

## HHSC Committee Report at 31 January (Month 10)

Report by: Elaine Ward

**The Committee is asked to:**

**Consider** the financial position of the HHSCP to Month 10 noting the underspend of £0.183m against a year to date budget of £315.025.

### 1. NHS Highland financial position at Month 10 (January 2021)

- 1.1 At the end of Month 10 (January 2021) the overall financial position of NHS Highland is an underspend of £3.058m with a slight overspend of £0.045m forecast at financial year end.
- 1.2 This follows confirmation from Scottish Government that funding for Covid-19 related costs will be provided in full. This includes the element of unachieved savings as a result of early slippage in delivering the Cost Improvement Programme. In addition Scottish Government have provided funding to cover the element previously identified as a brokerage requirement. This position allows all Board within Scotland to be in financial balance at 31 March 2021.

**Table 1 – NHS Highland Summary Income and Expenditure Report as at January 2021**

Current Plan £m	Summary Funding & Expenditure	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
1,022.775	<b>Total Funding</b>	795.593	795.593	-	1,022.775	-
	<b>Expenditure</b>					
389.001	Highland Health & Social Care Partnership	320.641	319.531	1.109	386.574	2.427
217.240	Acute Services	180.281	181.107	(0.826)	217.870	(0.629)
193.893	Support Services	112.131	111.485	0.646	195.736	(1.843)
800.134	<b>Sub Total</b>	613.052	612.123	0.929	800.179	(0.045)
222.641	Argyll & Bute	182.537	180.409	2.129	222.641	-
1,022.775	<b>Total Expenditure</b>	795.590	792.532	3.058	1,022.820	(0.045)

### 2. Highland Health & Social Care Partnership financial position at Month 10 (January 2021)

- 2.1 The January 2021 position reports a year to date underspend position of £0.183m with a forecast year end position of an underspend of £2.428m. The forecast year end position reflects additional funding received from Scottish Government in respect of the ASC funding gap rolled into the Covid-19 funding position. NHS Highland currently provide budgetary cover in respect of this gap.
- 2.2 Across the Health and Social Care Partnership costs of £10.091m have been incurred to date with a forecast spend of £12.780m by the end of the financial year. These costs have been fully funded by Covid-19 funding allocations from Scottish Government.

- 2.3 A breakdown across services is detailed in Table 2 with a breakdown across Health & Adult Social Care shown at Table 3.

**Table 2 - HHSCP Financial Position at Month 10**

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
209.378	NH Communities	171.992	170.139	1.853	206.679	2.699
40.143	Mental Health Services	32.883	32.795	0.088	40.112	0.031
5.288	ASC Other	4.167	4.027	0.140	5.104	0.184
134.192	Primary Care	111.599	112.570	(0.971)	134.679	(0.486)
<b>389.001</b>	<b>Total HHSCP</b>	<b>320.641</b>	<b>319.531</b>	<b>1.109</b>	<b>386.574</b>	<b>2.428</b>
	<b>Costs held in Support Services</b>					
7.318	Covid Costs - ASC	5.539	5.539	-	7.318	-
5.462	Covid Costs - Health	4.552	4.552	-	5.462	-
1.703	Estimated Covid Remobilisation Funding	-	-	-	-	1.703
(3.100)	PMO Workstreams (excl housekeeping)	(2.325)	(1.048)	(1.277)	(1.397)	(1.703)
(16.092)	ASC Income	(13.382)	(13.733)	0.352	(16.092)	-
<b>384.292</b>	<b>Total HHSCP and ASC Income/Covid</b>	<b>315.025</b>	<b>314.842</b>	<b>0.183</b>	<b>381.864</b>	<b>2.428</b>

**Table 3 - HHSCP Financial Position at Month 10 –split across Health & Adult Social Care**

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
239.877	Health	197.218	197.374	(0.156)	237.828	2.049
144.415	Social Care	117.807	117.468	0.339	144.036	0.379
<b>384.292</b>	<b>Total HHSCP &amp; Covid/ASC Income</b>	<b>315.025</b>	<b>314.842</b>	<b>0.183</b>	<b>381.864</b>	<b>2.428</b>

- 2.4 There is currently an underspend of £1.853m within North Highland Communities with this position forecast to move to an underspend of £2.699m by the end of the financial year. This is due to vacancies and reductions in service costs such as travel and subsistence.
- 2.5 Mental Health Services are currently underspent by £0.088m with a year end underspend of £0.031m. Vacancies are again the main contributing factor to this position. A year end overspend of £0.527m is forecast within Drug and Alcohol Services due to the ongoing situation for Police Custody Services. A forecast underspend of £0.468m within Learning Disabilities balances the overall position, with this underspend being due to reduced day care services as a result of Covid.
- 2.6 Within primary care ongoing locum costs within 2C practices and the increased costs associated with prescribing Sertraline continue to drive the overspend position with GMS (£0.361m year end overspend forecast) and GPS (£1.182m overspend forecast). An underspend within Dental Services (year end forecast of £0.729m) forecast with reduced services and delayed remobilisation contributing to this position.

### 3 Summary

- 3.1 The Finance report presented to the HHSCC on the Month 7 position provided an update on the Covid funding position and highlighted the assumption that all associated costs would be funded by Scottish Government.
- 3.2 A further funding allocation was made at the end of January in line with this earlier assumption.

- 3.3 It should be noted that there remains a gap between the costs of delivering ASC services and the funding received from Highland Council. Discussions between both parties and Scottish Government continue with respect to the funding position for 2021/22. For 2020/21 Scottish Government have provided funding in respect of this gap via the Covid funding allocation.
- 3.4 The reported position is based on a different set of circumstances from normal service provision and does not reflect business as usual delivery.

#### **4 Recommendations**

The Committee is asked to consider the financial position of the HHSCP to Month 10 noting the underspend of £0.183m against a year to date budget of £315.025m and a forecast full year underspend of £2.427m against a budget of £384.292m.

**Elaine Ward**  
**Deputy Director of Finance**  
**17 February 2021**

## HIGHLAND HEALTH & SOCIAL CARE GOVERNANCE COMMITTEE

### Report by Committee Chair

**The Board is asked to:**

- **Note** that the Highland Health & Social Care Governance Committee met on Wednesday 2 December 2020 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

**Present:**

Ann Clark, Board Non-Executive Director - In the Chair  
James Brander, Board Non-Executive Director  
Deidre MacKay, Board Non-Executive Director  
Philip MacRae, Board Non-Executive Director  
Adam Palmer, Employee Director  
Elaine Ward, Deputy Director of Finance  
Louise Bussell, Chief Officer  
Cllr Isobel Campbell, Highland Council

**In Attendance:**

Dr Tim Allison, Director of Public Health and Health Policy  
Rhiannon Boydell, Mid Ross District Manager  
Karen Ralston, Highland Council Representative  
Neil Wright, GP Partner Craig Nevis Surgery  
Fiona Davies, Interim Head of Mental Health  
Gillian Grant, Interim Head of Commissioning  
Donnellan Mackenzie, Area Manager South & Mid  
James Bain, Transactions Manager  
Kayleigh Fraser, Committee Administrator  
Ruth Daly, Board Secretary  
Jane Park, Highland Council

**Apologies:**

Tracy Ligema  
Michael Simpson  
Cllr Nicola Sinclair  
Cllr Linda Munro  
George McCaig  
Gaye Boyd  
Paul Davidson  
Sara Sears

**AGENDA ITEMS**

- **Year to Date Financial Position 2020/2021**
- **Assurance Report and action plan from 7 October 2020**
- **COVID-19 Update and Social Mitigation Strategy**
- **NHS Highland Mental Health Strategy**
- **Chief Officer's Reports**
- **Risk Register**
- **Code of Corporate Governance**
- **Committee Annual work plan**

**DATE OF NEXT MEETING**

The next meeting will be held on Wednesday 3 March, 2021 in the Board Room, Assynt House, Inverness and on a virtual basis.

## 1 WELCOME AND DECLARATIONS OF INTEREST

The Chair opened the meeting and congratulated Louise Bussell on her appointment as Interim Chief Officer. She also informed the Committee that she had attended the Area Medical Committee recently and found the meeting very useful.

Members were asked to consider whether they had an interest to declare in relation to any item on the agenda for this meeting. There were no formal Declarations of Interest made.

The Chair advised there will be a session held at the start of the year and the main topic will be reviewing the performance indicators for community services.

## 2 FINANCE

### 2.1 Year to Date Financial Position 2020/2021

Elaine Ward, Deputy Director of Finance, provided an update in regard to NHS Highland position since the start of the financial year. At the end of month 7 there has been an over spend of £8.800 million which is significantly better than the forecast at month 5.

E Ward spoke to the circulated report advising the financial position relating to the Highland Health and Social Care Partnership (HSCP) area. The position at the end of October was an under spend of £0.542 against a year to date budget of £216.036. £4.171m of these costs are associated with COVID 19 and by the end of the financial year HSCP are expecting to incur costs of 9.005m due to COVID 19 response. She added that whilst there was an underachievement in the savings plan of £0.542 all in-year housekeeping savings for 2020/21 are expected to be achieved.

E Ward reported the under-spend in North Highland Communities is a result of gaps in staffing including medical, nursing and allied health professionals and is expected to continue until the year end. Mental Health Services are closely in line with budget however there is an overspend in Drug and Alcohol as well as Adult Mental Health services which is due to using agency locums.

During the discussion Philip Macrae, Non-Executive Director questioned the underspend in North Highland Communities in relation to staff vacancies. He asked what risks are attached to the underspend and what the impact is on operational delivery. L Bussell highlighted the risk of not having enough staff to manage pressures which was a significant concern for staff. She emphasised how well services are working to minimise the risk whilst they continue with their recruitment ambitions.

Mr Macrae sought an update regarding the funding gap within Adult Social Care. L Bussell advised the Committee there has been positive discussions with the Highland Council and an extension to the time scale for formally reviewing the partnership agreement to the end of March 2021 had been agreed

The Chair asked if there was any update on processes for carers funding. R Boydell advised that bids have been invited under the revised process and we are awaiting responses..

<b>After discussion, the Committee:</b>	
• <b>Noted</b> the M7 position of a £0.542m underspend against a year to date budget of £216.036M.	
• <b>Noted</b> that there was an underachievement on the savings plan for the Health and Social Care Partnership of £0.542	
• <b>Noted</b> that this position included £4.171M of costs associated with Covid 19.	

### 3 PERFORMANCE AND SERVICE DELIVERY

#### 3.1 Assurance Report from Meeting held on 7 October 2020

There had been circulated draft Assurance Report from the meeting of the Committee held on 7 October 2020.

No comments were made.

#### **The Committee**

- **Approved** the Assurance Report.

#### 3.2 Matters Arising From Last Meeting

L Bussell updated the Committee on the managerial appointments in North Highland. She started in post on 9<sup>th</sup> November 2020 and advised her previous post – Head of Mental Health Services, has been filled on an interim basis by Fiona Davis. Further appointments were still to be made.

Regarding the Partnership Agreement, L Bussell advised the Committee there was still significant work to be carried out to reach agreement with the Council.. G Grant added there is a programme management arrangement in place to take forward transformation of services to address the funding gap in relation to adult social care. Meetings have taken place of the project board and team.

**The Committee Noted** the position.

#### 3.3 COVID-19 Overview Report

T Allison, Director of Public Health and Health Policy spoke to the circulated report and provided a presentation to members in relation to the overall position regarding COVID-19 in Highland.. He highlighted the incidence rate across NHS Boards in Scotland and confirmed a rise over autumn in NHS Highland however a decline going into winter.

