



# Annual Performance

## Report 2022 - 2023

Highland Health & Social Care Partnership



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# Foreword

Welcome to the Annual Performance Report (APR) by Highland Health and Social Care Partnership, on the performance of integrated health and social care provision. The report provides us with the opportunity to celebrate our achievements, share our challenges and reflect on our future delivery of health, social care and wellbeing services, together. We would also like to take this opportunity to recognise the commitment, dedication, person-centred professionalism and resilience of all colleagues working in health and social care, partner agencies, unpaid carers and community volunteers during this challenging period.

As a Partnership, we are committed to developing our services through planning and engagement with our Highland communities. All of our staff, carers and volunteers across Highland are working hard together to improve the health and wellbeing of our population. This report highlights the positive outcomes that the health and social care services are delivering; to everyone using our services, their families and the wider community. Through continuing to ensure people's voices are heard, their needs are understood and effectively met in collaboration with our partners. Thank you to everyone for your continued support and efforts and we look forward to continuing to work with our stakeholders and partners to shape the future of health and social care in Highland.

Pamela Cremin  
**Chief Officer**

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

**NHS Highland**

**The Highland Council**





# Introduction

We welcome the opportunity to share the Health and Social Care Annual Performance Report for the year 2022 as required by the Public Bodies (Joint Working) Scotland Act, 2014. The Health and Social Care Partnership (HHSCP) is responsible in ensuring that our local communities are clear on how health and social care integration is performing. The report highlights the key areas of achievement and challenges that we have faced over the year. 2022 has been challenging, but we have worked hard to continue to provide excellent health and social care services for our Highland communities which consists of Primary, Community, Mental Health, Acute Care, Children and Adult Social Care.

The HHSCP has built upon previous years and demonstrates how services have improved and adapted to complement highland communities. There are many examples where performance has been positive and innovative which we aim to maintain. In those areas where there is still work to be done, we are planning our future steps. We have many complex decisions to make around what services will look like in the future. The Health and Social Care Partnership will continue to focus on improving the health and wellbeing as well as delivering an inclusive high-quality service for everyone in Highland. I wish to thank all of our colleagues and partners who continue to provide services to improve the lives of those who live and are cared for in our Highland communities.



# Strategic Context and Overview

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

Children's health services are delegated by NHS Highland and delivered by Highland Council acting as the lead agency. Similarly, adult social care services are delegated by Highland Council and delivered by NHS Highland. Both partners report through joint arrangements with the governance of the partnership being managed through the Joint Monitoring Committee.

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

A Joint Strategic Plan for adults is currently being developed by the Partnership through a Strategic Planning Group including both partners, independent sector and third sector representatives and community representation. This will be a 3 year plan covering the period 2024 – 2027.

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

In developing this plan, the ICSPB has undertaken a joint strategic needs assessment and the data gathering from this activity will support an evaluation of the performance management framework which underpins the current plan. The strategic needs assessment takes a life course approach which will be reflected in the structure of the 2023 – 2026 plan.

In addition to the joint strategic needs assessment the priorities for this plan have also been driven by the voice and testimony of children, young people and their families.

As the current plan is a two year plan to reflect the impact of the pandemic the ICSPB intends to re-establish its priorities around the themes of the current plan adding a whole system approach to supporting families as a new priority.

Within the plan, 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 (The Promise)**
- **Alcohol and drugs**
- **Whole family wellbeing**

# Performance Management and Governance

The strategic framework for the planning and delivery of health and social care services consists of 9 Health and Well Being Outcomes and a core suite of integration indicators. In NHS Highland adult health and social care services are delivered within the NHS Highland performance governance structure which oversees the delivery of the NHS Highland Strategy and Annual Delivery Plan.

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

NHS Highland has produced a Performance Management Framework. This aims to ensure that NHS Highland successfully delivers national standards for performance and agreed targets encompassing all areas of our strategy “Together We Care, with you, for you” in line with our annual delivery plans. A service planning framework has also been introduced to provide ownership at service level ensuring appropriate plans are in place with clear oversight and governance. The framework ensures an integrated approach to both performance and quality management.

At board level we have redesigned our Integrated Performance and Quality Report (IPQR). This report gives the board an overview of performance and quality across NHS Highland bi-monthly. It is compiled from data considered at our governance committees along with comments, risks and mitigations from our executive leads. A subsection of the IPQR has been agreed by the Highland Health and Social Care Committee, which receives the report, and assurance on performance against it, at each meeting.



**Together We Care**  
with you, for you

planning, self-evaluation, reporting, performance management and assurance.

The Integrated Children’s Service Planning Board has responsibility for monitoring progress towards achieving the outcomes outlined within the Integrated Children’s Services Plan and utilises a fully developed Performance Framework to achieve this.

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

# Performance Overview

## INTRODUCTION

Over the last year there has been a move from the post-COVID remobilisation of services to focus within the Health and Social Care Partnership on system flow and preparation for winter pressures. From October onwards health and social care services across Scotland experienced an increase in the prevalence of Flu and Covid19 in addition to expected winter illness and system pressures. The Health and Social Care Partnership engaged in collaborative whole system improvement to enhance patient flow through hospitals. A significant challenge during the year affecting system pressures has been in the adult care sector.

## Key Performance Overview

The key performance overview demonstrates the financial year (April 2022 – March 2023), this ensures that there is data continuity linking previous and new reporting using full year data. The Latest performance against the National Integration indicators, ministerial indicators are detailed in the appendix.

## Benchmarking

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

| Benchmarking |                     |
|--------------|---------------------|
|              | Better than average |
|              | Average +/- 5%      |
|              | Worse than average  |

## Performance Management Framework

The Highland Health and Social Care Partnership Performance Framework is a set of performance indicators used to monitor progress and evidence the effectiveness of the services that North Highland provides as aligned with the Annual Delivery Plan. The performance indicators should primarily be reported to the Health and Social Care Committee for scrutiny, assurance, and review. A subset of these indicators will then be incorporated in the Board Integrated Performance and Quality Report (IPQR)

In line with the NHS Highland IPQR, it is intended for this developing report to be more inclusive of the wider Partnership requirements and to further develop indicators in agreement with the Community Services Directorate, Adult Social Care Senior Leadership Team, and Highland Health and Social Care Committee members that will align with the new ‘Together We Care’ Strategy and the Annual Delivery Plan objectives.

## KEY ACHIEVEMENTS IN ADULT SOCIAL CARE



**CARE AT HOME**

The Partnership’s key objectives for care at home services during 2022-2023, has been to achieve stable, resilient and assured provision and capacity release / growth.

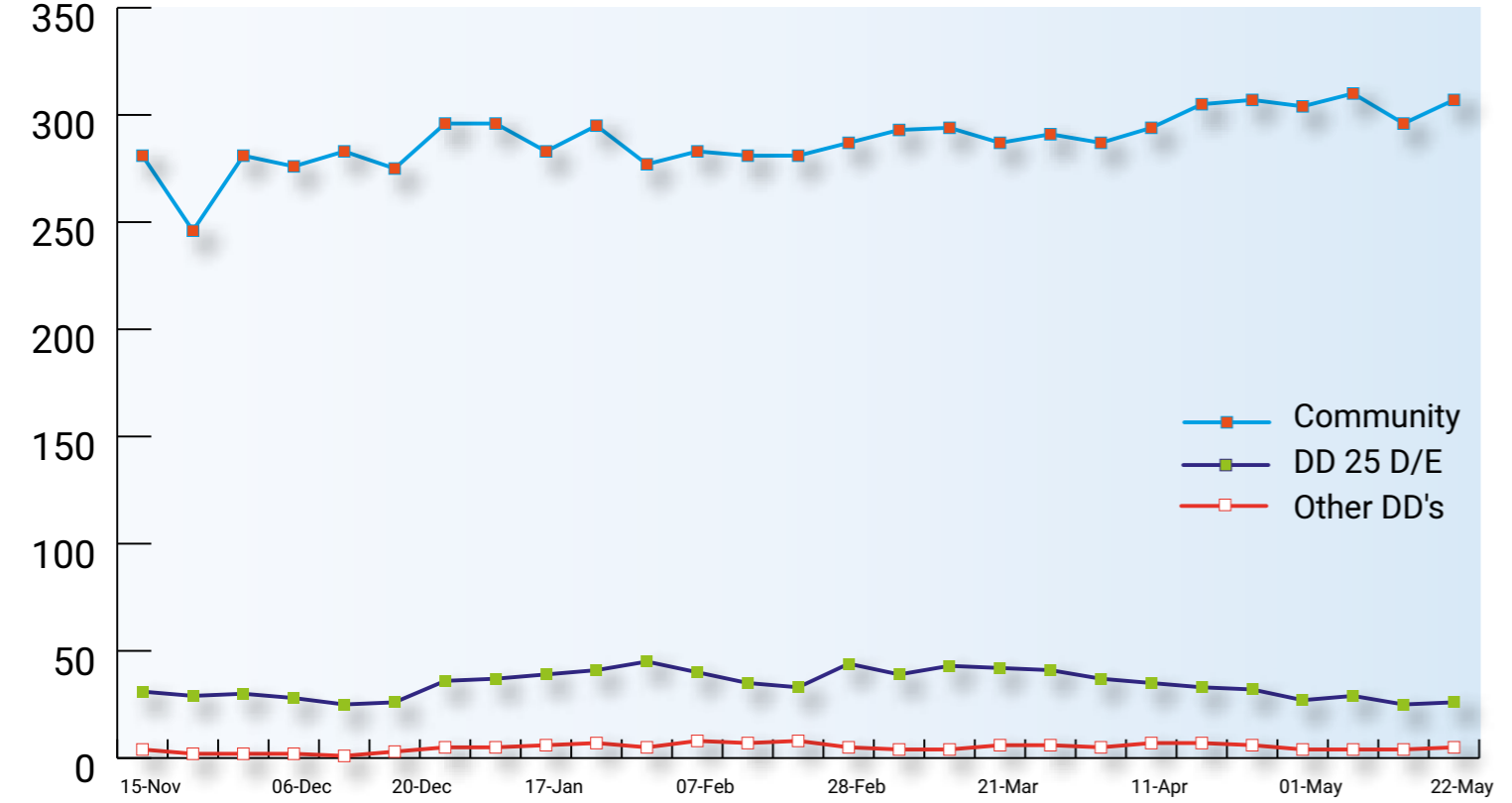
NHS Highland (NHS) has been working closely with care at home partners through regular and structured dialogue in order to better understand the current issues and to work together to identify and implement sustainable solutions to address the key issues, summarised as: high attrition and unsuccessful recruitment, impacted by: role pressures; (perception of) sector / role inequity; and fuel costs; staff wellbeing issues specific geographic challenges in rural / remote delivery and the additional costs of providing care at home, as well as the more acute recruitment challenges in these localities.

