

NHS Highland



Meeting: NHS Highland Board Meeting
 Meeting date: March 2023
 Title: Social Mitigation Strategy update
 Responsible Executive/Non-Executive: Dr Tim Allison; Director of Public Health
 Report Author: Lynda Thomson; Senior Health Improvement Specialist

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- NHS Board Strategy

This aligns to the following NHS Scotland quality ambition(s):

- Person Centred

This report relates to the following Strategic Outcome(s)

| | | | | | | | |
|--------------|---|---------------|---|--------------|---|-------------|---|
| Start Well | X | Thrive Well | X | Stay Well | X | Anchor Well | X |
| Grow Well | | Listen Well | | Nurture Well | | Plan Well | |
| Care Well | | Live Well | X | Respond Well | | Treat Well | |
| Journey Well | | Age Well | X | End Well | X | Value Well | |
| Perform well | | Progress well | | | | | |

2 Report summary

2.1 Situation

This report is an update of NHS Highland’s social mitigation strategy as endorsed by the Board in May 2021.

2.2 Background

The Social Mitigation Strategy, agreed by the Board in May 2021, seeks to address health inequalities in our population which existed before the pandemic, but have been exacerbated over this period.

The actions identified from the strategy are now embedded in NHS Highland's Annual Delivery Plan (ADP) predominantly under Outcome 4: Anchor Well and specific priority 4a: Support recovery from the pandemic for our population in the context of the impact on the wider determinants of health.

2.3 Assessment

An update is attached which provides the most recent progress. It should be noted however, that this plan is seen as a live document which will continue to be updated and amended as actions are progressed.

We are currently developing improvement plans for each individual action identified within Priority 4a of the ADP, including identifying targets and indicators where appropriate, and these will be reported on a quarterly basis to the Population Health Programme Board which has oversight of this part of the ADP.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

| | | | |
|-------------|--------------------------|----------|-------------------------------------|
| Substantial | <input type="checkbox"/> | Moderate | <input checked="" type="checkbox"/> |
| Limited | <input type="checkbox"/> | None | <input type="checkbox"/> |

Comment on the level of assurance

Further implementation of social mitigation work will be needed to raise the level of assurance to substantial.

3 Impact Analysis

3.1 Quality/ Patient Care

The Social Mitigation Strategy identifies key themes or topics that are likely to make a difference for people who have been most impacted on by the COVID-19 pandemic. If we can deliver on some of the identified actions then we can mitigate some of the worst effects of the pandemic and make a difference on the gap in health for communities who are the most disadvantaged.

3.2 Workforce

Our own staff have also experienced the impacts of the pandemic on their personal lives and we seek to not only support our workforce through Fair Work

and reasonable pay, but also to offer this opportunity to those furthest from the job market and seeking employment.

3.3 Financial

Many of the actions detailed in the plan rely on doing things differently or in partnership rather than financial resources specifically. Some of the actions may require either workforce commitment or funding to be successful, but there are no specific financial risks identified in the delivery of the plan. There is however, a financial cost longer term in not mitigating against the impact of the pandemic.

3.4 Risk Assessment/Management

The risks of not taking action are that more people will experience poor health outcomes over time resulting in a greater use and need of our services.

3.5 Data Protection

There are no identified Data Protection issues in the delivery of the actions.

3.6 Equality and Diversity, including health inequalities

An impact assessment has been completed and is available on the NHS Highland website.

3.7 Other impacts

The plan details actions around mental health and wellbeing in addition to other themes identified.

3.8 Communication, involvement, engagement and consultation

A separate engagement plan on the development of the strategy was submitted at the same time as the strategy was presented to the Board in May 21.

3.9 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.

- System Leadership Group, July 2020
- Highland Health and Social Care Committee, 2nd December 2020
- NHS Highland Board, May 2021

4 Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.

4.1 List of appendices

Appendix one – Progress updates is attached as part of this paper.

