

Meeting: Highland Health & Social Care Committee
Meeting date: 31st August 2022
Title: Chief Officer Assurance Report
Responsible Executive/Non-Executive: Louise Bussell, Chief Officer
Report Author: Louise Bussell, Chief Officer

1. Purpose

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

1. Joint Monitoring Committee

The Joint Monitoring Committee (JMC) was held on 3rd August 2022. A joint presentation was shared to provide the background and purpose of the JMC in order to support the welcoming of the new members of the committee. This was followed by assurance reports for children's and adult services and a commitment to have a single assurance report for the next committee in line with the integration agreement. Updates were also provided on Finance, the Integration Scheme Implementation and Strategic Plan.

A further presentation was given by Louise Bussell, Chief Officer on the new NHS Highland Board strategy and annual delivery plan with a specific focus on adult social care. The meeting was telecast with a subsequent members only meeting held in relation to the care home position. A further follow up committee members only meeting of the JMC is due to take place on 22nd August 2022.

2. Sexual Assault Referral Centre (SARC)

The service formally referred to as Forensic Medical Examination service is now confirmed as the Sexual Assault Referral Centre (SARC) in line with the national campaign #Turn to SARC. The Shores is the building name within Raigmore Hospital where the central SARC team are based.

The SARC building at Raigmore is now open and is being used for all examinations including paediatric cases within the Inverness and surrounding areas, all modifications to the building are completed e.g. CCTV etc and other systems to ensure chain of custody for evidence is maintained for those cases that proceed to court. The environment is 'trauma informed' for any age group. The service launched self-referral for anyone over 18 in April 2022 and have a 24-hour phone contact available for this purpose. There is one national phone number for anyone to call who has been a victim of a sexual assault for support, the details are then passed to the closest SARC to respond. There is a satellite building in Caithness which is

called 'The Northern Shores' for examinations to be carried out in our more rural areas, negating the need for every person to travel to Inverness. We are planning to develop a peripatetic service where a small team would travel out to nearer where the person lives rather than expecting them to travel large distances for examinations. Rooms in local areas will be identified for this use due to environmental monitoring and the requirement around preserving forensic evidence.

3. Highland Alcohol & Drug Partnership (HADP)

Annual Report (2021/22)

The HADP annual report submitted to Scottish Government on 5th August 2022 pending sign off from the Strategy Group on 23rd August 2022 and in-turn the Community Planning Partnership. The report will also be shared with the NHSH Board and HSCP for scrutiny and feedback purposes. The report is focused on progress with; Education and Prevention, Treatment and Recovery, Children, Young People and Families, Public Health Approach to Justice. Progress and improvement in most areas has been reported. However, HADP recognises the need for further improvement. Greater involvement of people and families with lived experience in service and policy development is a key area for improvement. The lived experience panel is developing, albeit wider and ongoing recruitment is challenging. Slippage of £110,676 is reported. Request to Scottish Government via NHSH for permission to carry slippage forward and currently awaiting a response from government.

MAT Standards National Benchmarking Report

The national report was published in June with recommendations for improvement in local ADP areas. 18/07/22 meeting with MIST (national implementation team), shadowing arranged for 29/08/22 and Quality Improvement Workshop for 30/08/22. Progress on implementation includes; Priority initial contact tool for all services (MAT Standard 3), Additional record sheet for notes to ensure easier identification of when Naloxone was offered to individuals family and friends and repeated on a regular basis, Job pack for Salaried GP/Associate lead approved for advert, Re advertise Consultant 0.6 post, Test of Change at Osprey House to focus on same day prescribing where clinically appropriate, individuals choice, Plan to provide further leadership into the prison to support MAT Standards, Housing First project in Caithness. Adverts out for health post and support worker post, Ness Engagement team (NFOD response), 2 posts to advert (Health post and support worker). Accommodation identified at New Craigs. Additional monies via MIST, albeit well below what was requested will be used to support implementation. Plans include increasing capacity in local teams (4xband 6 nurses), development of Advanced Nurse Practitioner (ANP) roles, development of GP post, Service Manager (HMP Inverness), and potentially a specialist pharmacist post if monies allocated late 2021/22 can be carried forward to 2022/23. £210,000 MIST monies allocated to NHSH in March 2022. In the absence of an integration authority, representation by made to Scottish Government NHSH for special permission to carry monies forward into 2022/23 to fund a specialist pharmacist Highland is required to report monthly on progress with embedding the MAT Standards starting Sept 2022. An Improvement Plan that includes recommendations from MIST has to be signed off by Chief Officer for end of Sept.

