table continued overleaf

Services category	Annual Budget £000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Forecast Out-turn £000's	Forecast Variance £000's
Total Adult Social Care Services	**151,071**	**151,071**	**153,426**	**(2355)**	**153,426**	**(2355)**
ASC Services now integrated within health codes	**4064**	**4064**	**4064**	**0**	**4064**	**0**
Total Integrated Adult Social Care Services	**155,136**	**155,136**	**157,490**	**(2355)**	**157,490**	**(2355)**

National Outcome Report

Key for all tables	
Benchmark is Scottish Average or local average where known Comparison benchmark is Scottish Average	
Performance is improving	G
Performance is stable	A
Performance is declining	R

Outcome 1
People are able to look after and improve their own health and wellbeing and live in good health for longer

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE	DATA CURRENCY
1.1	Percentage of adults able to look after their health very well or quite well	To maintain or increase	95% (2015/16)	93% 2019/20	G	A	92.4% NH 90.9% Scot Decreasing trend	Current (Biannual Report 2021/22)
1.2	Emergency admission rate (per 100,000 population)	To reduce	10,971 (2014/15)	10,779 2020/21	G	G	9,997 NH 11,636 Scot	Current 2021

Outcome 2
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE	DATA CURRENCY
2.1	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	To increase	83% (2015/16)	81% 2019/20	G	G	86.5% NH 78.8% Scot	Current (Biannual Report 2021/22)
2.2	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	To increase	77% (2015/16)	75% 2019/20	G	A	72.1% NH 70.6% Scot Dec. trend	Current (Biannual Report 2021/22)
2.3	Readmission to hospital within 28 days (per 1,000 discharges)	To reduce	92 (2014/15)	116 (2020/21)	R	R	113 NH 110 Scot	Current 2021

Outcome 3

People who use health and social care services have positive experiences of those services, and have their dignity respected.

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE NH	DATA CURRENCY
3.1	Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	To increase	73% 2015/16	74% 2019/20	G	A	71.9% NH 66.4% Scot Inc. trend	Current (Biannual Report 2021/22)
3.2	Percentage of adults receiving any care or support who rate it as excellent or good	To increase	83% 2015/16	80% 2019/20	G	G	83.0% NH 75.3% Scot Inc. trend	Current (Biannual Report 2021/22)
3.3	Percentage of people with positive experience of the care provided by their GP practice	To maintain	89% 2015/16	79% 2019/20	G	A	77.2% NH 66.5% Scot Dec. trend	Current (Biannual Report 2021/22)
3.4	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections and proportion graded 5 or above	To increase	76.8% 2015/16	83% 2019/20	G	G	80.3% NH 75.8% Scot	Current 2021/22

Outcome 4

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE NH	DATA CURRENCY
4.1	Delayed hospital discharges for service users residing within areas covered by ISC C@H providers	ZERO	20 Total 13 IMF 7 N & W	N/A		A	20 Total 17 IMF 3 N & W	Current
4.3	Emergency bed day rate (per 100,000 population)	To reduce	116,910 2014/15	95,155 2020/21	G	A	106,529 NH 109,429 Scot Inc. trend	Current 2021
4.4	Falls rate per 1,000 population aged 65+	To reduce	17 2014/15	21 2020/21	G	G	14.5 NH 23.0 Scot	Current 2021
4.5	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	To increase	85% 2015/16	80% 2019/20	G	G	84.3% NH 78.1% Scot Inc. trend	Current 2021/22

Outcome 5

Health and social care services contribute to reducing health inequalities.

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE NH	DATA CURRENCY
5.1	Premature mortality rate (per 100,000 population)	To decrease	374 2014/15	527	G	A	413 NH 471 Scot Dec. trend	Current 2021
5.2	People who have dementia will receive an early diagnosis: maintain the proportion of people with a diagnosis of dementia on the Quality and Outcomes Framework (QOF) dementia register and other equivalent sources	To increase	N/A		G	G	2284	Last published 2019/20 ?

Outcome 6

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE NH	DATA CURRENCY
6.1	Percentage of carers who feel supported to continue in their caring role	To increase	37% 2015/16	34% 2019/20	R	R	28.7% NH 29.7% Scot Dec. trend	2021/22

Outcome 7

People using health and social care services are safe from harm.

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE NH	DATA CURRENCY
7.1	Percentage of adults supported at home who agree they felt safe	To increase	84% 2015/16	83% 2019/20	G	G	86.0% NH 79.7% Scot Inc. trend	Current Biannual Report 2021/22

Outcome 8

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE NH	DATA CURRENCY
No current measures								

Outcome 9

Resources are used effectively and efficiently in the provision of health and social care services.

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE NH	DATA CURRENCY
9.1	NHSH make payment of the C@H tariff rate within 28 days of receipt of a valid invoice	To increase	83.34%			G	89.56%	2018/19 measure no longer valid