Over the course of 2022-2023, there has however been a significant reduction of available services (1,300 hours p/w), despite the measures put in place by NHS to seek to stabilise provision, and ensure capacity release and growth – these being advance payments, and continued UKHCA aligned tariff.

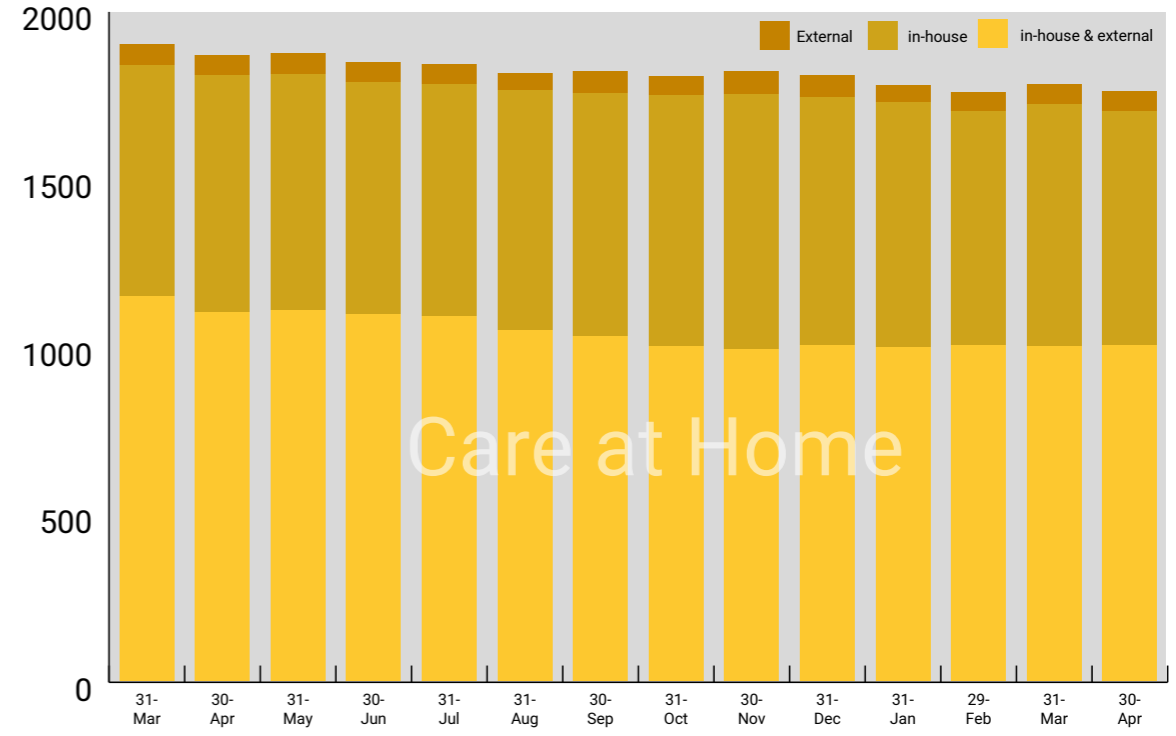
This reduced service capacity is having an impact on the wider health and social care system, and in particular, the ability to timeously discharge patients delayed in hospital.

Going forward into 2023-2024 and critical to achieving sustainability, there is a need to recognise the care at home workforce as equal partners in the wider health and social care system and to actively support the professional and financial recognition of this. This is a key aspiration being set out within the Partnership’s Strategic Plan. To support this direction, there is a need to identify and implement more significant interventions to shift direction.

The following graph demonstrates all the Highland hospital Delayed Hospital Discharges assessed as requiring care at home (identified in the graph as DD 25 D/E), and those waiting in the community. It represents the total number of people waiting for a care package every month.



As demonstrated in the following graph, the overall numbers have continued to fall after a period of significant and sustained reductions during 2021 and 2022. NHS Highland and external care providers continue to operate in a pressured environment. There has not been growth in external care at home, low levels of recruitment and the loss of experienced care staff that continue to be the primary concern expressed by providers.



**CARE HOMES**

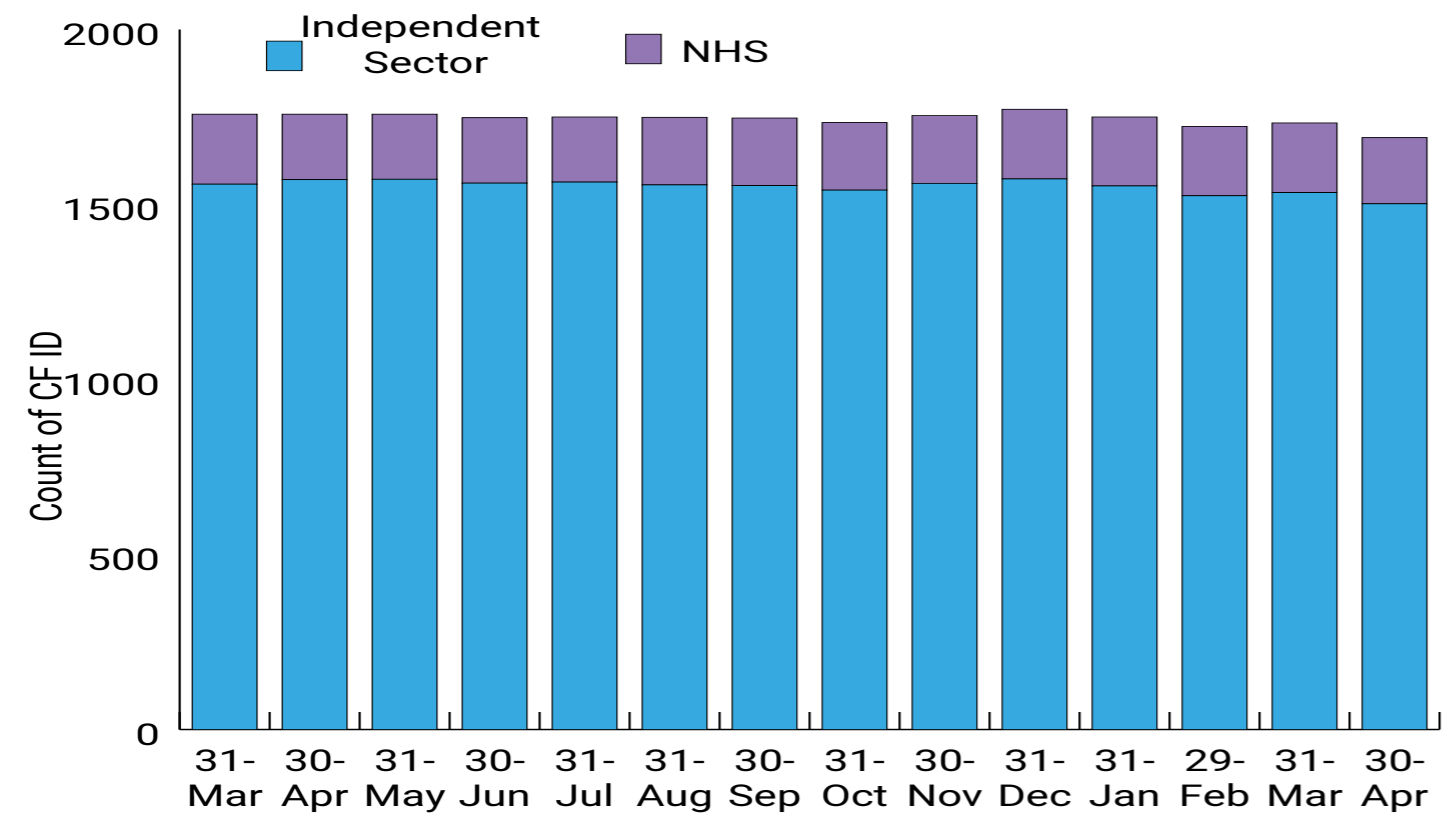
There has been significant independent sector care home fragility over 2022-2023. Since March 2022, there have been 4 independent sector care home closures, with a further closure, announced in March 2023. This will result in a total of 5 care home closures having occurred over a 14 month period, and a loss of 141 care home placements. Also over this period, the Health and Social Care Partnership acquired a care home in administration, in order to prevent the closure of this facility and loss of this provision.

This fragility is attributed to a number of factors, namely the remote, rural and small scale provision in Highland, particularly the difficulties of recruiting and retaining staff in these localities (and across the area), securing and relying on agency use, and the lack of available accommodation which compounds the challenges. The single biggest challenge is the ability to recruit and retain staff, and to be able offer more favourable terms and conditions compared to the NHS and to compete against other workforce sectors, particularly the tourism economy.

Whilst this smaller scale provision reflects Highland geography and population, it presents increased financial sustainability and vulnerability risks, particularly given that the National Care Home Contract rate is calculated on the basis of a 50 placement care home, operating at 100% occupancy. The Partnership continues to make representation to Scottish Government and to Ministers to address this inequality.

This reduced bed availability is having an impact on the wider health and social care system, and in particular, the ability to timeously discharge patients delayed in hospital.