Drug Related Deaths (2021)

There were 35 drug related deaths in Highland, an increase of 2 deaths (33) in 2020. It is the second highest annual total on record for Highland, with 36 deaths recorded in 2018. The annual average number of deaths in Highland for the five-year period 2017-2021 is 31, an increase of 17 (126 per cent) on the 2007-2011 average of 14 deaths. The non-fatal overdose immediate response team (collaboration between Drug and Alcohol Recovery Service and Criminal Justice Social Work) will be established in the near future. The nursing and support worker post is currently advertised with plans in place to advertise the social work post.

Additional funding may be required for administrative support and management costs for the social work post located with criminal justice social work. The MAT Standards are focused on reducing drug deaths, particularly MAT 3. The priority initial contact tool introduced for all services as a test of change and an additional record sheet for notes to ensure routine identification and review of Naloxone offered to individuals, family and friends will support improvement. Work ongoing to increase downloads of HOPE App. The Drug Death Review and The Drug Death Prevention Group continue to identify and implement improvements.

New OST Treatment Target

Projections for achieving an increase of 9% in the number of people with problem opiate drug use engaged in community-based OST treatment by 2024 have been submitted to Scottish Government with planning underway to monitor and report progress.

Treatment Waiting Times Standard (Jan to Mar 2022)

76% of people accessed treatment within 3 weeks from referral against the standard of 90%. Highland has one of the highest vacancy rates (13.2%) as evidenced in the Alcohol and Drugs Workforce Survey (31/03/22). Improvements include services have recruited to vacant posts including Mid Ross and Caithness. This will provide increased capacity in more remote and rural areas where many of the challenges are in meeting the waiting time standard. Recruitment is on-going for remaining vacancies and the Drug and Alcohol Recovery Service are positive about recruitment. Some of the MIST resource will also be used to increase capacity in areas where, even at full establishment, it can be challenging to meet/maintain the standard. To increase recruitment and retention of staff, development of a wider career structure is being progressed as described in the MAT Standards update. Some Third Sector funding challenges appear have impacted on the standard. NHSH and HADP have provided resource to aid sustainability until March 2023. However, there is a need to increase the reach and range of Third Sector provision in line with national priorities and the national mission. NHSH (Contracts and Drug and Alcohol Recovery Service) in collaboration with HADP; plan to commission Highland wide alcohol and drug Third Sector service(s) to increase access and choice in local communities.