Appendix One

Report on social Mitigation Plan – March Board 23

Employability Work:

It should be noted that whilst actions on employability is sitting in Priority 4a and an update is provided below, the same action is also captured within Outcome 8 Plan well and Priority 8c and therefore subsequent reports are planned to go before a Board with the overview for this section of the Annual Delivery plan.

Succession Planning and career development:

There is a group looking at succession planning currently; this is at early stages with scoping work being done about the most appropriate model to be used. The feeling is that the organisation needs to get in a better place with appraisals first as these form the basis for succession planning; we can't know who wants to develop without appraisals being done.

There is training being developed for managers regarding how to deliver good quality appraisals likely to run in May. There is also an increased focus on completion rates, with the completion figures being published monthly for teams and being discussed at SLTs regularly.

Development of a raft of different entry level positions within NHS Highland and the opportunity for work placements and apprenticeships

Delayed due to time taken appointing to Promoting Careers Lead in ELD due to organisational change process and long-term sick leave. Propose that apprenticeship strategy is developed early in 2023/24.

Working with the Highland LEP (Local Employability Partnership) and the Argyll and Bute EP - the key agenda is to increase access into employment, we work closely with DWP and their job coaches to increase access to our roles as well as third sector. 29 pupils successfully signed up to the new Health Pathway across Highland schools for Pupils S4 and above. NHS employees committed to undertaking the HC mentorship programme.

Progress Community Wealth Building/ Procurement policies support the local economy

Scottish Government are currently undertaking consultation on legislation which will support the development of a Bill with reference to Community Wealth Building (CWB). There are five pillars of CWB which include procurement; fair employment; land and assets; financial power and economic growth. The main area of work that has progressed around this in in procurement. Work has been done to support the Community Benefit Portal resulting in an increase of local organisation bids onto the portal. As yet we have not successfully matched any of these bids to commissioned organisations but are continuing to support this piece of work to ensure that local projects and work is supported through services procured by NHS Highland and wider.

There will be a need to consider actions to be taken once the Bill is complete which is likely to include the need for a CWB steering or overseeing group in the first instance consisting of reps from each of the five key services – ie finance; procurement; estates; People and Culture and Public health.

Delivery of Money Counts:

Money Counts training aims to promote using the ‘Worrying About Money?’ leaflet to initiate person-centred conversations around financial worries and support individuals access relevant services. The training is offered in North Highland on 2 levels and in Argyll and Bute at level 1 only.

The training aims to:

- Increase understanding of poverty and its impact
- Increase confidence to ask about money worries
- Increase knowledge of support services for money matters

Both courses are aimed at anyone in a position to have a conversation about financial issues.

Level 1 is a short session (45 minutes) and encourages staff to have brief conversations around money worries.

Level 2 is a longer session (1hr30mins) and explores the relationship between poverty and health, increases knowledge of local services and includes skills practices for using the leaflet and asking about money worries.

Level 1 Data – North Highland

| Courses since March 2021 | Attendees | Average Pre course confidence | Average Post course confidence | Average Pre course knowledge | Average Post course knowledge |
|---------------------------------|------------------|--------------------------------------|---------------------------------------|-------------------------------------|--------------------------------------|
| 40 | 208 | 5.5 | 7.6 | 4.3 | 7.3 |

Level 1 Data – Argyll and Bute

| Courses since March 2021 | Attendees | Average Pre course confidence | Average Post course confidence | Average Pre course knowledge | Average Post course knowledge |
|---------------------------------|------------------|--------------------------------------|---------------------------------------|-------------------------------------|--------------------------------------|
| 8 | 33 | 6.7 | 8.5 | 7.1 | 8.5 |

Level 2 data – North Highland only

| Courses since July 2021 | Attendees |
|--------------------------------|------------------|
| 22 | 111 |

Participant feedback Level 2:

- 87.8% of participants agreed or strongly agreed that the training had increased their understanding of poverty
- 85.4% of participants agreed or strongly agreed that the training had increased their confidence to ask about money worries.

- 97.6% of participants agreed or strongly agreed that the training had increased their knowledge of support service for money matters.