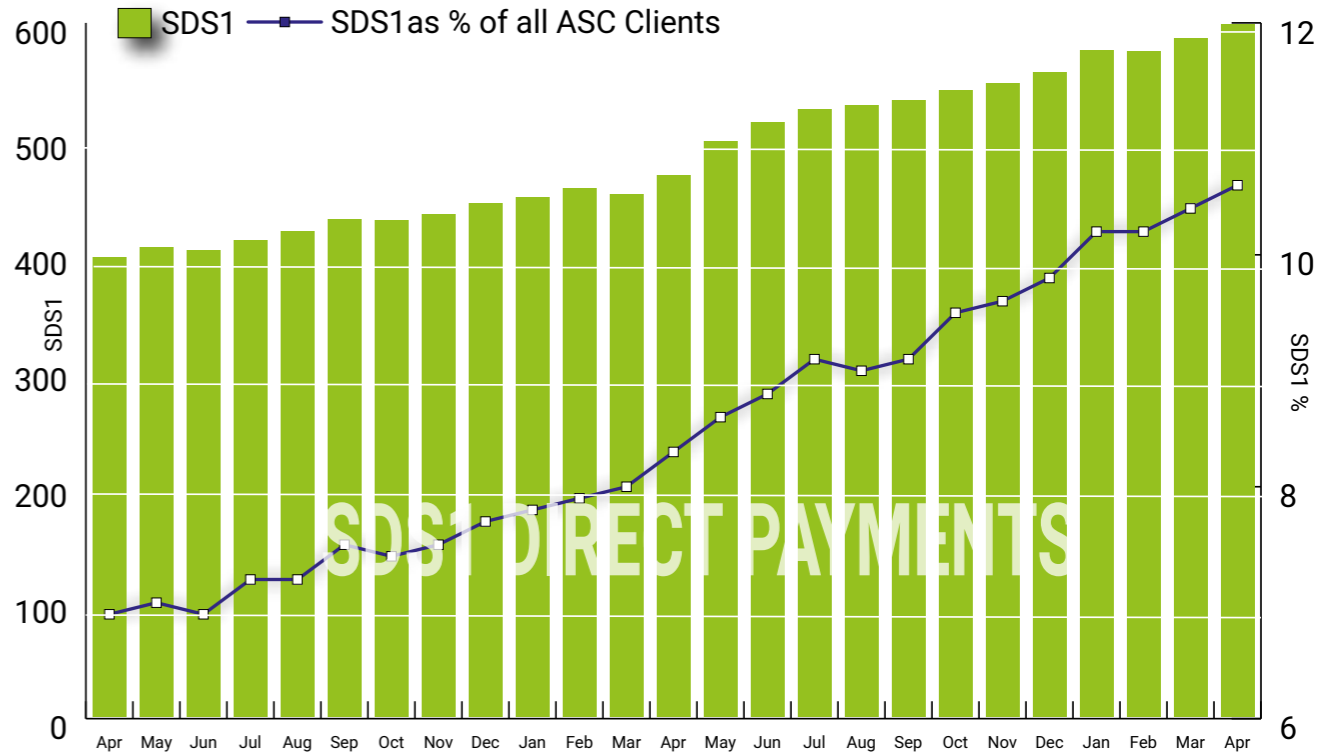
The graph below demonstrates that the total number of independent sectors occupied placements at April 2023 was 1502 which is the lowest for many years. This reduced availability is having an impact on the wider health and social care system, and in particular the ability to timeously discharge patients from the hospital setting.



The HHSCP is working closely with Highland Council to develop a strategy for care homes and an implementation plan to span the medium to longer term care environment.

**ADULT SELF DIRECTED SUPPORT / CARER SHORT BREAKS**

There has been sustained growth in Option 1, direct payments, for both younger and older adults in some remote and rural areas. There is an overall increase of 201 since March 2021 with further growth expected this year. The increase does highlight the unavailability of other care options and a real market shift as we are unable to commission other care services. There is an increase in Option 1 recipients who can retain and recruit personal assistants, this demonstrates resource pressures that are affecting all aspects of the care delivery.



Plans are now in development to better understand and resolve any process barriers to growing the overall number of Independent Service Funds (ISFs) A restructure of the operation of Option 2's was agreed as a key work stream component within an overall programme for promoting choice, flexibility, and control.



## KEY ACHIEVEMENTS IN ADULT SOCIAL CARE

- Development of a case file audit process
- The appointment of an Adult Protection Training Officer and development of a new, comprehensive, multi-agency training programme across Highland is now well progressed .
- An increase in learning review activity has enabled increased learning from cases.
- Revision of the Highland Adult Protection Committee improvement objectives which are:
- Providing leadership through building partnership working and promoting and developing ownership of adult protection responsibilities across relevant agencies including the role of health in adult protection work
- Understanding and responding to the strategic context of adult protection and being accountable to stakeholders
- Promoting consistency of good practice through linking legislation and Codes of Practice to local practice and exploring the implementation of Trauma Informed Practice, Supported Decision Making, Chronologies and Inter-agency Referral Discussions
- Assuring quality across current activity through evaluation and audit work
- Promoting participation in adult protection; ensuring the voices of adults at greater risk of harm and their carers are heard and understood
- Sharing learning from reviews
- Promoting the awareness of harm to our communities by engaging cross-sector partners

### CARE HOME SERVICES

Development of a care home closure framework has to guide decision making and ensure consistency of approach to the closure of a care home. This has been developed in response to significant independent sector care home fragility over 2022- 2023. Since March 2022, there have been 4 independent sector care home closures, with a further closure, announced in March 2023, which is currently concluding. This will result in a total of 5 care home closures having occurred over a 14 month period, and a loss of 141 care home beds.

### CARE AT HOME SERVICES

Close working with care at home partners through regular and structured dialogue in order to better understand the current issues and to work together to identify and implement sustainable solutions. The Partnership's key objectives for care at home services during 2022-2023, has been to achieve stable, resilient and assured provision and capacity release and growth.

### CARERS

Operation of an SDS Option 1 Short Breaks scheme which has given unpaid carers the opportunity to tailor a personalised break. This complements the supports that are available to carers via a range of Carer services introduced to mitigate the worst impacts of COVID-19. Review of carers services to explore how we will shape our carers services into the future. We have done this by bringing unpaid carers and providers together and we are supported Health Improvement Scotland's iHub to ensure this is a collective and collaborative response to meeting unpaid carers needs locally.

### SELF DIRECTED SUPPORT (SDS)

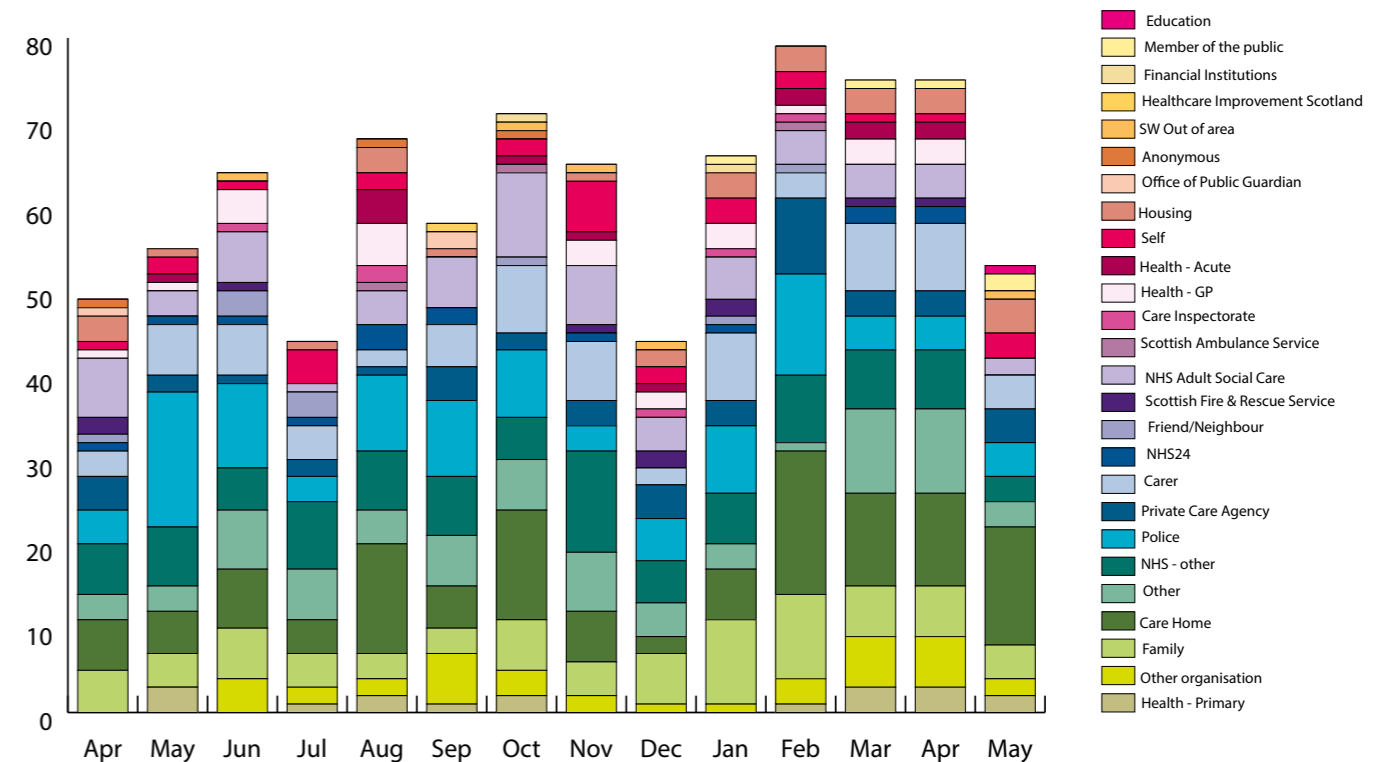
- Review of our Self-directed Support through forming relationships, building trust, sharing intelligence and co-producing new ideas and solutions. We were invited to explain this work nationally at the National SD Collaborative this year and received a visit from the Cabinet Secretary to hear about developments.