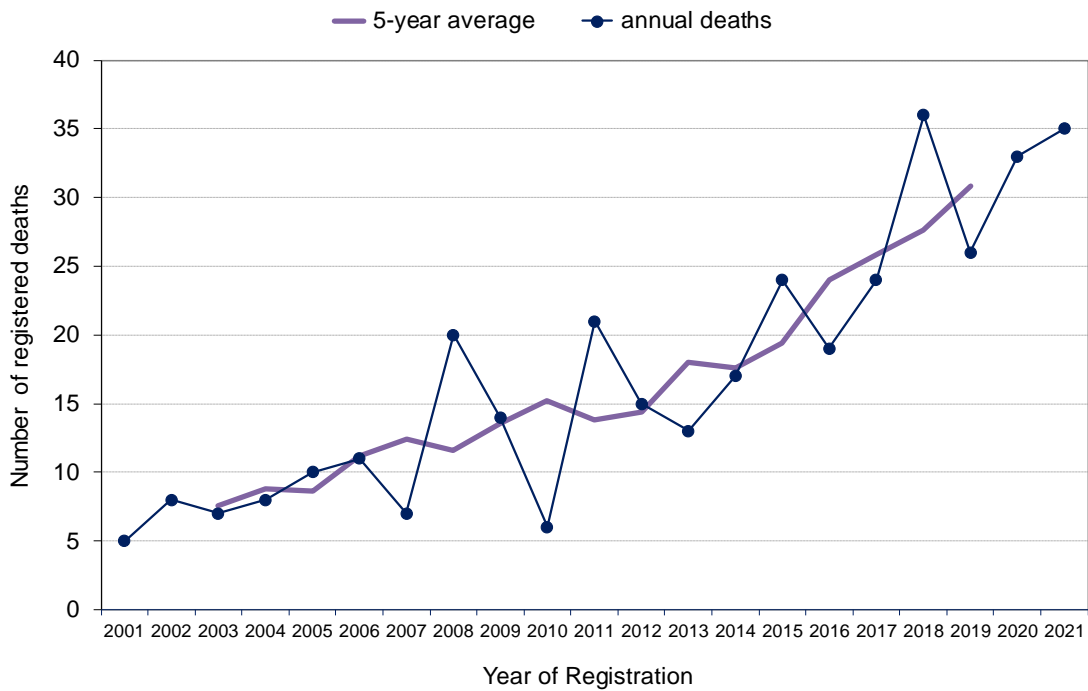
Improving Holistic Family Support

Scottish Government half day online learning event planned for 22nd September on behalf of the Children, Young People (Drug and Alcohol) Committee. The purpose of the event is to raise awareness of the policy framework and discuss implementation in Highland. Dairy date flyer distributed, but given workload related to the inspection the date may have to be rescheduled.

Performance Data Relevant to Public Protection

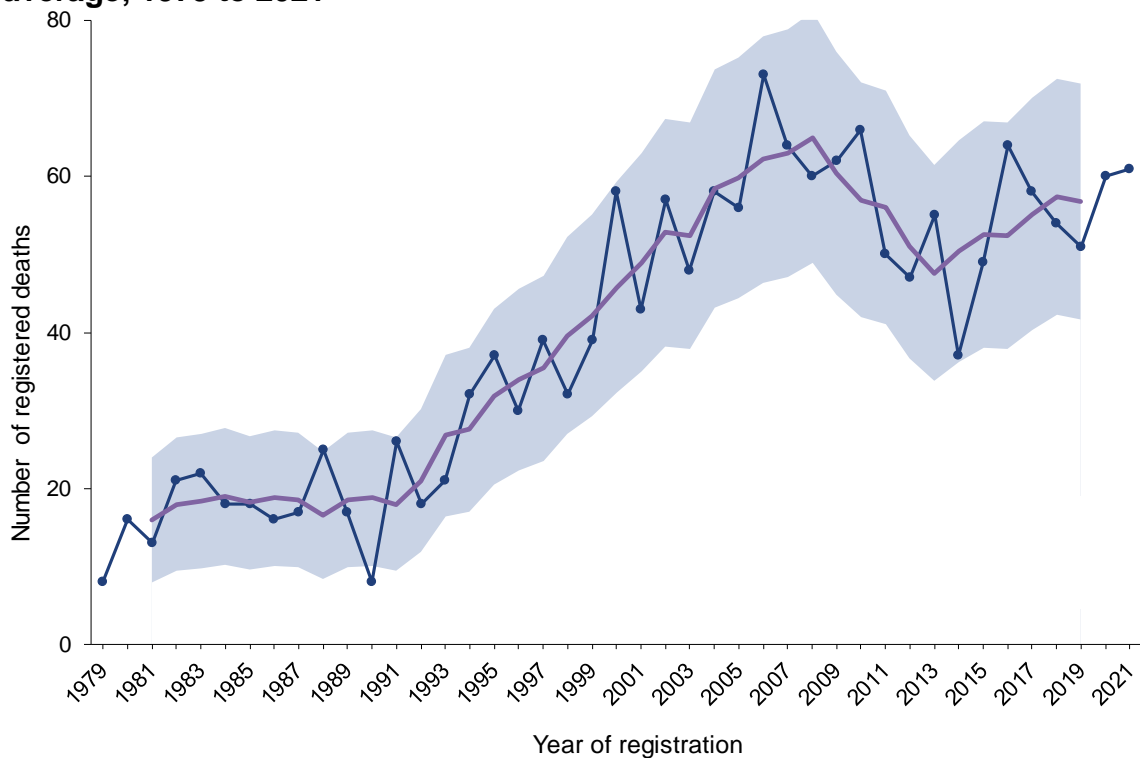
1) Drug Deaths

Number of Drug misuse deaths for Highland Council area, annual values and five-year annual moving averages; 2001 to 2021