Qualitative feedback examples:

“It was about the right length of time with the right amount of information. Both instructors knew their subject and were keen to get the audience involved. I enjoyed the course so thank you very much for your time today.”

“This is a really valuable course to take and opens great discussions amongst a variety of colleagues. Thank you for a thorough and informative presentation.”

The areas have now been combined, and in future course evaluation will cover both north Highland and Argyll & Bute.

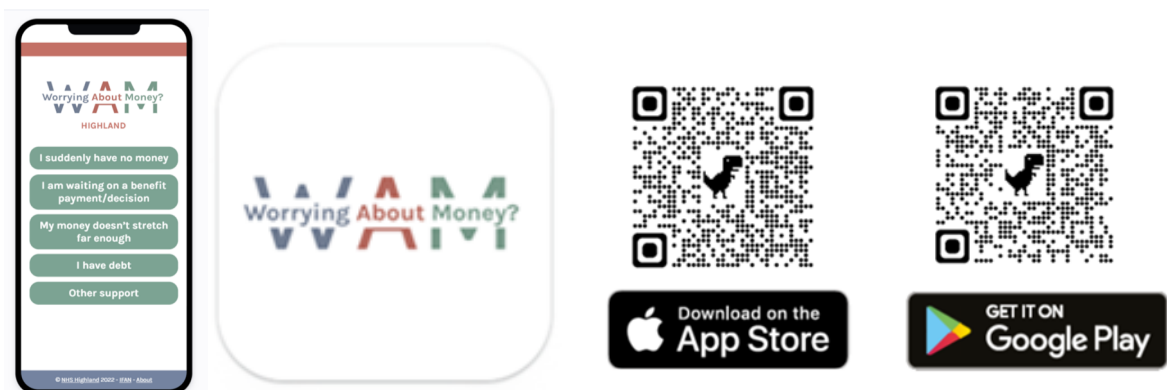
We have recently undertaken a review of the impact of the delivery of the Money Counts level 2 course to understand what longer term impact attending the training has had. While the review is not quite complete it indicates that of those people who have attended around three quarters have ordered the Money worries leaflet and half have actively used it within their service.

Worrying About Money? (WAM)Highland app.

The Worrying About Money (WAM) app was developed by the Health Board in partnership with the Independent Food Aid Network using the framework of the Worrying About Money? leaflet.

The app is a source of information for people who might find themselves struggling financially. It is a step-by-step process for various situations individuals may be experiencing and guides them through to where they might access the right support

The app was launched on 8th February 2023 in the Android and Apple stores and to date has been downloaded 78 times.



Welfare and Health Partnerships (WAHP)

WAHP have been developed in other areas across Scotland over the last 2 years and funding has now been provided to the Highland Council to work with Improvement Service and NHS Highland to develop a local WAHP model for North Highland. Funding was allocated to Highland Council to employ additional welfare officer, for a 2-year pilot with a requirement to include at least one island area and to focus on remote and rural locations

The Highland Council's Welfare specialists provide an effective support service on all matters relating to benefits and entitlements. The overall aim of the service is to ensure that the correct amount of benefit is paid at the correct time and to assist with budgeting skills so that households can pay their bills, heat their home, and have a better quality of life.

Work was undertaken by Public Health's Health Intelligence Team to identify which remote and rural practices in North Highland served communities with the highest rates of deprivation. Twelve GP practices were identified and approached to assess if they were willing to take part in the WAHP work. Eleven practices opted to be involved and a further 2 practices were then approached, 1 of which is now involved, giving 12 overall with the potential to include 1 further practice.

Referrals to the Welfare Team from GP practices commenced on 13th February 2023 but so far there has been no referrals.

Community Link Workers

The Community Link Worker service in North Highland went live at the end of April 2022. The successful commissioned service who delivers the programme is Change Mental Health, a 3rd Sector organisation.