We are currently taking a planned, programme approach to:

- Creating more time and capacity – in consultation with workers - via reduced bureaucracy
- Creating greater Worker Autonomy
- Increasing the availability of Independent Support
- Explore new, more flexible commissioning models: Option 2; Alliances, Place-based etc.
- Providing realistic funding for Option 1
- Supporting 'grass roots', systemic self-evaluation and improvement planning

## ADULT SUPPORT AND PROTECTION

The following graph demonstrates the number and source of Adult Support and Protection referrals and illustrates that referrals come from multiple sources. Previously the main source was the Police. However as people have become more aware of Adult Protection the numbers of referrals have increased from other sources. The number of referrals that progress to a full investigation following the initial inquiry is approximately 25%.





"We have done work alongside our partners, in-Control Scotland, to better understand the operation of our Independent Service Funds. We know there are issues in offering greater choice and control in this area and we have brought different component parts of our system - including recipients, contracts, providers, managers and workers - together to see how these can be addressed. As a result of three workshops we have identified the main themes for improvement.

These themes relate to creating an equal working alliance between workers and supported people and increasing the autonomy of workers to realise flexible and creative three-way care planning with trusted providers and supported people. We are planning now to translate the outputs from the work above into creating maximum contractual flexibility to enlist appropriate provision for individuals needing support wherever possible

"We are working with representatives of the local communities in West Lothian to explore how SDS might be used to offer a range of opportunities to reshape social care in the area. We are aiming that this work might develop into a collaborative, "placed-based" commissioning exercise - pulling the different parts of the system together behind a common purpose. We want to explore how a full range of opportunities can be stimulated and made available for people in local communities. We are planning to take a "project" approach to this to enlist appropriate organisational support"

"We are working alongside Health Care Improvement Scotland's iHub to help us forge an alliance between unpaid carers and statutory and community providers to realise the future shape of carer services in Highland. This means that current services and unpaid carers are beginning to work together to develop and share a common goal for carers services. We want to build trust and relationships between the parties: and we want to develop a learning culture where our providers are encouraged to respond flexibly to meeting carer's expressed needs - feeling empowered to try innovative and experimental ways to provide that support."

"We are working with those managing an Option 1 (Direct Payment) and with those with budget responsibilities in Adult Social Care to see if we can describe a fair, equitable and sustainable framework for the calculation of Individual Budgets. We think this should support the exercise of choice by ensuring that the recruitment and retention of Personal Assistants (PA) is a realistic and sustainable option. Work with a local "Peer support group" is well advanced and a model which recognises the real component costs of employing a Personal Assistant in our urban, rural and remote geographies has been agreed. We anticipate that a new hourly rates will be put in place shortly."

"We are involved in an important Self-evaluation and Improvement project of SDS for Highland in partnership with Social Work Scotland and the iHub. This is part of the National SDS Improvement Plan. We are employing facilitated self-evaluation methodology to co-produce improvements in how social workers and their partners carry out some of their "core" work, increasing their capacity for relationship-based practice and their ability to offer greater choice, control and flexibility in social care."

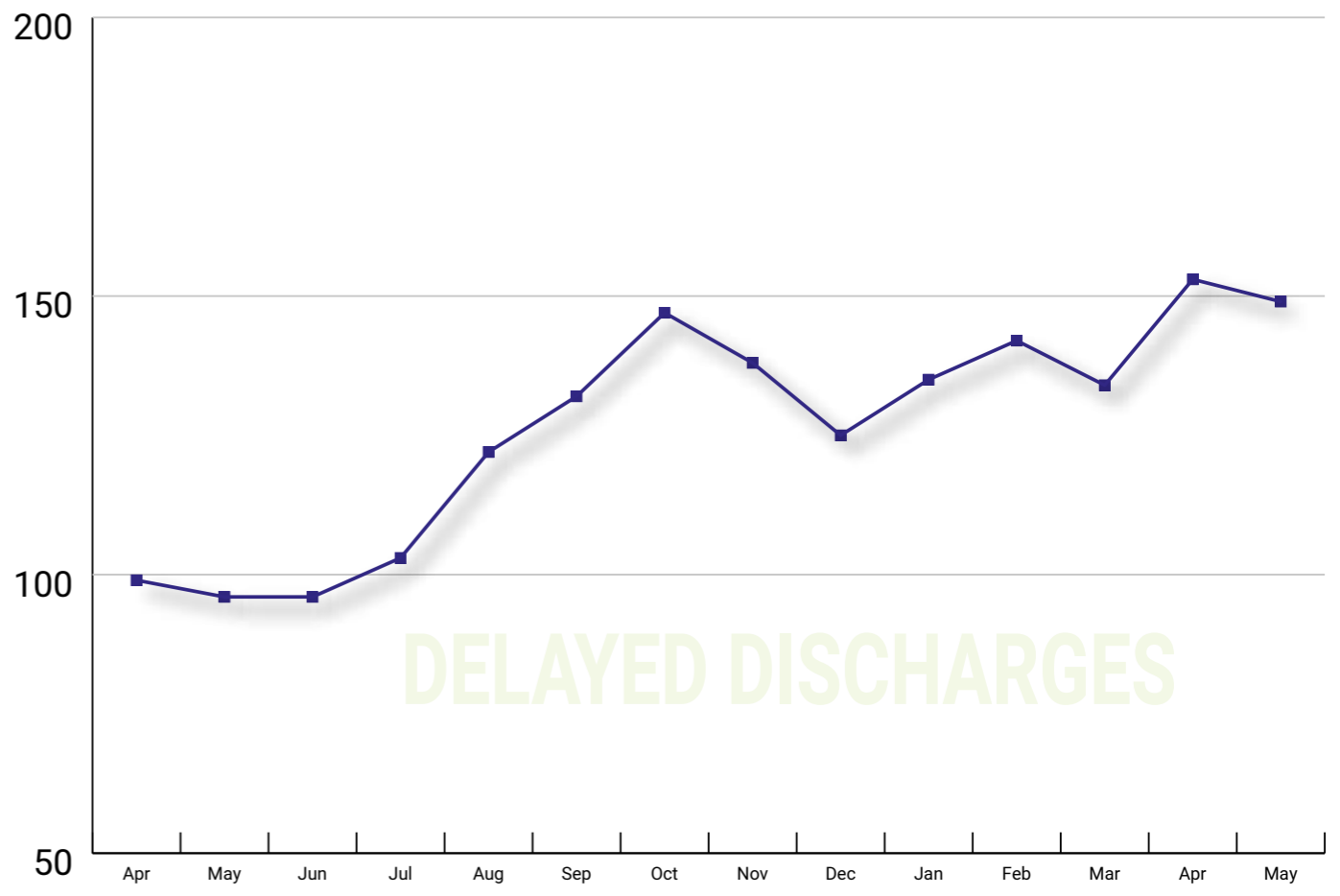
## Working Together in Partnership

## WHOLE SYSTEM FLOW

### DELAYED DISCHARGE

There is no national target for delayed discharges (DDs), but NHS Highland aims to ensure we provide our population care in the right place at the right time.

The following graph demonstrates the total number of delayed discharges every month until May 2023



DELAYED DISCHARGES

Delayed discharges remain a concern both nationally and within NHS Highland. They are part of a bigger picture of a system under strain as well as the need to ensure we are focusing on reshaping how we work together.

It is recognised that there is a close relationship between the unscheduled care work required across the system and the level of delayed discharges, this is alongside the competing challenges within acute and community services. There has been a need identified for quality improvement work across the organisation and in Highland we are progressing key developments that are underway.

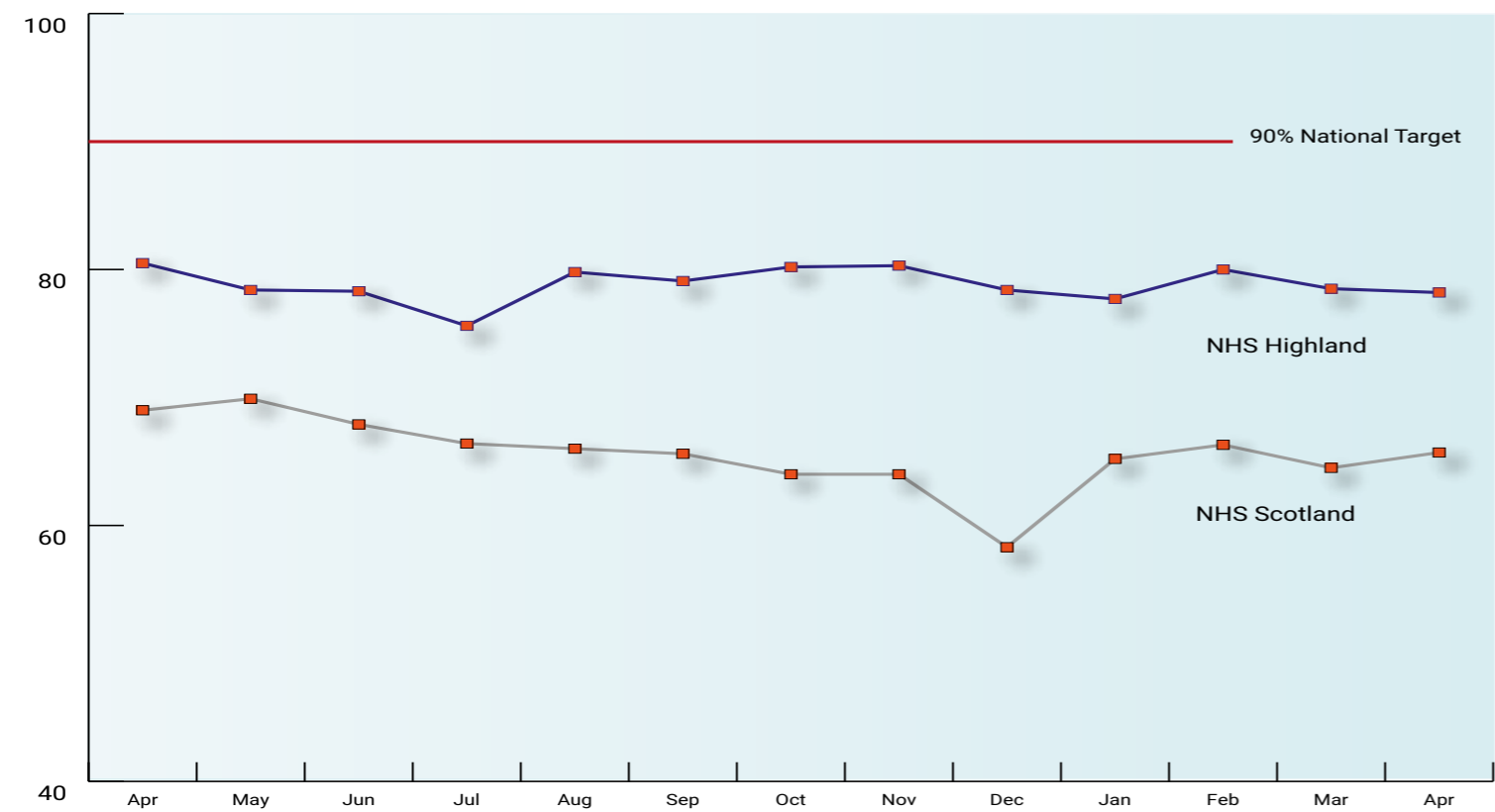
It is recognised that cross system working is key to ensuring success of this work with benchmarking from other areas to achieve sustainable improvements.