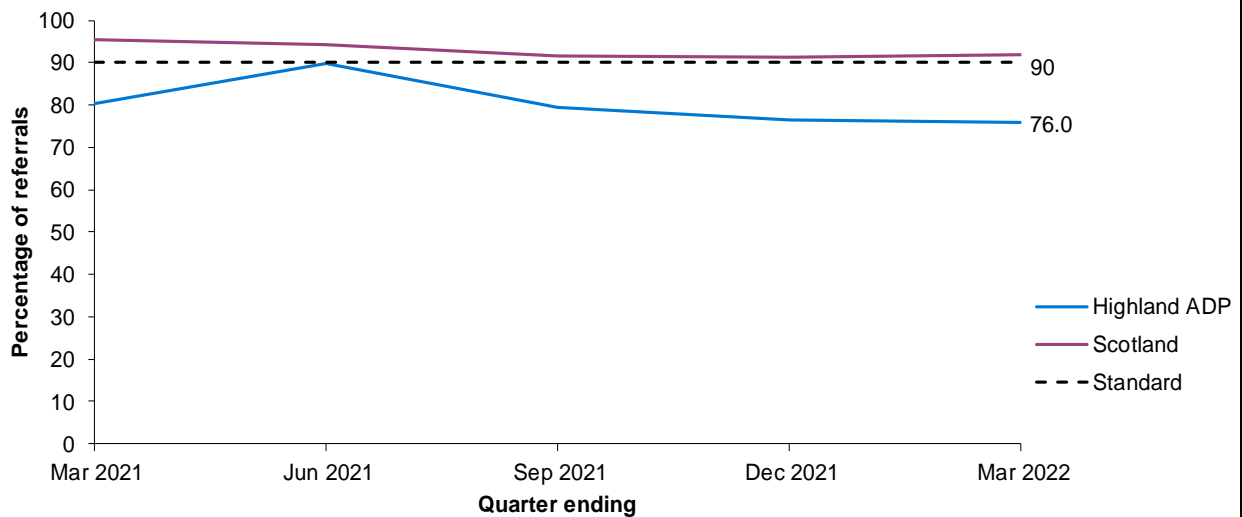
2) Alcohol Specific Deaths

Number of Alcohol-specific deaths registered in Highland Council area, annual values, five-year moving annual averages and the likely range of values around the average; 1979 to 2021



3) Waiting Times for Drug and/or Alcohol Treatment

Waiting times from referral to first treatment: performance against the standard (90%) for previous five quarters
Percentage of referrals waiting 3 weeks or less for Completed Waits; Jan 2021 – Mar 2022



4. Long Covid

NHS Highland is working closely with the Scottish Government Long Covid team and are in the final stages of planning to launch a board wide Long Covid service in the next few weeks. We are currently recruiting OT & Physiotherapy staff to support rehabilitation and are the first board in Scotland to adopt the C19-York Rehab Scale App which will assist triage and self-management. An OT is currently supporting staff with Long Covid with good outcomes.

5. Adult Social Care, NHS Highland

Key Issues, Challenges and Improvement Work 29 July 2022

- There are significant staffing pressures and fragility across commissioned care home, care at home and support services in north Highland, which continues to compromise service capacity and whole system flow.
- These pressures are due to ongoing recruitment and retention challenges; staff stress, wellbeing and turnover; recruitment by NHH (although NHH itself is struggling to recruit); competing seasonal and tourism employment; Covid absence (12 outbreaks across the 67 homes); and summer annual leave. Accordingly there are unmet mutual aid requests, and unmet in house service demands.
- In addition, there are significant sustainability and financial fragility issues across commissioned care home services. These pressures are considered due to:
 - the higher number of smaller size and scale of operator in Highland;
 - the National Care Home Contract fee being based on an average size of 50 beds (only 8 of 67 care homes in Highland are >50 beds);
 - the age, condition and lack of provider investment in care home stock; and
 - the trend of larger providers divesting from Highland.
- The above have been contributing factors to the two care home closures since January 2022: Shoremill (Cromarty) and Grandview (Grantown). Where there have been closures (recent and in previous years), these have been well managed to date.