In terms of testing, he stressed how the availability of tests for people living in rural areas continues to be a significant challenge. He added there will potentially be expansion of other tests by using lateral flow machines for staff working in Health and Social Care and visitors to Care Homes. T Allison advised the Committee that meetings are taking place this week regarding the COVID-19 Vaccination.

Lynda Thomson gave the Committee a brief insight to the work that has been done on a Social Mitigation action plan which consists of eight strands:

1. Unemployment and the Economy
2. Income and Financial Security
3. Food Security
4. Mental Health and Wellbeing
5. Digital Exclusion
6. Capacity and Community Resilience
7. Transport and Active Travel
8. Violence Against Women

She invited the Committee members to contact her out with the meeting for further information and to discuss how they could help implement the plan.

A Palmer, Employee Director asked for an update on the vaccination programme and how the service will operate. T Allison said the intention is to prepare for a service to be delivered imminently however the actual start date will depend on availability. Vaccine availability will be limited to begin with, and the assumption at this point in time is that vulnerable groups and NHS Staff will receive the vaccine first. He added that due to the logistics of delivery and characteristics of the vaccine, there would be challenges to delivering the vaccine currently available at scale.

P Macrae asked for assurance about the contingency plan for the Christmas period and plans for a potential further spike. T Allison assured the Committee that there are plans in place however it is extremely important people follow the rules. He added although there are small levels of infection at the moment, an increase in infection rates were anticipated following the festive period.

**The Committee:**

- **Noted** the report.

### 3.4 NHS Highland Mental Health Strategy

Fiona Davies, Interim Head of Mental Health was welcomed by the Chair and congratulated on her appointment.

F Davies spoke to the circulated report and provided members with a presentation and discussion around the NHS Highland Adult Mental Health Interim Strategy 2020-2021. The strategy provides a framework for delivery of Mental Health activity in NHS Highland including prevention of mental health problems, delivery of care, treatment and prevention. The report provided details of existing and new frameworks to help deliver on the commitment to pursue an ambitious transformation of mental health care throughout NHS Highland to address the recommendations of the Strang Report, government policy such as 'Home First' and the performance issues facing the service, including long standing vacancies.

F Davies spoke about the effects COVID-19 has had and will continue to significantly impact Mental Health providers and the individuals they support. She emphasised how challenging it had been implementing innovations to allow continued access to services whilst protecting patients and staff from the virus. Services are seeing patients with more significant needs with a large proportion of patients accessing the service for the first time. She added there is a new demand driven by people needing support due to the wider impacts of the pandemic. The impact of COVID-19 on the mental well-being of staff has also been substantial.

F Davies discussed some of the areas the service intends to focus on, one being Emergency and Unscheduled care where the Scottish Government have instructed local authorities to develop a Mental Health Assessment Centre. This will provide the initial assessment of unscheduled presentations with mental health needs for anyone in crisis. This service is being delivered from New Craigs Hospital and has been operational for one week.

J Brander, Non Executive Director, asked about the involvement of service users and how they would be supported to ensure they can engage meaningfully and not to increase levels of stress. F Davies highlighted how important it is to meet the individuals before meetings to ensure they understand terminology and are aware of the environment they are coming into. He also asked about the difficulties the service is facing filling vacancies and how it is planned to reduce the impact this was causing. F Davies assured members everything was being done to recruit and to retain staff including looking at flexible working arrangements to



suit individual needs. She added they aim to work closely with the recruitment team to look at attractive employee benefit plans and opportunities for career development.

Deidre MacKay, Non-Executive Director asked if the strategy meets the requirements set out by Scottish Government's winter plan. F Davies said the service is confident they are complying with the winter plan and that they have complied with expectations. One of the schemes that have been developed is a harm reduction triage car that will be operating in Inverness over the festive period. The response vehicle will involve Police, Ambulance and Mental Health services and will attend to people who appear to be in mental health crisis and / or distress.

**After discussion, the Committee Noted** the report, that a more long term strategy would be developed over the next 18 months and Agreed that a progress report should be submitted to the Committee during 2021

### 3.5 Chief Officer's Assurance Report

L Bussell spoke to the circulated report and provided an overview of the key Adult Social Care service delivery issues.

D Mackay asked for an update on the Adult Social Care Highland Winter plan which she understood was not yet available. L Bussell informed the Committee that The Scottish Government had requested a separate winter plan for Adult Social Care. D Mackenzie advised members that the plan was being finalised and that the plan came with some additional funds for developments in community services.

The Chair asked if there was any further update on the detailed review of work that was carried out around patients with a stay in hospital of over 100 days. L Bussell advised this work has been progressing in physical health and Mental Health services. She advised from a Mental Health perspective there are key challenges in discharging people to the community which are partly Covid related. Additionally, there are issues around creating bespoke packages for patients with highly specialist needs.

The Chair sought an update on the approach to Adult Support and Protection. D Mackenzie advised members work was currently underway to actively review the governance structure and have subgroups in place to look at key areas. It would be important for all partner agencies to share and take ownership of workloads.

**The Committee Noted** the terms of the report.

## 4 HEALTH IMPROVEMENT

There were no matters discussed in relation to this Item.

## 5 COMMITTEE FUNCTION AND ADMINISTRATION

### 5.1 Risk Register

The Chair advised members this was an initial item on this matter and is included to let members know about the detailed work that is going on within the organisation on the approach to Risk Management. There would be a more detailed report to the March meeting including the operational unit risk registers covering the services within the remit of the Committee.

**The Committee noted** the revised board Risk Assurance framework and the work to embed risk management within the organisation

## 5.2 Code of Corporate Governance

R Daly, Board Secretary spoke to the circulated report, this having been considered by the NHS Board and advised this was now being made available for consideration by Governance Committees from their individual perspective. The updated Committee document would be presented to the December 2020 Audit Committee and the NHS Board again thereafter. This would be reviewed annually by both the Audit Committee and NHS Board.

**The Committee Noted** circulated draft code of corporate governance for its purposes and noted that the final draft will be considered by the audit Committee on 8 December 2020, and ratified at the Board in January 2021

## 5.3 Committee Annual Work Plan

The Chair updated members on the Committee annual work plan. She advised members this is a new process within the board where all the Governance Committees are asked to produce an annual workplan. This will enable Committees to coordinate the progression of discussion of issues through the board.

**The Committee noted** the Committee Work Plan for the remainder of the financial year to the end of March 2021

## 5.4 2021 Meeting Schedule

Members approved the following meeting dates for 2021:

**3 March**  
**28 April**  
**30 June**  
**1 September**  
**3 November**

**The Committee approved** the 2021 meeting schedule

## 6 AOCB

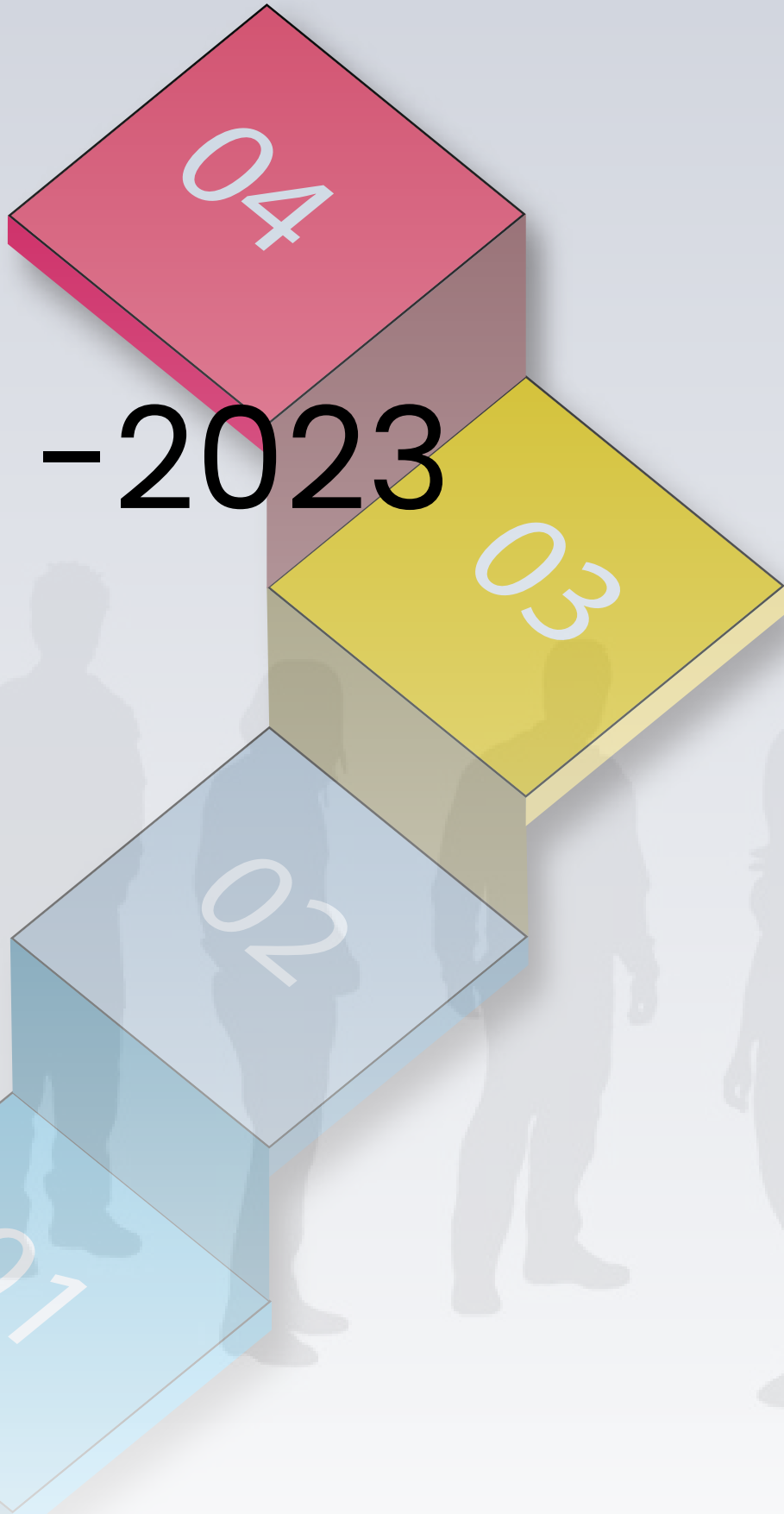
No other business was discussed.

## 7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on 3 March 2021 in the Board Room, Assynt House, Inverness and on a virtual basis.

**The Meeting closed at 16.20 pm**

2020 - 2023



NHS Highland

# Making Caring Visible



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## 1. Introduction

We have attempted to keep the details of the strategy straightforward and understandable with the main contents comprising 4 elements:

1. A Local Pathway that simply outlines the ways that carers can expect to receive support.
2. Outcome Triangle– this is a visual representation that shows how the ‘High Level Outcomes’ identified for carers can be delivered. Firstly, by identifying what needs to improve and be developed? This will ensure future services that are developed are appropriate to what carers have told us they need and want to maintain their health and well being and continue to manage effectively in their unpaid caring role.
3. The detailed work plan outlines the activities necessary along with planned timescales to deliver the Implementation Plan
4. The Service Delivery Outcome Indicators evidences where and when we expect to have completed the identified activities. It has the capacity to record where or when such activities have not been met, ensuring that there is accountability to the commitments drawn up in the strategy.