Referral from the 29 GP practices allocated CLW hours has steadily increased since launch.

| Referral period | Referral numbers |
|------------------------|-------------------------|
| May – July 2022 | 135 |
| Aug – Oct 2022 | 221 |
| Nov 22 – Jan 2023 | 262 |

GP practice staff can refer to a CLW via Vision through an integrated tab for Elemental which means patient information can be pre-populated, making any referral quick and straightforward for staff. Elemental is a specific social prescribing referral platform which gathers CLW data for reporting.

The main reasons for referral are detail below:

| Top reason for referral |
|------------------------------|
| 1. Mental health |
| 2. Loneliness |
| 3. Social isolation |
| 4. Housing & essential needs |
| 5. Financial support |
| 6. Stress management |

Referrals for females are almost double that for males and the highest referral rate comes from those aged 55-64 years old.

Gender



Age

(on referral date)



All GP practices who have allocated CLW have now referred to the service, but several challenges remain to be addressed:

- Recruitment to CLW posts
- Adapting the referral platform Elemental
- Space at practices for CLW's
- CLW's being able to access wifi at GP practices
- Follow-up with individuals for reporting
- Recruiting practices and patients to the UHI funded evaluation

The community link worker service in Argyll and Bute went live in March 22. The successful commissioned service who delivers the programme is We Are With You, a 3rd Sector organisation.

Referrals from GP practices allocated CLW hours have steadily increased since launch. The service is now available in 13 GP practices, with an additional practice due to receive a service shortly following recruitment. The referral process for the Argyll and Bute Service is the same as Highland and via the Elemental social prescribing software which integrates with GP practice systems.

- 240 referrals received in total across the service with the highest number of referrals in Bute, Dunoon and Campbeltown
- 84 referrals were from quarter 1 and 156 referrals were from quarter 2

85% of people who have completed wellbeing scale at entry and exit reported increased well-being scores and 41 out of 42 people who completed a satisfaction survey strongly agreed/agreed that they had received the right support from the link worker.

“My link worker has been an absolute huge support to me when I needed. I don’t know how I would have coped without her”

Build community and organisational capacity to respond to mental health needs

The key action identified within the Annual Delivery Plan is around the piloting of an approach for mental health reps within the organisation. It was decided to pilot this approach from Sept 22 – June 23 and to start with two specific services which included Public Health and Estates. The Mental health rep is around creating equity with Physical health and copies the model of physical first aiders available in our teams and services within NHS Highland by providing someone who is trained and supported to deliver mental health first aid within a team or department. In 2022 we delivered two Scottish Mental Health First Aid courses to several people from within both public health and estates, the attendance and completion of this course is a pre-requisite of being able to deliver a Mental health rep model. From this cohort there were five notes of interest in becoming a Mental health rep, three from within Public health and two from within estates. A member of staff has since moved onto a different role out with the department leaving us with four reps, 2 from each service.

The processes to support the work have been supported and developed by the health intelligence team and a forms survey sent out to gain baseline information from public health and estates prior to the pilot commencing.

Currently there have been no direct interventions sought or delivered within the work environment although there are some examples of ways in which the mental health reps provided support indirectly. The reps are now working towards exploring ways in which they can promote information and signposting on mental health within the departments which has already included a virtual session delivered on Time to Talk Day 2/2/23 and we are currently looking to develop some work around Stress Awareness Month in April.

The pilot concludes in June this year and a report will follow around the impact of this work and any further recommendations about rolling it out further or not.

Digital Inclusion

The Highland Digital Inclusion Network started in May 22 and meets quarterly. The network consists of any members or interested parties that are involved in either delivering services

through digital means and/or supporting individuals who need help to access and use digital services. The identified priorities of the network include:

- To connect services together and understand what is already available
- Identify gaps in provision and determine what actions might be needed to meet these gaps
- Signpost people on to relevant organisations that can support digital skills and provision of devices
- Learn and share together as a partnership

At the moment this network is chaired and facilitated through health improvement, but the intention is to ensure that this is handed over to an organisation that is involved in supporting these services and can develop the network in line with the development of digital services.