- A third care home closure (Budhmor, Portree), is in progress. Due to circumstances, NHSH will be taking on temporary (6 week) responsibility for this service to safely transfer residents to Home Farm.
- Further (two) care home closures are potentially imminent and more are expected. These developments have potentially significant operational, financial risks and implications for NHSH. The Joint Monitoring Committee is considering a private item on this on 22 August 2022.
- The Care Inspectorate’s approach to inspecting care homes already closing and their focus on infection prevention and control is proving a challenge. These issues / impacts are to be raised with the CI asap.
- Significant staffing pressures and fragility is also affecting in house care home and care at home services, which are experiencing similar staffing challenges. Short and longer term plans are in place to seek to release and grow capacity.
- These two priority areas of service provision (care home and care at home) are now a key focus area under a newly established programme structure, to ensure visibility and oversight.

Whilst work is being taken forward to develop longer term strategic solutions, members of the committee are advised that there are several planning horizons that need to be met at present, namely:

1. Urgent operational plans – to mitigate shortages and service failures over next days and weeks
2. Tactical operational plans – to address the foreseeable medium-term challenges, e.g. Winter
3. Strategic plans – for the next three to five years to address the significant future challenges

In terms of the latter area (point 3) significant national work is being undertaken to address the status, pay, recruitment & qualification pathways etc. This includes innovative work on new apprenticeship routes in Highland, however this work is not addressing the current immediate pressures and challenges.

In terms of activity to address current challenges, the following actions are being explored and progressed as quickly as possible, it being recognised that this activity is being actioned within a climate of extreme staff pressures to react to unrelenting requirements to support and bolster key services.

1. A Programme Board has been established for Adult Social Care. This area of work is now a formally established and managed work stream.
2. Work is being undertaken to standardise, support and better communicate recruitment opportunities within the NHS. This includes identifying a “Recruitment Champion” from within Adult Social Care. This will allow better support of recruitment fayres, links with schools etc.
3. Work is being undertaken to smooth and hasten induction processes and to develop a (mobile) Recruitment, Assessment and Induction Centre that could operate in various locations. This links with 5. Below.
4. Work is being progressed with Scottish Care to re-establish the Care at Home Development Worker post with a focus on sustainability, resilience and recruitment.

The Scottish Care will provide members with a verbal update on further developments towards a “Care Academy” at the committee.

6. Service Redesign

Caithness Redesign

The Scottish Government formally approved the Initial Agreement for the redesign of adult health and care services in Caithness in February 2022 and invited the Board to submit an Outline Business Case (OBC). This is an ambitious redesign of acute, community and primary care services, working in partnership with our third sector and public planning partners to deliver care as close to home as possible. It includes three major building projects; Community Hub and Care Villages in Wick and Thurso, and a reconfiguration of Caithness General Hospital.

The service model is now being developed in sufficient detail to inform workforce and accommodation requirements, and a technical analysis is underway to determine the recommended site for the Wick Community Hub. All of this will culminate in an operational and technical brief for the three building projects and appointment of design and build partner(s) to develop the designs up to planning permission stage.

Elements of the redesigned service are being tested in advance of our OBC submission, e.g. an overnight care service in East Caithness. Early indications show this is facilitating discharge, reducing hospital admissions, and providing increased choice to patients in where they receive their end-of-life care. Two step-up beds will be established in Pulteney House Care Home later this year, and we are collaborating with partner organisations through the Caithness place-based approach to develop a series of demonstrator projects.

Lochaber Redesign

The redesign of services in Lochaber has a particular focus on the acute element; the replacement of Belford Hospital. Following resubmission of our Initial Agreement in April 2022, formal approval from Scottish Government was received in July 2022. This advised that the project is not within the current financial planning cycle (to 2026) however this is under review. Preparation of the OBC is continuing so that NHS Highland are in a position to proceed should this change.

Key areas of work include the development of a core Rural General Hospital (RGH) service model and operational brief, which will inform requirements for Lochaber and Caithness General projects. A good understanding is required of the full patient pathway, including community-based services, and Lochaber is at an earlier stage in this regard. The RGH service model will be developed through an intensive series of workshops to be undertaken between now and the end of the calendar year, following which we'll be in a position to move forward with the acute infrastructure design.

The development of the technical accommodation brief is underway jointly for the two redesigns.

7. Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

Executive Directors Group – 22nd August 2022

Confirmation received from EDG – 22nd August 2022

8. Recommendation

- **Awareness** – For Members' information only.