Space for Introduction

Space for introduction

### 1.1 Terminology

During the development and consultation on the Highland Carer Strategy unpaid carers told us they wanted the document to be clearly understandable and for any jargon to be explained so no one reading the document felt disadvantaged by the language used. We are aware that a range of terms can be used to describe someone who supports or cares, unpaid for a family member or friend who is affected by illness, disability, frailty, mental health or alcohol or drug misuse. This can be complicated further by the use of the word ‘carer’ used to describe a member of staff who is paid to offer carer or support. Outlined below is other carer related terminology that should assist the reader to understand the context of the strategy.

term	definition	term	definition
NHSH	NHS Highland	THC	The Highland Council
Access Services	Use services that have been discussed with lead professional or carer link worker	Waiving of Charges	There should be no charge where support is provided to meet the identified personal outcomes of individual carers
Section 28 of the Act	Carers are actively involved in the person they care for’s planned discharge from a hospital stay	Short Breaks	An opportunity for a carer to find time for themselves away from their caring role.
Carers Charter	Document produced by Scottish Government outlining what carers are entitled to. <a href="https://www.gov.scot/publications/carers-charter">https://www.gov.scot/publications/carers-charter</a>	Commissioning Process	The activity which involves deciding what kinds of services should be provided in Highland, who should provide them & how should they be funded

term	definition	term	definition
High Level or Service Delivery Outcomes	Positive Benefits delivered through engaging with service and the differences or changes made through engaging with services	Improvement Objectives	Is a business strategy approach that ensures plans are regularly reviewed and improved
Lead professional	Person who has been assigned to lead or co-ordinate services for a cared-for person	Self-directed Support	Is a way of providing social care support that empowers individuals to have informed choice about how support/care is provided
Stakeholders	Persons/organisations with an interest in carers	Young Carers	A young person under 18 who cares, unpaid for a family member, friend or neighbour
CIG	Carers Improvement Group- meets bi-monthly to discuss carer related topics	Cared-for person	The person you care for
CSDO	Carer Services Development Officer	CPSO	Carers Practice Support Officer
ASC Teams	Adult Social Care Teams	YCS	Young Carer Statements
ACSP	Adult Carer Support Plans	Third Sector	A word to determine organisations (usually voluntary and not-for profit) that are neither public or private sector



## 1.2 Highland Carer's Pathway

This chart shows what support an unpaid carer can expect living in the Highland Council area. It outlines the pathway via the carers centre. It is anticipated other organisations who work with carers will signpost to Connecting Carers as they are currently contracted to support carers to develop adult carer support plans and act as the local Carers Centre.

Who is an unpaid carer? 'An unpaid carer may be a partner, family member, friend or neighbour who is caring for someone because of illness, disability, a mental health condition, drug or alcohol misuse or frailty.

connecting carers are the carer's centre in Highland open week days 10.00 - 16:00

staff are currently working from home due to covid19.

connecting carers are able to signpost caers on where to go and what to do in crisis or emergency

what type of support can carers expect?

You will be supported by a Carer Link Worker. They will help you to access support and discuss how your caring role can be prevented from escalating. You will be offered preventative support relevant to your caring role. This includes the right to an Adult Carer Support Plan (ACSP), emergency & future planning, counselling, information & funding on short breaks, training & events relevant to your caring role as well as signposting to other supporting organisations. [www.connectingcarers.org.uk](http://www.connectingcarers.org.uk)

what timescales can carers expect?

You can expect to receive the Connecting Carers Welcome Pack within 5 working days of your query . Once you have received your Welcome Pack a member of the team will aim to support you to complete your ACSP within 4-6 weeks. If your caring situation is an emergency you can expect support from the service within 48 hours

contact us

If you are unhappy about any Connecting Carers service, please speak to the relevant staff member, or a manager. If you are unhappy with an individual in Connecting Carers sometimes it is best to tell him or her directly. If you feel this is difficult or inappropriate then speak to the staff member's manager. Often we will be able to give you a response straight away. When the matter is more complicated we will give you at least an initial response within five working days.If you are not satisfied with our response or wish to raise the matter more formally, please write to us at Connecting Carers, Glen Orrin House, High Street, Dingwall, IV15 9TF or e-mail; Roisin Connolly, Manager of Connecting Carers [rconnolly@connectingcarers.org.uk](mailto:rconnolly@connectingcarers.org.uk)

A more detailed complaints policy is available on request.

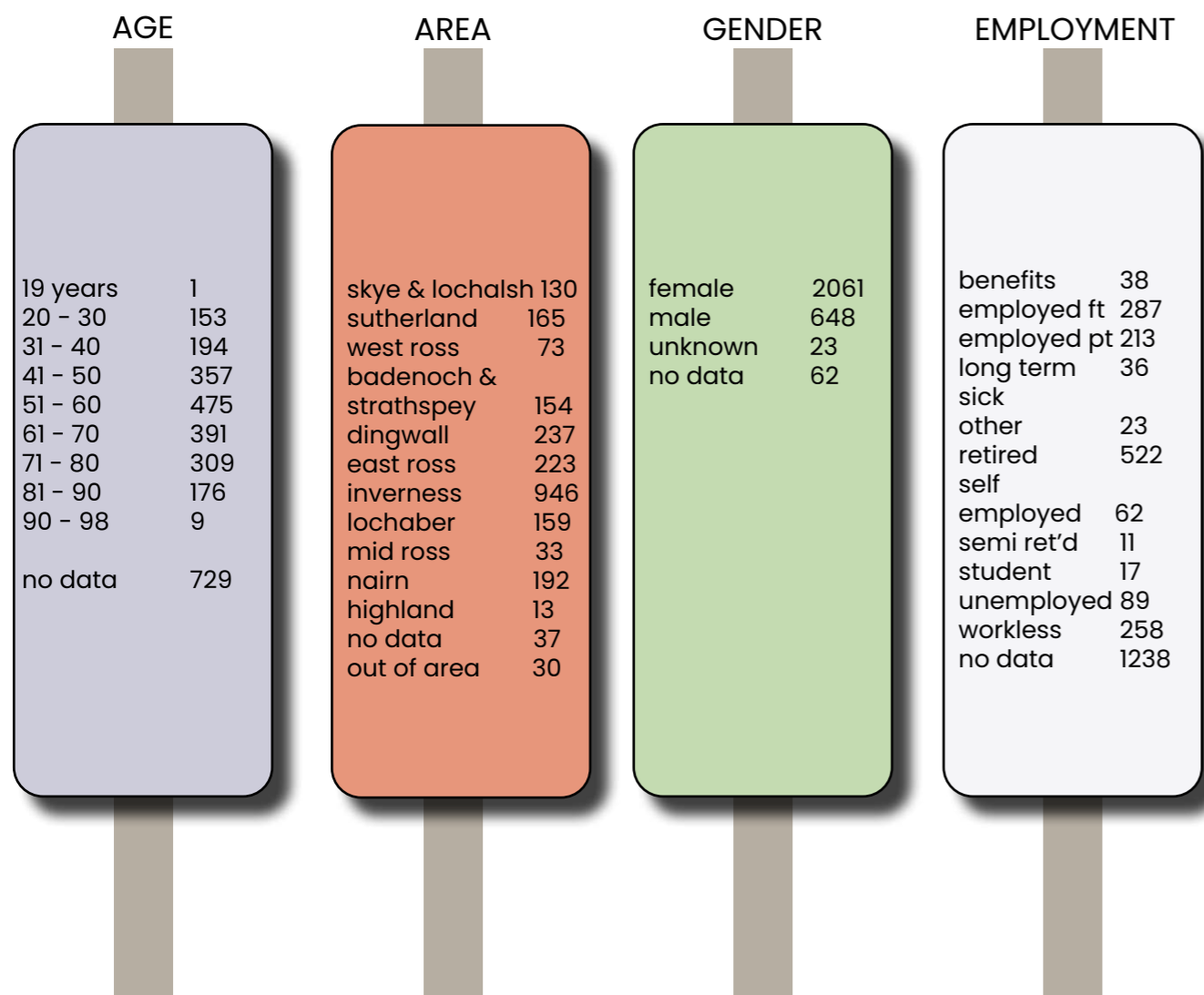


### 1.3 Why do we Need a Strategy

The latest Highland Carers Strategy was published in May 2014. It provided the very clear vision of Carers as 'Equal Partners in Care'. Although the ethos of the strategy still remains; things have changed significantly in the intervening years. The Carers (Scotland) Act came into force in April 2018 placing additional duties on local authorities to support carers.

In 2019 Carers Scotland [www.carersuk.org](http://www.carersuk.org) told us that there were 759,000 carers in Scotland (17% of the adult population). However, in 2020 this number has risen significantly with the estimate that there are now over 1.1 million unpaid carers in Scotland. Many more people have undertaken an unpaid caring role during the Covid pandemic. Over 250,000 people juggle caring responsibilities whilst holding down a job, with 3 out of 5 of us becoming carers at some time in our lives. More females undertake a caring role than males (59% to 41%) and most significantly 8 out of 10 carers say their health is worse because of caring responsibilities.

In 2018 it was estimated there were around 32,000 carers in Highland with only 2794 known to Connecting Carers, the local carer's centre and their attributes are outlined below: This would suggest that not all unpaid carers in Highland are identified or accessing services. Therefore the main focus of developing this strategy will be to increase the number of carers known to and accessing services in their own right over the next three years.



### 1.4 Developing the Strategy

Using a partnership approach we have consistently consulted and discussed the content of the strategy. We have worked with carers themselves, carer organisations who have a proactive role in supporting carers and frontline staff across NHS Highland and Highland Council who may come into contact with carers. We are mindful of the significant role that national organisations have in supporting carers particularly around specific conditions.



We have engaged at a local and national level with many organisations to ensure the content of the Highland Carers Strategy is consistent with others across Scotland. As the only area in Scotland to have adopted the lead agency model, NHS Highland leads on adult services and Highland Council on children's services. To ensure the voice of young carers is heard and fully understood we have developed a separate strategy for them. We have also been mindful of ensuring the approach is similar to that of the adult strategy. It is critically important that we maintain a focus on parent carers too, whose involvement, because they care for children, spans both organisations. Their input needs to be recognised across the main strategy and the young carer's strategy. We recognise and welcome the support that individual carers, organisations and frontline staff have provided in the development of this strategy. Given that the strategy has been developed as we moved through the phases of the Covid pandemic, we recognise the importance of community led support through Asset Based Community Development.

After discussion at the Carers Improvement Group in August 2020 a small working group was developed to pull together questions that would be used to consult with carers around the strategy. A short survey which went live in September 2020 allowed carers to provide information on what they felt should be included in the strategy. We then shared the draft strategy with carers via the NHS website and provided a printed copy on request. This consultative process has allowed the development of a clear and concise document. A report on the survey can be found on the Carers page of NHS Highland website or as a printed copy on request. <https://www.nhshighland.scot.nhs.uk/Services/ASC/UnpaidCarers/Pages/welcome.aspx> As the strategy is a living document we anticipate undertaking further surveys during the life of the document.

#### Financial Underpinning

The total resource available for the implementation of an adult carers programme in 2021/22 is around £1.80m (this is made up, in part, by £0.85m of funding by Scottish Government to implement the Carers (Scotland) Act which comes via The Highland Council as part of an overall grant settlement, (this agreed amount is not uplifted annually), and £0.95m of identified NESH funding).

In addition to this, expenditure of around £1.9m is dedicated to the provision of Home-based Respite and Residential Respite in both in-house and independent sector Care Homes (albeit the impact of Covid-19 will have significantly altered expenditure profiles throughout 2020/21).