# KEY ACHIEVEMENTS IN WHOLE SYSTEM FLOW REDESIGN

## WINTER AND SYSTEMS PRESSURES

The 4-hour Emergency Access Standard remains the key indicator and measure of whole system safety and continues to be supported by the Royal College of Emergency Medicine (RCEM), and a wide range of clinical groups. The following graph illustrates that NHS Highland were able to maintain the 4-hour Emergency Access Standard through the year and during the period of winter pressure at a standard above the Scottish national average.



The national standard for A&E waiting times is that new and unplanned return attendances at an A&E service should be seen and then admitted, transferred, or discharged within four hours.

This programme of work included services from the front door of the 4 Emergency Departments through Acute services, Community and Adult Social Care and includes partner agencies such as SAS.

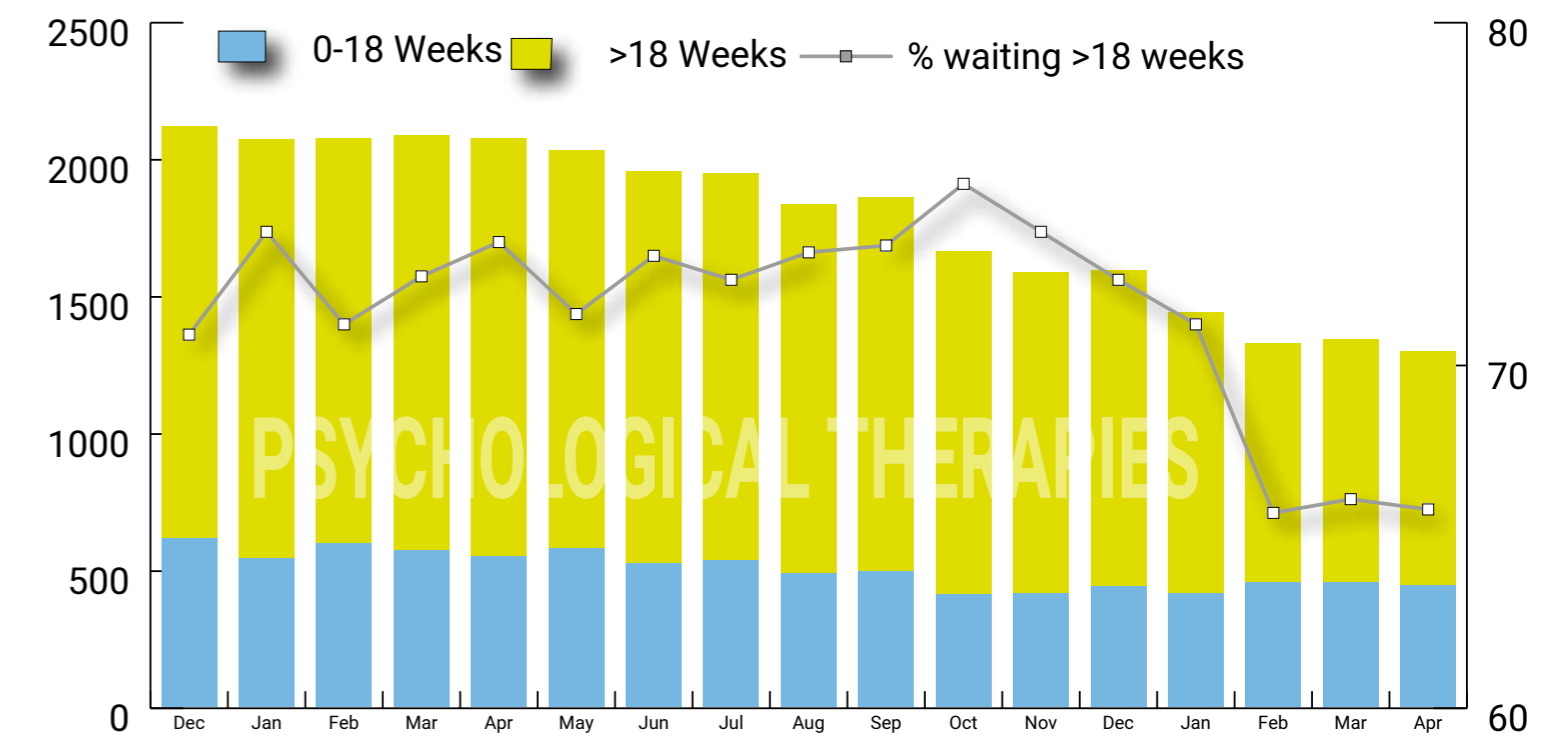
This was established through a “Winter Ready” task and finish group in September to bring together colleagues, 3rd sector and partners as a whole system approach to developing our “Winter Ready Action Plan” (WRAP). Six key priorities were identified to support the system with key actions and outcomes. This allowed us to work collaboratively, system wide to support the development of a mutual understanding of the required outcomes for our population through an integrated approach.

For each of the 6 key themes a set of mission critical actions (54 in total) supported by key performance indicators were developed. Twice weekly tactical meetings were held on Thursdays to ensure accountability and responsibility. Each week a system pressures report was used at the Thursday meetings to examine the whole system across community and acute to understand what mitigations were being put in place to ensure resilience.

# KEY ACHIEVEMENTS IN MENTAL HEALTH AND LEARNING DISABILITY

## PSYCHOLOGICAL THERAPIES

The national target: 90% of people commence psychological therapy-based treatment within 18 weeks of referral. Psychological therapies services have had longstanding challenges with significant waiting times. There are several factors that have led to this including a lack of any other route for psychological interventions at an earlier stage. It is anticipated that the development of primary care mental health services will help along with the targeted use of community resources and the development of Community Mental Health Team (CMHT) colleagues to work with their psychological therapy colleagues. It has also been identified that there is a gap in the provision of Clinical Health Psychology this is currently being addressed by the Board and Director of Psychology.



There will always be a need for specialist services and NHS Highland is working to build a sustainable model. Recruitment and retention is a challenge with national recruitment is taking place. There has been successes in developing a Neuropsychology Service which forms the majority of our current extended waits. The data provided is showing improvement overall with clear trajectories agreed with Scottish Government as we progress with our implementation plan.

## DRUG AND ALCOHOL RECOVERY

- The collection of experiential data from people accessing services, family members and practitioners. The data has been thematically analysed with support from Research and Development colleagues and will be used to inform future service developments
- Completion of an evaluation of the Housing First pilot which reported that: “Stable housing alongside rapid access to treatment and support for independent living provides a foundation for improved health and wellbeing, reduction in criminal behaviour and less health emergencies including overdose”. The learning will be incorporated in to mainstream services.
- Delivery of a webinar by Caithness Drug and Alcohol Recovery Service In partnership with Health Improvement Scotland, in order to share learning on delivery of assertive outreach in remote and rural communities to reduce drug deaths.
- Expansion of the residential rehabilitation capacity in Inverness within the grounds of Beechwood House. The expansion will allow a 46% increase in annual service capacity and provide benefit to the Highlands



as well as the surrounding areas of Moray and the Western and Northern Isles. Supported by the Drug and Alcohol Recovery Service, CrossReach were able to secure funding of £2.4million from the Scottish Government to achieve this.

- Progress toward delivering the national Medication Assisted treatment Standards (MATS) across NHS Highland. There are no longer lengthy waits and individuals requiring medication assisted treatment will be able to access this on the same day of presentation. There has been an increase in non-medical prescribers who can prescribe treatments previously only available from a GP or specialist doctor.
- Progress in relation to proactively seeking and offering support to all individuals identified as being at risk of harm.
- Caithness and Inverness have both developed specific outreach models with the objective of reducing drug related deaths.
- Joined up working arrangements with Scottish Ambulance Service and Police Scotland have strengthened enabling local services to proactively and urgently respond where concerns have been identified i.e. non-fatal overdose pathway
- Waiting times have reduced across Drug and Alcohol Recovery Services.
- Improvements in access to harm reduction interventions.
- Individuals are now routinely offered a range of harm reduction interventions wherever they present for treatment. This is evidenced by an increase in Naloxone distributed across Highland.