At time of writing, current commitments remain in place in relation to our existing services for carers (delivered via Connecting Carers etc.) until new services are tendered for (again Covid-19 has had an impact here). On top of this an independent Project Team - with reporting arrangements in place to the Carers Improvement Group - has been working to use available resource to stimulate a range of services across Highland which can mitigate at least some of the adverse impacts of Covid-19 on carers. Resources of around £0.25 have been earmarked for projects which were successful in an open bidding process.

Finally some work has begun to describe the desired shape of services going forward. The CIG has given some consideration to developing a high-level “shape” of services to commission and support into the future. The Group considered that the following breakdown should guide our work in the progression of any future tendering processes:

**Information and Advice Service**

- Highland-wide
- High-level advice and information in respect of meeting needs of carers
- Specific advice in relation to accessing services for carers
- Advice in relation to SDS, specifically Option 1
- Advice in relation to accessing personalised and planned Short Breaks (particularly through the use of SDS monies); and
- A programme of practical education and training for carers

**Local Carers Link workers**

- District based
- Provide emotional, social and practical support to identified carers
- Provide Adult Carer Support Plan as requested
- Identify eligible need in respect of SDS
- Co-ordinate the provision of short-term (reactive) practical help for carers
- Identify the need for the provision of planned (proactive) short breaks
- Utilise local budget, or identified provision, to implement carer support
- Be accountable for the use of support resource;
- Be involved in the authorisation process for the use of Self Directed Support (across all options, including Option 3 – traditional respite services).

**Make available resource for Self Directed Carer Support**

- Available resource (realisable through SDS Options 1 and 3) to be accessed by carers who have been assessed as eligible for a planned Short Break.

**1.5 Legislation**

<sup>15</sup> The Carers (Scotland) Act 2016 came into effect on 1st April 2018 and enhances the rights of carers across Scotland to help improve their health and wellbeing so they can continue to care if they so wish. The Act places duties on Health Boards and Local Authorities to ensure that carers feel adequately supported in their caring role.

In North NHS Highland /Highland Council area (known as Highland for the remainder of the document) we had planned to take time during 2020 to work in partnership with carers, carer organisations and frontline staff (who have a specific involvement with carers) to plan and consult on the strategy. Unfortunately the Covid pandemic impacted on our initial plans – therefore we brought a first draft of the strategy to the Carers Improvement Group in August 2020. In the first, instance for comments, advice and guidance. We then shared the details of the draft document with a wider group of carers, gathered information via a survey on carer’s thoughts on the format, style and content. We then shared the draft with carers before developing a final version for submission to Highland Health & Social Care Committee for final sign off in early 2021

Producing a carers’ strategy at this time we are mindful of its value as a living document as plans will alter as we navigate our way through the Scottish Government’s route map post Covid.

The main emphasis of the strategy is to ensure that::

- We increase the number of carers engaging with services in their own right
- Carers are identified and recognised for the work that they do
- Carers are informed and involved in decisions which affect their caring role and
- Carers are valued and supported
- Carers have a life out with their caring responsibilities



If you would like to share your comments on ‘what the strategy means to you’ please let us know  
Contact

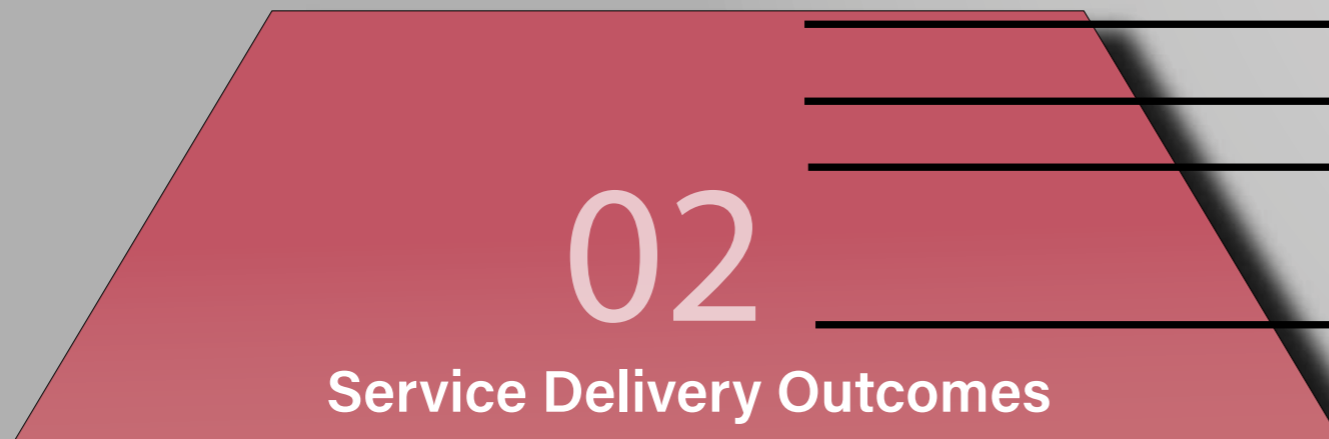
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1.6 The outcome triangle



Carers are identified and recognised for the work they do.  
Carers are informed and involved in the decisions that affect their caring role.  
Carers are valued and supported



Clear pathways are in place so that carers are involved in shaping the services available to those they care for  
Carers are identified and their role is recognised  
Carers benefit from a full range of information to ensure that they are able to make the best choices about their caring role  
Appropriate services are in place for carers which compliment the services available to those they care for





## 2 Improvement Plan

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The improvement plan is a working document that details how we plan to implement the outcomes identified for carers and the timescales that we expect to do this in.

	improvement objective	service delivery outcome link	actions	timescales	lead
1.1	There is a planned approach to the provision of information for carers reflecting the 7 key themes of the Carers Act: 1-Carers rights 2-Income maximisation 3-Education & training 4-Advocacy for carers 5-Health & wellbeing	Information. Services	Information will be provided for carers that is easily accessible and can be used by professionals to prompt discussion about caring responsibilities, this will include: <ul style="list-style-type: none"> <li>Guides for carers on information pertinent to their caring role</li> <li>Information packs for new carers (with hard copies to read later)</li> <li>Information on Adult Carer Support Plans and Young Carer Statements</li> <li>Information on developing an Emergency Plan</li> <li>Information on short breaks including support on how they can be accessed</li> </ul> Once guidance has been developed we will review and update on a regular basis.	February 2021  from February 2021	Connecting Carers  CIG
1.2	6-Bereavement support 7-Emergency& future planning	Information. Services.	Clear and concise eligibility criteria for carers is developed and is well disseminated <a href="https://www.nhshighland.scot.nhs.uk/Services/ASC/UnpaidCarers/Pages/welcome.aspx">https://www.nhshighland.scot.nhs.uk/Services/ASC/UnpaidCarers/Pages/welcome.aspx</a> <ul style="list-style-type: none"> <li>We will ensure that all stakeholders have a clear understanding of eligibility for carers to access services in their own right</li> <li>We will actively promote this information across Highland</li> </ul>	December 2020	CSDO
1.3		Information. Services.	'Waiving of Charges' document has been developed to inform carers and frontline staff around when charges for carers will be waived. This document will be used alongside the Short Breaks Statement which can be accessed on the Carers page NHS Highland website <a href="https://www.nhshighland.scot.nhs.uk/Services/ASC/UnpaidCarers/Pages/welcome.aspx">https://www.nhshighland.scot.nhs.uk/Services/ASC/UnpaidCarers/Pages/welcome.aspx</a> . A paper copy can also be requested by contacting Carer Services Development Officer NHS Highland Assynt House, Beechwood Business Park Inverness IV2 3BW	December 2020	CSDO
1.4		Information. Services.	Working in partnership with our third sector colleagues we will ensure regular, comprehensive training and awareness sessions. These sessions will acknowledge the existing expertise that carers may have on the conditions of the person they care for and their caring role. Awareness sessions and training will: <ul style="list-style-type: none"> <li>Support the health and wellbeing of carers</li> <li>Provide carers with specific awareness and training related to the needs of the person they care for</li> <li>Support Carers by allowing development of skills that assist Carers to take time away from caring.</li> </ul>	March 2021	Carer Organisation

1.5		Information. Services.	<p>We all have a duty to identify and ensure carers receive the support they need. We know that many people with caring responsibilities do not recognise themselves as carers. We will therefore be loud and clear about what an unpaid carer is. This should hopefully help people to realise that there can be relevant resources available to support them.</p> <p>We will:</p> <ul style="list-style-type: none"> <li>• Encourage active discussions to raise the profile of the role of unpaid carers</li> <li>• Signpost unpaid carers to the carers centre for advice &amp; support</li> <li>• Actively promote via social media platforms the media campaign for carers published by NHS Inform <a href="http://www.nhsinform.scot/caring">www.nhsinform.scot/caring</a></li> <li>• Develop and provide regular training on the role of unpaid carers for NHS Highland and Highland Council staff. The should encourage colleagues to share their own experiences of caring if they feel comfortable to do so.</li> <li>• Develop a working group that includes GP &amp; medic involvement so they are aware of their statutory duties whilst working in partnership with carers</li> </ul>	ongoing	all
	Improvement Objective	service delivery outcome link	• actions	timescales	lead
2.1	Carers benefit from short breaks and other supports	Services. Recognised. Information.	<p>We will provide commissioned services that actively promote the mental &amp; physical health and wellbeing of carers by:</p> <ul style="list-style-type: none"> <li>• Providing highly proactive practical supports to help carers at times of particular stress including out with regular office hours where necessary;</li> <li>• Linking carers to their local communities; and the sources of support they contain;</li> <li>• Prevent carer crisis and the need for more formal services to the cared-for person (including admission to hospital or residential/nursing care);</li> <li>• Offer a range of planned 'short break' alternatives which are attractive and/or acceptable to both carers and the cared-for person;</li> <li>• Provide carers with the practical skills they need to manage their caring role;</li> <li>• Provide information and advice for carers allowing them to make informed choices about their role. Supporting decision making in line with self-directed support principles by firstly utilising informal family and community support and universal services.</li> <li>• Trial a number of pilot projects that will evidence carer requirements and will assist with future tendering plans</li> <li>• Sign post carers to the valuable use of Telecare facilities and other technological solutions</li> </ul>	December 2021	Project Team (1)

2.2	Carers benefit from short breaks and other supports	Services Information Involved	Working in partnership with carers we will ensure there is improved access to tailored short breaks: We will identify and record unmet need around short break provision allowing us to continually develop and expand the variety of short breaks that are available. During the period of the pandemic when traditional respite breaks within care homes are unavailable we will offer one-off payments to carers to develop bespoke short break opportunities. We will offer support to work through this process and gather evidence from the project to ensure moving forward SDS Option 1 (direct payments) are accessible to carers to develop more bespoke short break opportunities. Working in partnership with carers we will ensure that valued 'traditional respite' services are reinstated to support carers when it is safe to do so	April 2021	Project Team (2)
2.3	Adult Carer Support Plans are available to carers who want one	Information Involved	Pathways and resources are developed for operational adult social care and children's service staff to enable carers to discuss their own specific needs that may become apparent during assessment of the cared-for person. Signposting to the local carers centre will ensure: Carers understand they are at the front and centre to the completion of their ACSP or Young Carers Statement (YCS) <ul style="list-style-type: none"> <li>ACSPs &amp; YCs are personalised and reviewed in line with the changing needs of carer</li> <li>ACSPs &amp; YCSs are completed as quickly as possible. Focusing on community based involvement and use of universal services in the first instance whilst focusing on meeting the identified outcomes of the carer rather than adhering to set timescales</li> </ul>	December 2020	project Team (2)
2.4	Advocacy and counselling is available to carers	Information Involved Services	Current independent advocacy services will be reviewed and made readily available to carers	June 2021	Project Team (3)W
2.5		Information Involved Services	A range of counselling opportunities are available to carers particularly in complex situations	June 2021	Connecting Carers
2.6	Carers are actively involved whilst the person they care for is in hospital & on planning for discharge	Services Recognised Involved Information	The carer link worker with remit for Raigmore & New Craigs Hospitals supports hospital staff to work through the duties under Section 28 of the Carers (Scotland) Act 2016. This will include: <ul style="list-style-type: none"> <li>Identification of carers</li> <li>Scope of identifying &amp; recording carers mechanism to ignite process of offering support.</li> <li>Working with carers as equal partners during hospital admission and planning for hospital discharge</li> </ul> We will also ensure that the statutory duty to involve carers and discharge planning is clearly understand across all hospital sites in Highland.	August 2020	Project Team (4)

2.7	Young carers are well supported in their transition to adult services	Services Recognised Involved	We recognise that transition from support as a young carer to an adult carer can be quite different. Therefore we will ensure there is effective partnership working that ensures a smooth transition from children to adult support. We will ensure data is collated on numbers of young carers moving into an adult caring role to assist with planning future services We will ensure there is a reciprocal link between the main carers improvement group and young carers working group	December 2020	Highland Council Carers lead & CSDO
2.8	Creative projects are piloted to test the market for future carer services	Services Information Involved	We recognise that transition from support as a young carer to an adult carer can be quite different. Therefore we will ensure there is effective partnership working that ensures a smooth transition from children to adult support. We will ensure data is collated on numbers of young carers moving into an adult caring role to assist with planning future services We will ensure there is a reciprocal link between the main carers improvement group and young carers working group	1 year from January 2021	Project Team (1)
2.9	Young carers are well supported in their transition to adult services		Hospital Chaplaincy & other bereavement services (as and when appropriate) are available to support carers	September 2020	Project Team (4)
	Improvement Objective	service delivery outcome link	actions	timescales	lead
3.1	Carers are considered as equal partners in care planning for those they care for and between ASC Children's Services	Recognised Involved Information	Carer's views will be taken into account when assessing the person they care for by actively involving them in the assessment process and signposting them accordingly for advice and information • We will be mindful that carers require timely and empathetic communication about the person they care for's condition	April 2021	ASC children services teams
3.2	Carers are considered as equal partners in care and discharge planning		Carers (with support) will be actively involved in plans for the cared-for person whilst in hospital ensuring they feel included in the cared-for persons hospital journey : • Carers are identified on the patient's records on admission to hospital • Carers are actively encouraged to be involved in offering care within a hospital setting should they so wish (and where it is practical to do so) • Carers receive clear and concise information on the person they care for's treatment • Carers are actively involved in discharge planning	December 2020	Project Team 4

3.3	Carers are fully involved in shaping policy locally	Information Involved Recognised Services	<p>Carers are actively involved in the development and publication of the Highland Carers Strategy. This will include listening to and acting upon the requests of carers bearing in mind that it is a living document and that we are living in an ever changing world</p> <p>A carers survey will be sent out to all carers in Highland via promotion on social media and where appropriate as a hard copy. Feedback from the survey will provide evidence from carers around what they expect from future carer services in Highland</p> <p>Further surveys will be developed and sent out during the duration of the strategy to ensure that carers expectations are being considered</p> <p>Carers will receive a draft copy of the plan and have opportunities to discuss the strategy</p>	December 2020	CSDO Carers NHS & THC teams
3.4	Carers self-direct the services they receive	Services Information involved	<p>Individuals with a current caring role or who have had a caring role in the past can be involved in shaping services for carers if available and they wish to do so.</p> <p>They will be involved in identifying and agreeing the purchase of carers services through our commissioning process by:</p> <ul style="list-style-type: none"> <li>• Involvement in Tender Project Team</li> <li>• Evaluating projects to ascertain needs &amp; wishes of carers</li> <li>• Considering the age profile and socio-demographics when planning future carer services</li> </ul>	June 2021	Project Team (1)
3.5	Carers are fully involved in shaping policy locally	Legislation Information Involved	<p>Carers will be involved, listened to &amp; supported in shaping local policy through their active participation in bi-monthly carer improvement group.</p> <p>To ensure the group is meaningful:</p> <ul style="list-style-type: none"> <li>• Terms of Reference have been developed for the group</li> <li>• Carers are actively involved in this group and other applicable groups where they will be the 'voice of carers'</li> <li>• An Engagement/Implementation plan has been developed that outlines carers role in future strategic plans pertinent to carers</li> <li>• There will be reciprocal links between the main CIG and the young carers group</li> </ul>	September 2020	CSDO
3.6		Recognised Involved	<p>Carers will be involved in the development of policies and guidance pertinent to carers. This will include involvement in Equality Impact Assessments (EQIAs) to ensure documentation has been 'carer proofed' as follows:</p> <ul style="list-style-type: none"> <li>• Consultation with local carer representatives and local carer support organisations in EQIAs where there is likely to be a direct impact on carers</li> <li>• The inclusion of carers in local EQIA templates, alongside those in protected characteristics, in order to assess the impact of proposals on them (as set down in COSLA guidance dated Oct '20)</li> </ul>		

	improvement objective	service delivery outcome link	actions	timescales	lead
4.1	The awareness of unpaid carers is raised across Highland	Recognised Information	The 'Carers Charter' published by the Scottish Government will be actively promoted across Highland: <ul style="list-style-type: none"> <li>• via media platforms including Websites, Twitter and Facebook</li> <li>• Printed material will be made readily available on request from Connecting Carers Glen Orrin House High Street Dingwall IV15 9TF 01463 723560</li> </ul>	March 2021	CIG
4.2		Recognised Involved information	<ul style="list-style-type: none"> <li>• The Carers Communication strategy outlining priorities &amp; timelines will enable the roll out a media campaign that raises the profile of unpaid carers:</li> <li>• Providing regular carer related updates via @nhshighland Twitter, Instagram and Facebook platforms · Regular carer related information via carer services social media platforms</li> <li>• NHS Highland and Highland Council websites will provide up to date information on unpaid carers <a href="https://www.nhshighland.scot.nhs.uk/YourHealth/Pages/Carers.aspx">https://www.nhshighland.scot.nhs.uk/YourHealth/Pages/Carers.aspx</a> <a href="http://www.highland.gov.uk">www.highland.gov.uk</a></li> <li>• All carer related material will available in printed format from Connecting Carers (as address above) · NHS employees who have caring responsibilities will be updated and reminded of Carer related issues via the Wellbeing website and regular updates during Wellbeing Wednesday on link below which is only available to NHS Highland staff <a href="https://www.nhshwellbeingatwork.scot.nhs.uk/workplace-support/">https://www.nhshwellbeingatwork.scot.nhs.uk/workplace-support/</a></li> </ul>	December 2020	CDSO
4.3		Recognised Involved information	Active promotion of all carer related work in Highland will include the strap line #makingcaringvisible	February 2021	
4.4		Recognised Involved Information	Carers Week will be actively promoted across Highland and at a national level in June each year.	June 2023	CIG
4.5		Recognised Involved Information	Carers Rights Day will be actively promoted across Highland and at a national level on 26th November each year	November 2023	
4.6	The awareness of unpaid carers is raised across Highland	Recognised Information Involved	The role of carers is recognised and their role valued if the person they care for is required to move into long term care	March 2021	Care Home Managers



4.7		Recognised Information Involved Legislation	Mechanisms will be put in place to recognise 'Carers who offer support from a distance' <ul style="list-style-type: none"> <li>Identifying caring roles and the complexities of situation:</li> <li>Support will be made available to such carers at a local level rather than via carers centre in the area the person they care for lives.</li> </ul>	March 2021	National Carers Leads
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Project Teams

Project team	area
team 1	Bids for Projects and future tender for Carer Services
team 2	Creative Use of SDS particularly option 1 for short breaks
team 3	Carer Advocacy
team 4	Carers and Hospital Discharge and Planning
team 5	Carers Survey Development Group
team 6	Carers Education and Training Sub Group
team 7	NHSH as a Carer Positive Employer
team 8	Carer Involvement by GP's




**3 Service Delivery Outcome Indicators**

 significantly behind target
  slightly behind target
  on target

	service delivery outcome indicators	evidence/ measures	targets	current performance	RAG status
Carers benefit from a full range of information to ensure that they are able to make the best choices about their caring role					
1	Comprehensive Information is widely available in a variety of formats	Resources are available in electronic formats and access to resources on websites is kept up to date Hard copies are made available on request Alternative formats are readily available	Carers are aware of the resources available and where they can be accessed 10% increase year on year on people accessing documentation	Documentation is readily available & currently being updated in line with Covid guide lines	
2	Training is available for identified staff groups across NHS Highland & Highland Council	Numbers of staff undertaking training by group	Baseline to be established by March 2021 and mandatory training for all staff in place by Dec 2021. 100% of staff complete Carer training by Dec 2022	Training planned for NHS & THC staff to be developed and delivered by Carer Practice Support Officer when appointed	

	service delivery outcome indicators	evidence/ measures	24 targets	current performance	RAG status
3	Comprehensive and accessible training to carers in Highland	Numbers of identified carers undertaking training by district	Baseline established by March 2021 with Carer Organisations providing 6 monthly updates on training with expectation of 10% increase year on year	Carer Organisations continue to deliver on line/ virtual training to carers across Highland	<span style="background-color: orange;"> </span>
Appropriate services are in place for carers which complement the services available to those they care for					
1	Numbers of Adult Carer Support Plans completed	% uptake against numbers of carers in Highland	Base line identified by end of March 2021(ACSP completed in year 20/21)	Connecting Carers are now completing full ACSP with carers once again.	<span style="background-color: orange;"> </span>
2	Short Breaks Statement published	Plan is available in a variety of formats and available on NHS website	Number of creative short break solutions identified as baseline by March 20-21 March 2022- 20% increase in creative short breaks specifically indentified for carers March 2023- further 20% increase	Short break statement signed off by CIG in September 2020 and now available on NHS website Baseline numbers to be presented to CIG on a regular basis from March 2021	<span style="background-color: orange;"> </span>
3	Carers Services tendered	Tender exercise complete in line with CIG  Recommendations Bidding process is on target to trial use of carer implementation funding via projects	Complete by March 2021	Project team identified considering bids for Carers projects- Dec 2020 Bidding process commences March 2020	<span style="background-color: orange;"> </span>
clear pathways are in place so that carers are involved in shaping the services they receive					
1	Numbers of carers using Option 1 to plan Short Breaks increases	Numbers of recipients via Self-directed support project are identified and increase year on year	Base line set December 2020 via offering Option 1 in lieu of traditional respite Number increase by Dec 2021 (10% of cases) Dec 2022 (25%)	Letters sent out to first tranche of traditional respite recipients (63) offering one off payment via Option 1 to develop creative short break Further letters (17 & 24) to go out by 21/12/20)	<span style="background-color: green;"> </span>
2	Carer Representatives are active in CIG, and across Governance structure	Numbers of carers participating across Highland Health & Social Care Committee, CIG and associated groups continues to rise	A bank of carers developed to work with CIG and CSDO around reviewing and updating policies and procedures pertinent to carers	Baseline at June 2020- x3 carers attending CIG X2 additional carers identified to be part of project team (Oct '20) Additional 3 carers identified CIG (Dec '20)	<span style="background-color: green;"> </span>
3	Carers tell us they feel adequately involved in care planning decisions	% of carers surveys who say they felt their views were well listened to in care-planning	November 2020	Completed report on carer's survey outlines that carers feel adequately involved.	<span style="background-color: green;"> </span>
The awareness of the important role unpaid carers provide is raised across Highland					
1	Awareness of 'unpaid carers' is raised across Highland	Additional 'unpaid carers' are identified across Highland and happy to engage with carers services	10%increase in carers completing ACSP by Dec 2021 25% increase by Dec 2022	Ongoing work to raise awareness of role of 'unpaid carers'	<span style="background-color: orange;"> </span>



	service delivery outcome indicators	evidence/ measures	targets	current performance	RAG status
2	Interaction with specialist groups who may come into contact with carers increases	More carers are signposted to Carers Centre for advice & support	10% increase in referrals to carers centre via specialists groups by Dec 2021 25% increase in referrals by Dec 2022	Working to develop better lines of communication between organisations.	
3	Number of employers across Highland with Carer Positive status increases	Number of local organisations engaged in the scheme increases and those already engaging in the process work towards enhancing their current carer positive status	3 additional employers will receive Carer Positive status by Dec 2021 10 additional employers will receive carer positive status by Dec 2022	NHSH move from 'engaged to established' employers Highland Council work towards receiving carer positive status	
4	Publicity (materials outputs, events etc.) is directed around raising awareness of caring role	Estimated reach to carers across Highland increases using social media platforms, local radio and leaflet promotion	By Dec 2021 publicity about unpaid carers is readily available using radio platforms to promote the role of unpaid carers By Dec 2022 there is a significant increase in people across the Highland area understanding the role of unpaid carers through the Local advertising campaign	In line with national media campaign Highland promote campaign to raise awareness of unpaid carer	