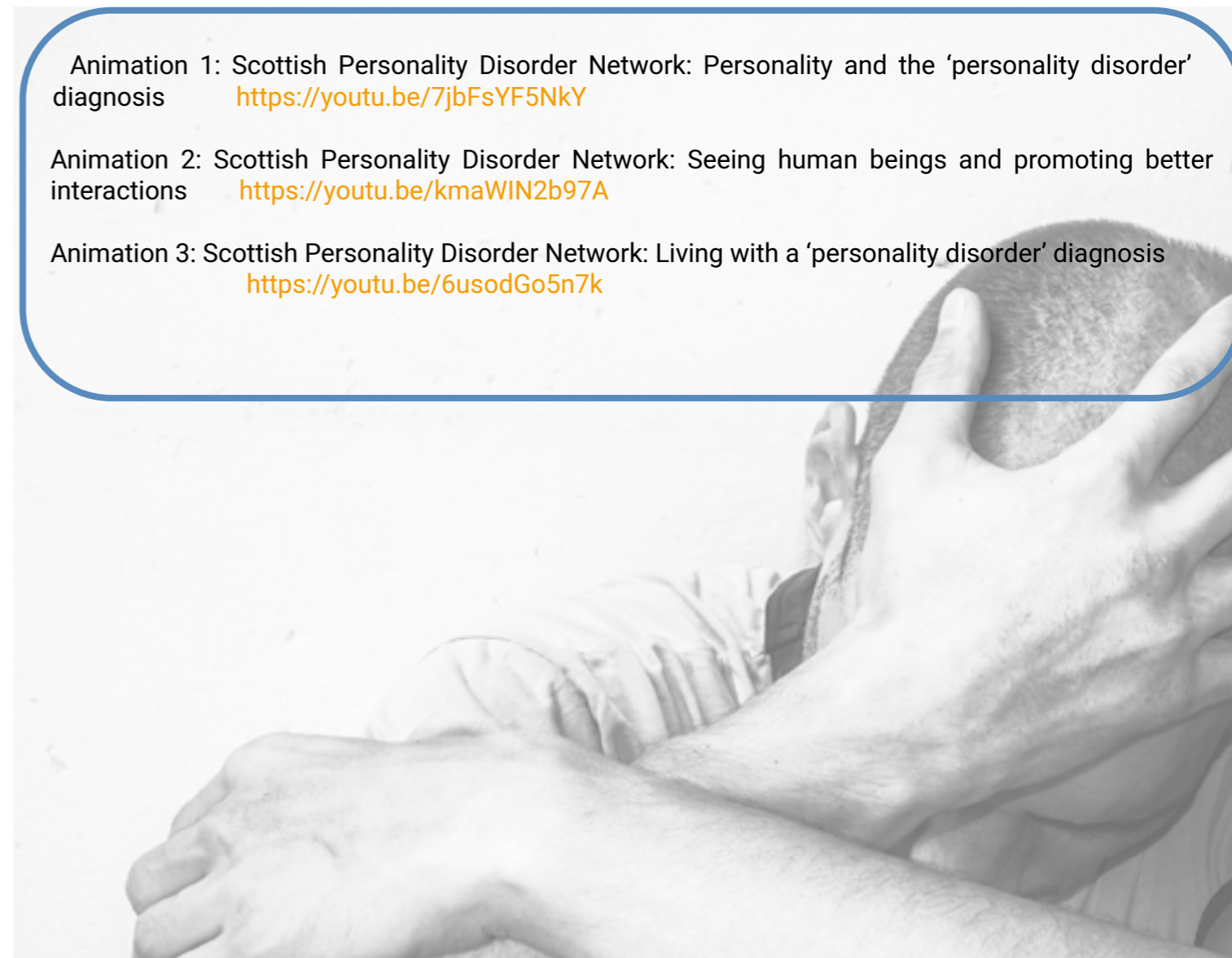
## MENTAL HEALTH

- Establishment of a Mental Health & Wellbeing Primary Care Service (MHWPC). The service provides easily accessible psychological interventions to individuals with mild to moderate mental health concerns
- Revision and improvement of the Psychiatric Emergency Plan including the provision of a new Escort Team to support people transferring into New Craigs Hospital in Inverness from across Highland.
- Establishment of The Highland Peri-natal and Infant Mental Health service. The service provides care and treatment from a wide range of disciplines including midwives, psychology and mental health nurses.
- Involvement of the Highland Mental Health Assessment Unit in the joint Operation Respect initiative over the festive period. This initiative aimed to improve relationships between agencies and the unit continues to proactively develop relationships with other agencies.
- The development of strategies and interventions to enable people to stay at home longer by the Older Adults Stress & Distress Team working with care homes and community health and social care teams.
- Participation in a pilot project to design Attention Deficit Hyperactivity Disorder (ADHD) assessment pathways which will be evaluate later this year.
- Creation of a Mental Health and Learning Disability Services Strategy that we will be available in draft format in July this year. To co-produce this we have worked in partnership with the Scottish Recovery Network to arrange a series of Conversation Cafés to hear from people and created a Stakeholder Group to draft the strategy.
- The NHS Highland Personality Disorder Service has worked closely with the Personality Disorder Network and the Scottish Government to create 3 short animations: "There is Hope Beyond Diagnosis- A Series of Short Animations".

Animation 1: Scottish Personality Disorder Network: Personality and the 'personality disorder' diagnosis <https://youtu.be/7jbFsYF5NkY>

Animation 2: Scottish Personality Disorder Network: Seeing human beings and promoting better interactions <https://youtu.be/kmaWIN2b97A>

Animation 3: Scottish Personality Disorder Network: Living with a 'personality disorder' diagnosis <https://youtu.be/6usodGo5n7k>



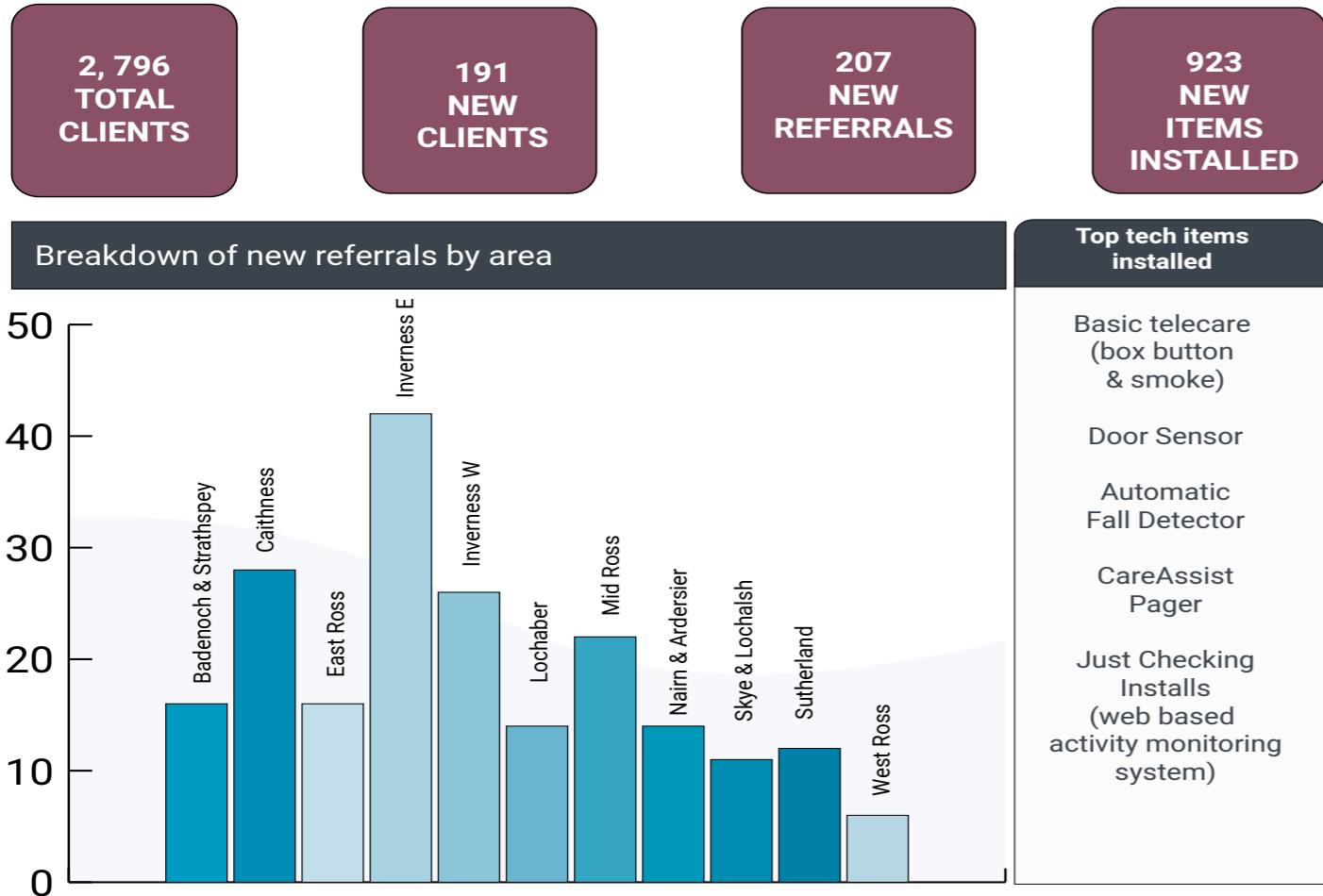


**LEARNING DISABILITIES**

- Creation of a plan to enable all people with a learning disability to receive a health check from a registered professional.
- Review of our housing models. Following the review we will develop further cluster housing models and work with people living in isolated tenancies to live nearer their peers to receive support.
- Development of a new cluster housing project for people with complex needs. We have worked with partners to design and build the project and people will move into their new homes in the forthcoming months.

**KEY ACHIEVEMENTS IN DIGITAL HEALTH AND TECHNOLOGY ENABLED CARE**

The following data identifies a that there are 2,796 people in Highland currently receiving telecare support services. Between January 2023 and March 2023, an additional 207 people were referred, of whom 191 received a service. The majority of these were basic “call and response” services, involving the distribution of 923 items installed into people’s homes.



**TECHNOLOGY ENABLED CARE**

- Continued uptake of the use of technology enabled care by clients and patients. Over the year there were 191 new clients and 923 items installed in people’s homes.
- Continued use of Near Me video consultation appointments. Psychology Services was our top provider of NHS Near Me, with approximately 44% of people accessing Psychological Services through the platform.
- Completion of a trial in Inverness of Komp, which supports the safe self administration of insulin. The results of the trial were positive and continued funding has been secured for a further 12 months.