## IMPLEMENTATION OF THE CARERS (SCOTLAND) ACT 2016

Report by Louise Bussell, Chief Officer (Authors Ian Thomson and Jennifer Campbell on behalf of Carers Improvement Group)

The Committee is asked to:

- **Note** the steps taken to bring together a Highland Carers Strategy
- **Comment** on the draft Strategy
- **Approve** the Highland Carers Strategy with any necessary amendments included.

### 1. Background

1.1. The Carers (Scotland) Act 2016 introduced new rights for unpaid carers and duties for local councils and the health boards to provide support to carers. One of the key component parts of this is:

- Sections 31 to 33 – the requirement that local authorities and health boards prepare, publish and review a local carer strategy.

### 2. Preparing a Carers Strategy

2.1. Under Sections 31-33 of the Act, NHS Highland and Highland Council have ‘a duty to prepare, publish and review a local carer strategy’. This needed to be a fully consultative and collaborative piece of work, and was led by the Carers Services Development Officer. In the course of its development the following routes for consultation were utilised:

- In depth discussion at, and feedback from, the Carers Improvement Group
- The direct engagement of carers in respect of its content via Connecting Carers, using a variety of settings
- The dissemination of working copies of the Strategy across much of the sector which seeks to support carers; and
- An online survey which gathered 151 responses and helped produce much of the material for the *NHSH Carers Survey Report* 04 November 2020

2.2. The draft Strategy itself attempts to be straightforward and understandable with the main contents comprising four elements:

1. A **Local Pathway** that simply outlines the ways that carers can expect to receive support
2. An **Outcomes Triangle** –a visual representation that shows how the ‘High Level Outcomes’ identified for carers can be delivered via Improvement Objectives. It seeks to ensure that future services are developed reflecting what carers have told us they need and want to maintain their health and well being, and continue to manage effectively in their unpaid caring role.
3. An **Implementation Plan** - a detailed work plan outlines the activities necessary along with planned timescales to deliver our Improvement Objectives and Service Delivery Outcomes.
4. The **Service Delivery Outcome Indicators** - a set of assurance indicators to help us determine whether our “Service Delivery Outcomes” are being met. It is anticipated that the Carers Improvement Group will use these indicators to

evaluate the success of the Implementation Plan to deliver the identified improvements and, with them, the strategic High-Level Outcomes.

2.3. It is envisaged that this strategy will be complemented in time with a specific Strategy for Young Carers. It is further envisaged that we will develop a set of short-life working groups to ensure all activities required to realise our Improvement Objectives are progressed. The proposed short life groups would cover:

- Carers and Employment
- Hospital Discharge Planning
- Breaks from Caring
- Promoting Health and Well-being; and
- Transitions pathways for young carers

2.4. Finally, it is proposed that the short life working groups will be made up of a mixture of carers, representatives from carers services and operational staff from NHS Highland (representing adult services) and Highland Council (representing young carers). The intention is that the Carers Services Development Officer will begin to bring these meetings together from April 2021.

Ian Thomson  
12/02/2021

<b>Meeting:</b>	<b>Highland Health &amp; Social Care Committee</b>
<b>Meeting date:</b>	<b>3 March 2021</b>
<b>Title:</b>	<b>Chief Officer Assurance Report</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Louise Bussell, Chief Officer</b>
<b>Report Author:</b>	<b>Louise Bussell, Chief Officer</b>

## 1. Purpose

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

## 2. Adult Social Care Services Overview

### Management Team Update

As notified to the last committee and building on the established structures within Community Services, The Adult Social Care Leadership and Management Team has been further strengthened through the creation of the next tier of the management structure to ensure appropriate professional leadership and safe, effective social work practice and delivery of social care services which are fully compliant with regulatory quality standards and legislative requirements.

The Directorate will cover:

- Commissioning, Contracts and Compliance
- Transactions and Income
- Quality Assurance
- Registered Services
- Social Work and Professional Standards

The recruitment process continued during December and we are delighted to inform committee that a number of key Principal Officers were appointed to the new management team. These pivotal leadership appointments will support a wide range of colleagues to ensure that we meet our professional standards, legal compliance and reduce risks to service users, staff and the organisation by ensuring improved quality, safety and cost efficiency in Adult Social Care.

- Principal Officer, Adult Protection
- Principal Officer, Care Homes
- Principal Officer, Care-at-Home

- Principal Officer(s), Social Work and Professional Standards

### **Partnership Agreement/Integration Scheme**

In the previous report to this Committee, the intent was noted that a revised scheme would be agreed before the start of the new financial year and this remains the position.

The existing scheme is currently being revised and a report to request agreement in principle to the revised scheme and is to be submitted to The Highland Council and NHS Board at their respective meetings in March 2021. Thereafter, it is intended that there is a short period of consultation to this draft, with a final scheme being submitted for approval to the Council and Board.

These arrangements are being progressed in the changing context of the Independent Review of Adult Social Care published on 3 February 2021, to which the health secretary accepted the 53 recommendations in full on 16 February 2021

The review, if fully implemented, will significantly change the context of integration and sets out a different direction of legal structure for the forward delivery of adult social care services.

It is considered that these arrangements will take some time to develop and that in the meantime, there remains a need and a legal requirement for the current integration scheme to continue.

### **Joint Transformational Programme**

There is a recognition of a need for financial agreement for Adult Social Care that is subject to on-going negotiations involving both Senior Officers and officials in Highland Council and NHS Highland (NHSH) which has been supported by the provision of detailed activity, finance and cost information since integration in 2012.

There is a clear commitment from both organisations to deliver on an ambitious joint transformational three-year work programme.

To drive these transformational work streams forward, a Programme Manager was appointed during January 2021 and the necessary governance and board structure has been put in place to support the delivery of these transformational schemes. Within, NHS Highland, the strengthened Adult Social Care Management team will support these transformational schemes as well as delivering on their 2021/22 Cost Improvement Programme as required by NHSH, directly reporting to the Financial Recovery Board alongside all other identified workstreams.

The transformational workstreams will have a formal financial target for the overall programme, designated Senior Responsible Officer (SRO) leadership within the project and programme discipline of the existing NHS Highland Programme Management Office being adopted to support successful delivery and implementation.

The four identified workstreams are as follows:

- Community Led Support - SRO is Tracy Ligema, Head of Community Services (NHS)
- Residential/Care Homes - SRO is Simon Steer, Director of Social Care (NHS)
- Integrated Children Services - SRO, Fiona Malcolm, Interim Head of Health (THC)

- Transitions/Young Adults with Complex Needs - SRO, Fiona Malcolm, Interim Head of Health (THC)

Reporting, assurance and project governance is to the new Programme Board which is jointly chaired by the Leader of the Highland Council and the Vice Chair of NHS Highland, supported by officers from both organisations.

## **Care Homes Covid-19 Status Update**

### **Overview**

- Since the commencement of the pandemic, there have been significant demands on and challenges faced by, care home providers, managers and staff. These challenges have taken many forms over the last 12 months, such as frequently changing guidance, PPE, staff testing regimes, visiting restrictions, staff wellbeing and financial concerns. In addition, the way in which care has been delivered has also had to be adapted, to minimise staff and resident movement within the care home to reduce transmission risk, support residents in self isolation periods and connect residents with their families through alternative methods such as virtually or through window visits.
- There have clearly been significant implications also for residents and their relatives, particularly around visiting restrictions and contact.

### **Status Update**

- Over 2020, there was one Covid-19 “outbreak” in a care home, this being in Home Farm in May 2020. Since the previous report to this committee in early December 2020, there have however been a total of five further care home outbreaks, these being at Fodderty (near Dingwall), Kinytre (Invergordon), Castle Gardens (Invergordon), Meallmore (Inverness), Mull Hall (Barbaraville, near Invergordon). These outbreaks have occurred since early January 2021, and of the five outbreaks, 3 are now confirmed as over (this being 14 days since the last positive test result), with two remaining at outbreak status (as at 16 February 2021).
- In addition to the outbreaks referenced above, there has also been a significant increase in the number of care homes closed to new admissions by Public Health due to individual/small numbers of staff/resident positives arising from weekly PCR or now PCR and LFD testing.
- There are currently in the region of 10 care homes in Highland presently with this closed to admissions status.
- In the period following Christmas and new year, there was a significant rise of the number of care homes closed to admissions, reaching a peak of 27 closures, which impacted on care home bed availability and flow in the system, with these care homes having vacant beds not accessible for use.

### **Care Home Supports and Engagement**

NHS Highland has supported care homes and care home providers within the north Highland area in a number of ways:

- Development of Covid-19 response framework in March 2020, and establishment of Covid-19 response team to provide mutual aid;
- Daily safety huddle (established in March 2020 and now operating as the daily clinical and care oversight group);
- Public Health - Health Protection Team daily contact, outbreak and incident

management;

- Care Home IPC training resource;
- Wellbeing supports, particularly for outbreak situations;
- Provider Sustainability payments (through SG programme), currently at £2.7m for all adult social care providers in Highland, as further noted below;
- Open and ongoing communications with the sector, both through dissemination of information (distilled for clear information and key points) and weekly meetings, enabling shared learning and regular opportunities to raise issues.

### Care Home Governance

A Care Home Oversight Board was established in NHS Highland, following a requirement from the Cabinet Secretary for Health and Sport on 17 May 2020, for enhanced clinical and care oversight of care homes.

This group, Co-Chaired by the Chief Officers of the north Highland and Argyll and Bute Social Care Partnerships, meets on a weekly basis and receives assurance reports on care home issues and activity and provides direction on any escalated matters.

This oversight board was established alongside a daily clinical and care meeting to consider all care homes within NHS Highland on a daily basis, and to agree any supports, inputs or mutual aid that may be required.

### COVID19 Response Team

In April 2020, and as result of guidance from Scottish Government, NHSH began to form a COVID19 response team. The purpose of the team is to support Care Home and Care at Home providers experiencing staffing challenges in relation to the pandemic. The team initially consisted of 13 care workers from a variety of backgrounds and they went through a rapid recruitment process and a targeted induction and learning and development programme.

A training programme was developed to ensure team members were equipped to provide a responsive and flexible support. The first deployment of the response team was on 1<sup>st</sup> May 2020 to a care home setting; they have been actively deployed in a variety of settings since this time. To date, we have been able to offer mutual aid of around 20,000 hours to service providers as requested. Access to the team resource has been via the Care Home hotline which operates 7 days per week.

We have continued to recruit to the team and currently have 17 members of staff available for deployment. Throughout 2020 it was apparent that we had a significant gap in relation to dedicated nurse colleagues within the team membership, to support with clinical assessments and assurance. In February 2021 the Care response team successfully recruited two nurses who will be able to further enhance the resource.

As we progress through the pandemic, plans are beginning for the team to have an active role in recovery and support to a sector that is exhausted and depleted. In collaboration with providers we will explore and develop the team to offer support to the sector in re-establishing stability and quality services and enhancing partnership working.

### Further Additional Support to Care Homes

The Scottish Government has requested a further round of multi-disciplinary care home assurance visits. This is to provide assurance that measures to mitigate risk of COVID transmission are in place and that physical, emotional and spiritual needs of residents are being met. This requires a blend of professional clinical and social work skills.

A first round of visits to care homes was initiated and the vast majority completed by June 2020.

As part of this oversight process, there will be a joint nursing, social work and infection control care assurance process to identify any particular support needs the care home may have to enable a timely response by NHS Highland of any appropriate clinical support, advice or escalations.

There are 68 care homes in North Highland with approximately a quarter being in house services. All require assurance visits.

Time scale requirements remain subject to further clarification but the return to Scottish Government from North Highland for undertaking and completion of all assurance visits was 3 months from beginning of February to the end of April.

A Project Team has been set up to oversee this work with membership reflecting social work, nursing, public health, infection, prevention and control, and allied health professional colleagues.

A visiting schedule has been drawn up with assurance visits expected to commence the week beginning 15/02/21.

To ensure that people are safe and well in care home care, there is also a requirement for all adults residing in care homes to receive a review of their care, where care has not been reviewed in the previous 6 months to 31st December 2020.

A combination of circumstances, including the need to restrict the number of professional visitors to care homes and restrictions on family visiting, may mean that some people living in care homes will not have been seen by anyone other than care home staff for almost 12 months. When oversight visits have been undertaken in care homes affected by outbreak from variant COVID, some serious deficiencies in physical care have been discovered, sufficient to warrant a requirement to ensure that a review of care is undertaken for everyone living in care home care, if not already undertaken within the last 6 months.

In North Highland there are a maximum of 1700 individuals living in registered care homes at any one time. The time frame for completion of all care reviews is six months from the beginning of February 2021. This work will require significant staffing resource and it has been agreed that three WTE additional social workers and three WTE additional referral and assessment officers will be employed on six month fixed term contracts to support this important area of activity. It is also hoped that additional nursing resource will be identified to support the individual review process.

We will also be looking at opportunities to expand the use of Near Me or alternative technology options as an aid to ensuring that everyone living within a care home setting and their family/carer or significant other has a voice in whether the care provided is meeting their needs.



## **Provider Sustainability/Financial Support to Sector**

As highlighted to committee previously, Provider Sustainability/Support Relief is a programme initiated by the Scottish Government (SG) in recognition of the significant pressures on the social care sector as a result of the pandemic, which provides for reasonable funding requirements to be supported. £2.7m has been paid to care providers who have had their claims approved through the agreed governance process.

From December 20, there was a change to the existing process with updated guidance available and a tailored presentation to care providers delivered to support this latest change. Processes are in place to extend existing sustainability support measures until the 31<sup>st</sup> March 2021 and this remains a priority for NHS Highland to ensure that providers are not adversely impacted while plans are being made to ensure that the approach taken continues to be supportive in the current environment.

## **Remobilisation of Day and Residential Respite Services**

NHSH recognises the growing impact on supported people, carer's, and families who rely on these valued services that have been disrupted during COVID19 and staff teams are working with individuals and their families to provide alternative supports where possible that at least go some way to alleviating the stresses and pressures experienced at this time.

Many supported people have continued to receive support throughout the pandemic in a variety of different ways, including outreach "in person" support from care staff, telephone support and support to participate in activities and ensure connectedness with others through the use of technology. It is apparent however that the length of time that changes have been in place is significantly impacting upon individuals and their families. The need for crisis short breaks is increasing, individuals levels of anxiety are increasing and the desire for assurance of the future is being sought.

Plans to remobilise building based Adult Social Care Services are progressing in line with Scottish Government (SG) guidance. It is our intention, once current government restrictions are eased, to adopt a phased approach consistent with the Government Route Map and other service remobilisation plans in NHS Highland.

In consultation with our partners, including the Care Inspectorate, Public Health and other key agencies, we will ensure that a robust assurance process is in place before any service recommences and this work has advanced in both older adult and younger adult care settings as we prepare for services to reopen safely to support users, carers and their families.

Key learning during COVID19 will inform the future shape of services going forward.

## **Self-Directed Support (SDS)**

Work remains ongoing to develop a new SDS Strategy for Highland. Our aim will be to develop a human rights based approach that ensures our services and supports are: person-centred, enabling; caring; and empowering. We believe this approach is congruent with both the Standards for SDS being developed for the Scottish Government by Social Work Scotland; and with the thrust of the recently published Independent Review of Adult Social Care in Scotland.

Work is currently underway with our reference group – including service users, SDS Scotland

and Community Contacts - to develop appropriate methods to engage and consult with interested parties across north Highland.

In Highland we have seen strong growth in Self-Directed Support Options 1 and 2 (Direct Payment and Individual Service Fund respectively) over the last four years. We wish to strengthen the focus we have placed on adopting a “strengths-based approach” and highlighting the importance of good conversations to inform our work with service users and carers.

### **Carers**

Work directed by the Carers Improvement Group - and implemented by an independent Project Team - has resulted in the completion of a successful Bidding Process to use Carers Act implementation monies to fund a series of Services for Carers, specifically aimed at mitigating the increased burden on carers in a COVID19 environment. In using a variety of creative and socially-distanced approaches the result we believe will be tangible supports at this most difficult of times.

To complement this, we, NHS Highland have contacted recipients of residential overnight Respite services to inform them of the possibility of an alternative “short break” which may exist for them by using a direct payment. We are seeking to be as flexible and creative as possible when considering the range of support options available to service users and their Carers.

### **Adult Protection**

We have been successful in appointing a Principal Officer (Adult Protection). We understand the role to be a challenging one; requiring a broad understanding of the complex practice requirements to protect Adults at Risk; as well as the need to play a dynamic role in multi-agency partnership working environs. The post-holder is scheduled to take up post in early April.

We hope this appointment will provide impetus to significantly improve partnership working in respect of building greater ownership of the Adult Protection agenda across agencies; and strengthening the Committee’s assurance process, with a particular emphasis to support the work now underway to re-establish robust audit processes. Police Scotland have committed to lead on this assurance work albeit appropriate, active and ongoing representation will be required from partners across the Adult Protection sector.

### **Independent Review of Adult Social Care in Scotland**

This Review has now reported.

The Report states that at the centre of the remit for this review was a request to recommend improvements to adult social care support in Scotland, primarily in terms of the outcomes achieved by and with people who use services. Having listened carefully, over the last several months, to the voices and the stories of many people with lived experience of social care support, unpaid carers and staff working in the sector we believe that there are three things we must change in order to secure better outcomes. These can be summarised as follows:

1. Shift the paradigm
2. Strengthen the foundations
3. Redesign the system

### Shifting the paradigm

We need to start by challenging some of the prevailing narrative about social care support. It has its fair share of challenges, as this report will recognise and tackle, but it need not be unsustainable, or in crisis, or confined to the margins of society. Strong and effective social care support is foundational to the flourishing of everyone in Scotland. It is a good investment in our economy and in our citizens. In order to maximise the potential of social care support we have to change our perspective of what is social care support. We need to shift the paradigm of social care support to one underpinned by a human rights based approach. The table below summarises the changes required which are explored in greater detail throughout our report:

#### Old Thinking

Social care support is a burden on society  
 Managing need  
 Available in a crisis  
 Competition and markets  
 Transactions  
 A place for services (e.g. a care home)  
 Variable

#### New Thinking

Social care support is an investment  
 Enabling rights and capabilities  
 Preventative and anticipatory  
 Collaboration  
 Relationships  
 A vehicle for supporting independent living  
 Consistent and fair

### Strengthening the Foundations

As we will rehearse in various sections of this report, there are many strengths in the Scottish system of social care support. We need to build on those foundations. We need self-directed support and the Independent Living Fund, and we need integration of health and social care. The challenge here is implementation. How do we bridge the gap between promise and reality? That will require a step change in the capability of the system across the whole country, in the adoption of science based improvement methods, and in the ability of the National Care Service to learn from success and failure – to solve problems when they are identified and to scale-up and spread promising practice much more effectively.

A second foundation that needs nurturing and strengthening is the social care workforce. For us to achieve the improvements we seek, they need to feel engaged, valued and rewarded for the vitally important work that they do. We have not made recommendations about the social work workforce in proposed new arrangements as we believe these will require careful consideration alongside implementation of The Promise the review of children's services, and any changes planned for criminal justice social work.

Thirdly, we need to support and enable unpaid carers to continue to be a cornerstone of social care support. The contribution they make is invaluable. Their commitment and compassion is humbling. We need to provide them with a stronger voice and with the networks, support and respite they need to continue in their vital role.

### Redesigning the System

We will not achieve the potential of social care support in Scotland without a new delivery system. We need a National Care Service to achieve the consistency that people deserve,

to drive national improvements where they are required, to ensure strategic integration with the National Health Service, to set national standards, terms and conditions, and to bring national oversight and accountability to a vital part of Scotland's social fabric. The National Care Service will bring together everyone with a role to play in planning and providing social care support to achieve a common purpose.

We also need a transformation of the way in which we plan, commission and procure social care support. We need an approach that builds trusting relationships rather than competition. We need to build partnerships not marketplaces.

Finally, the authors and contributors believe it is vital that we amplify the voice of lived experience at every level in our redesign. We have a duty to co-produce our new system with the people who it is designed to support, both individually and collectively

### **3. Primary Care Modernisation Programme**

#### Primary Care Improvement Plan

The third iteration of the Primary Care Improvement Plan was submitted to Scottish Government in October 2020 along with a letter from the LMC.

A Joint Statement from Scottish Government and BMA has been received noting an extension to the programme with an expectation for services to be in place by April 2022 unless otherwise stated. This statement reiterates the intention of Scottish Government of transfer of services out of practice.

#### Workstreams

Pharmacotherapy continue to deliver services and are focusing on key priorities, including acute prescribing, serial prescribing and improving processes in practices. The workstream is keen to focus on the tricky and time consuming work that will really save GP time, particularly with pharmacists focussing on clinical roles. There is a priority to focus on gaps in service provision but there are some challenges to recruit to those rural areas. Similar difficulties are being experienced in other Remote and Rural boards, this suggests there is a need to look at different options and different staffing grades.

The roll out of First Contact Physiotherapy has gone well with recruitment to all posts. Services have been recovering through COVID and staff have returned to face to face delivery. Where access and reduction in available space due to COVID has made this difficult, alternative provision has been used, for example Near Me. Now that the service has been established the workstream are keen to evaluate and understand the impact of First Contact Physiotherapy.