**KEY ACHIEVEMENTS IN PRIMARY CARE**

- The integration of Pharmacotherapy teams of clinical pharmacists and pharmacy technicians across all GP practices. Remote hub models are also in development in Lochaber, Caithness, Invergordon and Inverness.
- First Contact Physiotherapists are in place across all practices working closely with GPs providing improved access for musculoskeletal conditions. With a team of 30 advanced physiotherapy practitioners, the First Contact Physiotherapy service now works in every general practice in NHS North Highland and provides around 50,000 appointments annually.
- The service enables direct, fast access to assess, diagnose and manage musculoskeletal conditions and supports GP workload, with the ability to prescribe, inject and refer onward. Patient feedback continues to be positive, highlighting ease of access, expert opinion and supported self-management.
- Provision of a community link worker service by Change Mental Health to 29 GP practices. Between February-April 2023, 306 referrals were received. Community link workers can co-ordinate and refer people to access local support services within their area. A service evaluation has been commissioned from the University of the Highlands and Islands.
- Planning for the provision of Community treatment services. These services are due to be implemented during 2023/24 from a range of local venues including community hospitals or GP practices. This service will provide access to a range of nursing services including phlebotomy, wound management and support vaccination transformation.
- Completed merger of three Caithness GP practices creating a greater skill mix of staff, supporting the GP as expert medical generalist. A further merger, of two GP practices is planned, providing greater stability for the Ardnamurchan peninsula.
- Review of GP services on North Coast of Sutherland aligned with the North Coast Redesign and new care facility to be built in Tongue.
- Implementation and progression of an Out-of-hours service review to ensure appropriate workforce model across local areas.
- Increased Public Dental Service (PDS) capacity for in-hours routine and urgent dental care for unregistered and deregistered dental patients. Increasing capacity has been limited by failure to recruit to Dentist posts, mitigated partially by recruitment of Dental Therapists. Recruitment to Dentists posts is unlikely to improve in the short-term. Clinical time has been taken from PDS Dentist appointment books to provide care of unregistered and deregistered dental patients, with the impact of reducing capacity to provide routine care for registered PDS patients and increased waiting times to assess/ treat referrals. Currently, extension of the weekend Out of Hours (OOH) Emergency Dental Service into weekday evenings is being considered, to alleviate some pressure on in-hours PDS Emergency Dental Service. Also, in specific geographic locations such as Ullapool, where the General dental Practice has closed permanently. The PDS is planning to provide part-time Emergency Dental Service provision in Ullapool, from the vacant Dental Surgery in the Ullapool Health Centre.
- Recruitment to dentist vacancies and introduction of skill mix ensuring dental access for vulnerable individuals, including general anaesthetic. Successful recruitment to Dentist posts has been very limited and unlikely to improve in the short-term, therefore impacting directly on service delivery. Dental Therapists have been recruited where Dentist posts remain unfilled. Recruitment to Dental Therapist posts has proved to be more successful at this time, compared with dentist recruitment, although still challenging.
- New enhanced service glaucoma pathway implemented across 7 Community Optometrists. The new enhanced service ‘Community Glaucoma Service (CGS) is a national service and so far, only some HSCP areas in NHS Greater Glasgow and Clyde have implemented the service. The roll out of the service is being directed by SG Community Eyecare Team. NHS Highland requires more optometrists to obtain NESGAT (NES Glaucoma Accreditation Training) before Scottish Government will support the Health Board implementation of the service (this is a similar position in the majority of health Boards). The next NES training cohort for NESGAT will start in July and so it is anticipated the service will be rolled out across NHS Highland next financial year.



- Development of the Pharmacy First scheme now in place across 59 Community Pharmacies, offering
- Advice and treatment for range of minor ailments. Twelve pharmacies provide an enhanced Pharmacy plus scheme. The Pharmacy First Service provided by Community Pharmacies is a National service that was established in 2020 as part of the Core Pharmacy contract. The activity over the last year has seen a significant increase. The number of Pharmacy First items prescribed have increased by 27% to 105216 items for full year 2022 - 2023 which is representative of the awareness and confidence in the service by the public. The number of recorded consultations to provide advice has also significantly increased with the biggest increase seen over the busy winter period in comparison to the previous year. Overall activity which includes items, consultations and referrals recorded has seen a full year rise by 28%, slightly higher than the national 24% increase year on year.



## KEY ACHIEVEMENTS IN ENGAGEMENT

- Completion of a significant participation and engagement exercise on our Self Directed Support (SDS) strategy by NHS Highland, The Highland Council and a range of partners receiving responses from around 200 people. The exercise gathered the views of people who need support and of those involved in its provision, about how we should deliver self-directed support into the future.
- Completion of a significant consultation exercise on our Mental Health and Learning Disabilities Strategy.
- Completion of a significant participation and engagement exercise included people with lived experience and 74 Partner / Community groups and 18 NHS service areas. Various methods of engagement were utilised, including virtual and face to face sessions, conversation cafés and event tagging. Over 1000 feedback entries were received from across all areas and the information is stored and available for future use.

## KEY ACHIEVEMENTS IN CHILDREN'S SERVICES

### CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS)

A clear service model has been agreed, maintaining our unscheduled care model, a plan to establish a separate function for intensive home treatment, and realign our core capacity into a locality-based model, which has become centralised in response to staff shortages and COVID response. Locality alignment allows for greater integration with early intervention locality-based provision across NHS and THC, improving service user experience and allowing for greater flexibility and maximisation of workforce capacity across the entire system.

In March 2023, the CAMHS service carried out an experience of service survey. Outcomes are presented below for parents/carers, adolescent, and children's experience of accessing the CAMHS Service currently. Overall high levels of satisfaction were recorded, and an action improvement plan is being developed for 2024.

Some comments and feedback received:

- I was treated well by the people who saw me.
- My views and worries were taken seriously.
- I feel that the people who have seen me are working together to help me.
- My appointments were usually at a convenient time.
- Overall, the help I have received here was good.

### TRANSFORMING THE ROLE OF THE SCHOOL NURSE

As part of Highland's integrated Children's Services Whole Family Approach to Mental Health and Wellbeing, the partnership have made significant progress to transforming the role of School Nursing. Highland's Advanced Nurse Training Programme has raised the qualification, skill, competence, and confidence of the school nursing workforce to address the impacts of inequalities and address family poverty, with a particular focus on mental health for all of school nursing.

### PERINATAL INFANT MENTAL HEALTH

The Perinatal and Infant Mental Health Team is a tri-pathway service covering Perinatal Mental Health, Maternity and Neonatal Psychological Intervention, and Infant Mental Health. The PNIMHT has a particular focus on psychosocial support for the Maternity and the Neonatal Unit, CAMHS sessions, Perinatal Advice Meetings / Professional Reflection (PAMPR) sessions which offer support to staff across the partnership including Midwifery and Health Visiting.



**HIGHLAND SOLIHULL IMPLEMENTATION**

The Solihull Approach focuses on developing nurturing and supportive relationships between children and their carer by promoting reflective, sensitive and effective parenting. The Scottish Government have refreshed the Solihull approach as part of the whole system approach to mental health. The partnership have progressed with implementing the national approach over the past 6 months. The partnership are on track to have a cohort of Solihull trainers by Summer 2023. This will enable local implementation of the approach across the partnership and 3rd sector.

**CHILD HEALTHY WEIGHT**

Working closely with NHS Highland and the third sector The Highland Council dietetic service is helping deliver the tiered programme for child healthy weight which aims to meet the Scottish Government standards for Child Healthy Weight (Tier 2&3) as well as focusing on improving health outcomes for the whole family. To increase uptake, the programmes have been advertised throughout the Highland Council area along with the development of a dedicated web page on the NHS Highland internet detailing the programmes.

**CHILD PROTECTION**

There have been a number of key achievements in child protection. These have included:

- Implementation of the new National Child Protection Guidance
- The delivery of interagency and single discipline learning and staff development opportunities
- Quality Assurance of practice and supervision
- Dissemination of learning from case reviews and the sharing of good practice
- Pilot project using Virtual Reality Headsets to obtain the views of children and young people
- Improve opportunities for supporting children, young people and families affected by drug or alcohol issues by implementing a whole family approach
- Implementation of the Safe and Together Model

**LEARNING FROM CASE REVIEWS**

In Children and families Social Work it was recognised that undertaking reviews during the pandemic has been extremely challenging and not conducive to a safe learning environment. Highland have adapted the National Learning Review Guidance (Scotland) 2021 and held a Learning Review workshop to explore best practice in progressing learning reviews and disseminating learning effectively. A mentoring scheme is currently underway through Barbara Firth, author of the national guidance, to support 12 members of staff from across Health, Social Work, Education and High Life Highland to undertake Learning Reviews and disseminate key messages and learning across agencies

**CARE AND RISK MANAGEMENT PROCESSES**

Care and Risk Management processes have been reviewed and updated with an increased focus on Care elements. Previously, the focus has been primarily on risk management from a Police perspective. However, the new procedures enable a multi-agency approach to ensuring the wellbeing needs of young people are met whilst minimising risk to the wider community. Procedures have been developed in line with national FRAME guidance

**HOME TO HIGHLAND PROGRAMME**

The 'Home to Highland' Programme vision is to return care experienced young people to the Highlands from Out of Area (OOA) residential placements, whilst also building services in-area to help children avoid OOA residential placements. The Programme aims to reduce spot-purchased residential placements, retain more

young people in the Highland area and increase the number of children placed in foster care and family alternatives.

Since 2018, over 70 children have returned to Highland and over 400 have worked with the 'Home to Highland' team with demonstrably improved educational and emotional wellbeing outcomes. A combination of new services and the creative use of existing provisions are enabling children to remain in the communities they know and that care for them. This also reduces the need for additional out of area placements.

**UNACCOMPANIED ASYLUM SEEKING CHILDREN (UASC)**

During the past year the Home Office have created a rota system for transferring UASC to local authorities across the country. This process was mandated towards the end of 2021. Our alliance with our 3rd sector partners enabled us to provide a service to these young people and have successfully adopted a model to ensure ongoing sustainability in meeting our mandated responsibility.





# Finance

## Summary

**Note** HHSCP financial position at month 12 which shows a year end overspend of £6.800m  
 ASC breaking even due to funding drawn down which was held by Highland Council

## Final position to March 2023

For the 12 months to March, HHSCP have overspent against budget by £6.800m, components of this overspend can be viewed in Table 1 below.

| Current Plan   | Detail                 | Plan to Date   | Actual to Date | Variance to Date |
|----------------|------------------------|----------------|----------------|------------------|
| £000           |                        | £000           | £000           | £000             |
|                | <b>HHSCP</b>           |                |                |                  |
| 234,002        | NH Communities         | 234,002        | 240,518        | (6,516)          |
| 49,592         | Mental Health Services | 49,592         | 50,617         | (1,025)          |
| 146,698        | Primary Care           | 146,698        | 147,451        | (753)            |
| (287)          | ASC Other & Income     | (287)          | (1,781)        | 1,494            |
| <b>430,004</b> | <b>Total HHSCP</b>     | <b>430,004</b> | <b>436,805</b> | <b>(6,800)</b>   |
|                | <b>HHSCP</b>           |                |                |                  |
| 262,299        | Health                 | 262,299        | 269,077        | (6,778)          |
| 167,706        | Social Work            | 167,706        | 167,728        | (22)             |
| <b>430,004</b> | <b>Total HHSCP</b>     | <b>430,004</b> | <b>436,805</b> | <b>(6,800)</b>   |

Within the NH Communities year end out-turn of £6.516m, an overspend of £2.633m relates to Adult Social Care expenditure – see appendix 1 for further detail on Social Care. Adult Social Care for 22/23 saw an increase in Independent Sector Care costs, with Learning Disability younger adult packages being the main attribute. Health ended with a year-end overspend of £3.882m, with unfunded services in Chronic Pain and Enhanced Community Service and slippage on the CIP contributing to this variance. Recruitment issues across the districts have resulted in a high number of vacancies which helped to mitigate the pressures within the service.

Mental Health Services ended the year with a £1.025m overspend; with locum and agency usage the main outliers. National recruitment difficulties within the Psychiatry service meant a greater reliance on the use of medical locums with £2.334m agency expenditure in the financial year. Increase in clinical observations in both the Dementia and LD units have resulted in nursing agency costs of £1.526m. However, ongoing vacancies across both inpatient and community services have mitigated this pressure.

Primary Care’s year end out-turn showed an overspend of £0.753m. Within 22/23 the Board increased its number of managed practices (2cs) and as such there was an increase in locum costs due to recruitment issues. Within Prescribing, short supply drugs increased costs nationally with the HHSCP overspending by £1.200m in 22/23. Mitigating this position, Dental reported an underspend of £1.418m which reflects the ongoing recruitment difficulties within the service.

ASC Central are reporting a £1.494m underspend. This position reflects the drawdown of funding held by the Highland Council and the full Adult Social Care position can be viewed on appendix 1.

## Savings

NHS Highland identified a savings challenge of £26.000m to deliver a balanced position at the start of the year. Whilst there was delivery of savings of £3.165m from the Division, additional support from the SG at the end of the year was required to deliver a break even position.

## Conclusion

HHSCP financial position completed the year end with an overspend of £6.800m. This position reflects the challenge of the service pressures and slippage on the CIP.

## Governance Implications

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

## Risk Assessment

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

## Planning for Fairness

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

## Engagement and Communication

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





| Services Category  | Annual        | YTD           |               |                | YE            |                |
|--|---------------|---------------|---------------|----------------|---------------|----------------|
|  | Budget        | Budget        | Actual        | Variance       | Outturn       | Variance       |
|  | £000's        | £000's        | £000's        | £000's         | £000's        | £000's         |
| Older People - Residential/Non Residential Care              |               |               |               |                |               |                |
| Older People - Care Homes (In House)                         | 16,670        | 16,670        | 15,965        | 705            | 15,965        | 705            |
| Older People - Care Homes - (ISC/SDS)                        | 32,270        | 32,270        | 33,995        | (1,725)        | 33,995        | (1,725)        |
| Older People - Other non-residential Care (in House)         | 1,288         | 1,288         | 1,227         | 61             | 1,227         | 61             |
| Older People - Other non-residential Care (ISC)              | 1,590         | 1,590         | 1,640         | (50)           | 1,640         | (50)           |
| <b>Total Older People - Residential/Non Residential Care</b> | <b>51,818</b> | <b>51,818</b> | <b>52,827</b> | <b>(1,009)</b> | <b>52,827</b> | <b>(1,009)</b> |
| Older People - Care at Home                                  |               |               |               |                |               |                |
| Older People - Care at Home (in House)                       | 16,672        | 16,672        | 15,860        | 812            | 15,746        | 926            |
| Older People - Care at home (ISC/SDS)                        | 16,586        | 16,586        | 18,183        | (1,596)        | 18,296        | (1,710)        |
| <b>Total Older People - Care at Home</b>                     | <b>33,258</b> | <b>33,258</b> | <b>34,043</b> | <b>(784)</b>   | <b>34,043</b> | <b>(784)</b>   |
| People with a Learning Disability                            |               |               |               |                |               |                |
| People with a Learning Disability (In House)                 | 4,643         | 4,643         | 3,483         | 1,160          | 3,483         | 1,160          |
| People with a Learning Disability (ISC/SDS)                  | 34,737        | 34,737        | 35,656        | (919)          | 35,656        | (919)          |
| <b>Total People with a Learning Disability</b>               | <b>39,380</b> | <b>39,380</b> | <b>39,139</b> | <b>242</b>     | <b>39,139</b> | <b>242</b>     |
| People with a Mental Illness                                 |               |               |               |                |               |                |
| People with a Mental Illness (In House)                      | 561           | 561           | 332           | 228            | 332           | 228            |
| People with a Mental Illness (ISC/SDS)                       | 7,914         | 7,914         | 7,738         | 176            | 7,738         | 176            |
| <b>Total People with a Mental Illness</b>                    | <b>8,475</b>  | <b>8,475</b>  | <b>8,071</b>  | <b>404</b>     | <b>8,071</b>  | <b>404</b>     |
| People with a Physical Disability                            |               |               |               |                |               |                |
| People with a Physical Disability (In House)                 | 932           | 932           | 646           | 286            | 646           | 286            |
| People with a Physical Disability (ISC/SDS)                  | 6,951         | 6,951         | 7,185         | (234)          | 7,185         | (234)          |
| <b>Total People with a Physical Disability</b>               | <b>7,883</b>  | <b>7,883</b>  | <b>7,831</b>  | <b>52</b>      | <b>7,831</b>  | <b>52</b>      |
| Other Community Care   |               |               |               |                |               |                |
| Community Care Teams   | 8,546         | 8,546         | 7,420         | 1,126          | 7,420         | 1,126          |
| People Misusing Drugs and Alcohol (ISC)                      | 16            | 16            | 10            | 6              | 10            | 6              |
| Housing Support  | 6,091         | 6,091         | 5,908         | 183            | 5,908         | 183            |
| Telecare   | 985           | 985           | 929           | 56             | 929           | 56             |
| Carers Support   | 1,485         | 1,485         | 1,485         | (0)            | 1,485         | (0)            |

| Services Category                       | Annual         | YTD            |                |              | YE             |              |
|---|----------------|----------------|----------------|--------------|----------------|--------------|
|   | Budget         | Budget         | Actual         | Variance     | Outturn        | Variance     |
|   | £000's         | £000's         | £000's         | £000's       | £000's         | £000's       |
| <b>Total Other Community Care</b>       | <b>17,122</b>  | <b>17,122</b>  | <b>15,752</b>  | <b>1,371</b> | <b>15,752</b>  | <b>1,371</b> |
| Support Services                        |                |                |                |              |                |              |
| Business Support                        | 1,860          | 1,860          | 1,658          | 201          | 1,658          | 201          |
| Management and Planning                 | 7,686          | 7,686          | 8,161          | (475)        | 8,161          | (475)        |
| <b>Total Support Services</b>           | <b>9,546</b>   | <b>9,546</b>   | <b>9,820</b>   | <b>(274)</b> | <b>9,820</b>   | <b>(274)</b> |
| Care Home Support                       | 836            | 836            | 836            | (0)          | 836            | (0)          |
| <b>Total Adult Social Care Services</b> | <b>168,318</b> | <b>168,318</b> | <b>168,318</b> | <b>0</b>     | <b>168,318</b> | <b>0</b>     |

## RISKS TO PERFORMANCE

There are several key risks to delivering our strategic objectives and overall performance. These are:

### Service sustainability and increasing demand

Regionally and nationally, the demand on our health and care services is increasing. In Highland, our aging population and the difficulty to recruit is putting additional pressure on services. The Aim High, Aim Highland programme is working to tackle this, along with working with partner agencies to secure housing for staff, collaboration with the NES and UHI on career pathways and also strategic workforce planning within each of our programme board to review current and future issues.

### Infrastructure

Many of our facilities are now dated and no longer fit for purpose. These are addressed in priority through our Estates services and utilising risk registers. Achievements in this area, improving staff and patient experience, have been investment in and the completion of two new builds, Broadford Hospital and the National Treatment Centre. Two hospitals, in Aviemore and Broadford, won the Healthcare Building of the Year award in 2022 and 2023. Further investment has been agreed in Lochaber and Caithness.

### Rural Delivery

There is an increased cost of care associated with delivery across our remote and rural region. In addition to this, we must ensure that the geography of our Board area does not increase inequalities to accessing care.

### Workforce capacity and resilience

Recruitment to NHS Highland is challenging due to our geography and demographics. The lack of a complete workforce results in additional pressure on existing staff and results in reduced staff resilience. The Highland Health and Social Care Partnership and NHS Highland are working to proactively address the situation. In addition to the work being done to improve recruitment and career pathways, NHS Highland has in place an independent Guardian Speak Up service and a 24/7 employee assistance programme staff can directly access.

### Finance

As demand increases, the finance available is decreasing. We must attempt to deliver more with less and thus work in new and adaptive ways. With regards to this, all programme boards are working with finance, strategy and transformation, service leads and workforce planning to identify more efficient ways of working.



# NHS



## Highland



**The Highland  
Council**

**Comhairle na  
Gàidhealtachd**