The tendering procurement process for Community Link Workers has been progressing and a large number of bids have been submitted. These will be reviewed over the next few weeks and we look forward to successful procurement of this service. The timescale expects the contract start date to be the 4<sup>th</sup> April 2021 with Community Link Workers in practice in the following months.

We have seen good progress in the Mental Health workstream and a number of elements have been taken forward. There has been significant support of this stream of work from Action 15 and agreement to match fund the Primary Care Improvement Fund allocation, giving a total recurrent fund of £1m. A Project Team Lead post is currently out to advert and once in

post will be able to continue developing and evaluating potential pilots, work on roll out of service delivery and provide leadership for staff. The workstream are focussing on developing three pilot sites to move forward with identifying a model of service delivery for Highland.

Primary Care Managers continue to have conversations with practices and groups of practices to understand how best to use the resource of Collaborative Working to meet the aims of the contract. Collaborative Working includes services such as Community Treatment and Care, Urgent Care and Vaccination (nursing services). This is a dynamic process and where proposals are more developed there is potential to engage with early adopters to develop models of service delivery.

### Premises

Some practices have managed to progress with works funded through Premises Improvement Funding 19/20 but have suffered delays due to COVID and restrictions on construction. Funding for 20/21 has been allocated to practices to support digitisation of records.

There is no update with regard to Sustainability Loans. Only one practice has received paperwork from CLO but nothing has yet been taken forward.

### Finance

The allocation should have doubled to £5m this year but due to the constraints of COVID that has not been that case. The full year effect of last year is committed along with some known additional spend for the rest of the year. In order to take forward some of the planned pilots a request for £140k was made to Scottish Government and has now been made available to the programme.

## **4. Enhanced Community Services**

### **Introduction**

There is an urgent need for a whole systems approach to redesigning the services in Inverness for people who do not need care in an acute hospital but support from community services. The current system does not promote flow of people through services. People in hospital often face delays in their discharge while waiting for assessment and care in the community and GPs often have to admit people to hospital that are medically fit as no safe alternative is available.

NHSH as part of the remobilisation plan have committed to ensuring that scheduled care capacity remains protected for that use. Raigmore is already at capacity and has limited ability to respond to the likely increased demand due to winter pressures or further wave of Covid 19. Flow of patients through the system is further compromised by the temporary closure of the RNI. Our aim is that people from Inverness who do not need medical care but require health or social care support will be assessed at home or in a homely setting and no one should be in hospital waiting for support in order to return to their home.

Key systems underpinning this work are:

1. Identification of people in community and hospital that require support to enable them to stay at home.
2. Co-ordination and administration support for professionals
3. Capacity in the integrated team

#### 4. Capacity to provide timely social care

A bid to Scottish Govt was successful in achieving £900,000 non-recurrent funding to support this change. A work stream reporting to Programme Recovery Board was established to oversee this work. In parallel to this work stream is a review of future community service provision in Inverness. This is specifically looking at provision by the RNI, Ach An Eas Care Home and the MacKenzie Centre and links with the Integrated Team.

#### Current Situation

Identification of people in community and hospital that require support to enable them to stay at home or transfer to community hospital as of 2<sup>nd</sup> February 2021

Pathway	Number of People
Home First from Raigmore (early supported discharge)	75
Supporting People to Stay at Home	11
RNI	32
Total	118

The RNI was closed for a period of 4 months due to fire prevention refurbishment. It reopened with 12 beds on 5<sup>th</sup> January 2021. Management of these beds has been incorporated into processes for referral for community services.

#### Co-ordination and administration support for professionals

A co-ordinator role has been established and imbedded in the Community Single Point of Access. The key functions are in co-ordination of a Multidisciplinary “Decision Making Team” consisting of staff from Community Integrated Team, Acute and Community Hospitals who meet daily to triage referrals to the right profession/service they also have process in place to triage referrals out with meeting between 9am and 4.30pm.

This group are also exploring potential for a weekly “Community Ward” multidisciplinary discussion to oversee people on Home First and Supporting People to Stay at Home Pathways. Early testing is focused on understanding what the need is and what added value it might provide to people on pathway.

#### Capacity in the integrated team

There remain some challenges in relation to capacity of the service:

- Challenges in attracting people into short term posts
- Challenges in backfilling secondments

#### Capacity to provide timely social care

Capacity is complicated by a number of variables on any given day. Work has started with Adult Social Care to consider a new contractual approach to make capacity easier to manage. Decisions need to be made locally about the process – i.e. should individuals go straight to mainstream provision or go through enablement teams.

#### General Challenges

- Scope of work which links with wider service review in Inverness

- Time pressure to deliver
- Effective communication with the right people
- Developing new ways of working – culture
- Leadership capacity
- Support with data collection/analysis and ehealth systems
- Care at home capacity is currently the main limiting factor

### **Next Steps**

The focus for the next month will be on

- Refining processes
- Expanding on work with GPs to identify people for support to stay at home pathway. This has started this week with GP Cluster B in Inverness
- Exploring effective transfer to care at home providers
- Exploring use of MORSE (an electronic record system) to initiate referral in acute care and transfer of information to community

### **5. 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 – 22 February 2021

Confirmation received from EDG - 23 November 2020

### **6. Recommendation**

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

**HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE WORKPLAN****Highland Health and Social Care Committee Planner 1 April 2021 to 31 March 2022****Standing Items for every Committee meeting**

- Apologies
- Declarations of interest
- Minutes of last meeting
- Finance
- Performance and Delivery
- Health Improvement
- Committee Function and Administration
- Date of next meeting

<b>HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE WORKPLAN</b>	
<b>APRIL 2021</b>	
• COVID Report	
• Care Home Oversight	
• Social Work within NHS Highland	
• Adult Social Care Contract Monitoring Report	
• Adult Social Care Fees and Charges	
<b>JUNE 2021</b>	
• COVID Report	
• Community Services	
• NHS Highland Operational Plan	
• Self Directed Support Strategy	
• Community Planning	
<b>SEPTEMBER 2021</b>	
• Highland Health and Social Care Committee Annual Terms of Reference Review	
• Highland Alcohol and Drugs Partnership Annual Report	
• Public Bodies Act Annual Performance Report	
• Risk Register	
• Social Mitigation Plan	



<b>NOVEMBER 2021</b>	
• Primary Care Improvement Plan	
• Winter Plan	
• Third Sector Funding Review	
<b>JANUARY 2022</b>	
• Mental Health Services • MH Strategy • Learning Disability Redesign/Strategy	
• NHS Highland Strategic Plan	
<b>MARCH 2022</b>	
• Annual Assurance Report and Committee Self -Assessment	
• Carers Strategy	
• Risk Register	

**NHS Highland  
Highland Health and Social Care Committee Annual Report**

**To: NHS Highland Audit Committee**

**From: Ann Clark Chair, Highland Health and Social Care Committee**

**Subject: Highland Health and Social Care Committee Report 2020/21**

## 1 Background

In line with sound governance principles, an Annual Report is submitted from the **Highland Health and Social Care Committee** to the Audit Committee. This is undertaken to cover the complete financial year, and allows the Audit Committee to provide the Board of NHS Highland with the assurance it needs to approve the Governance Statement, which forms part of the Annual Accounts.

## 2 Activity April 2020 to March 2021

The Highland Health and Social Care Committee normally meets 5-6 times per year. Due to the pandemic, NHS Highland Board agreed to suspend meetings of its governance committees for several months. Therefore in the reporting period the Committee met only four times on the following dates: 5<sup>th</sup> of August 2020, 7<sup>th</sup> of October 2020, 2<sup>nd</sup> of December 2020 and the 3<sup>rd</sup> of March 2021. The minutes from each meeting have been submitted to the appropriate Board meeting. Membership and attendance are set out in the table below.

### **Membership and Attendance from 1 April 2020 – 31 March 2021 :**

<b>Member</b>	<b>5/08/2020</b>	<b>7/10/2020</b>	<b>2/12/2020</b>	<b>3/03/2021</b>
<b>Ann Clark, Chair</b>	✓	✓	✓	
<b>Deidre Mackay</b>	✓	✓	✓	
<b>James Brander</b>	✓	✓	A	
<b>Adam Palmer</b>	✓	✓	A	
<b>Philip MacRae</b>	✓	✓	A	
<b>David Park, Chief Officer,</b>	✓	✓	n/a	
<b>Louise Bussell, Interim Chief Officer</b>	n/a	n/a	✓	
<b>S Steer, Head of Adult Social Care</b>	✓	✓	✓	
<b>Elaine Ward Head of Finance</b>	✓	✓	✓	
<b>Paul Davidson</b>	✓	A	A	
<b>Nurse Lead (rotational basis)</b>	A	✓ S Sears	A	
<b>Cllr N Sinclair</b>	✓	✓	A	
<b>Cllr L Munro</b>	✓	✓	A	
<b>Cllr B Campbell</b>	A	A	✓	
<b>In Attendance</b>				
<b>VACANT (S'side)</b>	n/a	n/a	n/a	

VACANT (S'side)	n/a	n/a	n/a	
VACANT (Public/Patient)	n/a	n/a	n/a	
Michael Simpson (Public/Patient)	✓	✓	✓	
VACANT (Carer)	n/a	n/a	n/a	
Ms M Wylie (3 <sup>rd</sup> Sector)	A	A	A	
Neil Wright for Ian Kennedy Lead Doctor (GP)	✓	✓	✓	
(Medical Practitioner) vacant	A	A	A	
Rotational Representative (ACF)	✓ M Elkhazindar	A	A	
D A Galloway/M Moss Area Clinical Forum	A	A	n/a	
Tim Allison Dir Public Health	✓	✓	✓	
Tracy Ligema Head of Community Services	✓	✓	A R Boydell	
Katherine Sutton Head of Acute Services	A	A		
Karen Ralston/Lesley Weber Highland Council	✓	✓	✓ Jane Park	

During the period covered by this report the Committee Chair was Ann Clark and Deirdre Mackay was appointed Vice Chair. Attendance was also affected by operational pressures due to the pandemic and the subsequent vaccination programme. A number of stakeholder places on the committee have been vacant for some time. Renewed efforts are being made to fill these places in the year ahead.

## 2.1 The Pandemic

The Committee was not functioning during the first wave of the pandemic. When it resumed, much of the business of the Committee was inevitably focused on the pandemic or impacted by the operational pressures associated with it. At every meeting the Committee received reports on the progress of the pandemic, the impact on business as usual services and the implications of measures to control the virus. Latterly these reports also included progress reports on the vaccination programme. The Committee contributed to development of a Social Mitigation Plan to address the inequalities highlighted and exacerbated by the pandemic. The Committee also received assurance on the many mitigating measures put in place to sustain service provision, especially in adult social care including new systems of oversight and support for care homes.

## 2.2 Service Planning and Commissioning

The Committee scrutinised and received assurance on various aspects of the planning, commissioning and co-ordination of services across North Highland including: planning for winter pressures within the system, development of a strategy for mental health services and interim improvement measures, implementation of new approaches to unscheduled care, implementation of the Primary Care Improvement Plan, progress with the commissioning of services from the Third Sector and work to develop a Carers Strategy.

## 2.3 Scrutiny of Performance

### 2.3.1 Service Delivery

At each meeting the Committee receives a comprehensive assurance and exception report from the Chief Officer which allows the Committee to scrutinise performance and identify any issues requiring further assurance. These reports inevitably focused largely on the impact of

the Pandemic on services, addressing how we were ensuring the safe continuation of essential services, the creative approaches being taken to re-provision services that had to be paused for safety considerations and mitigating measures put in place to reduce the increased risks to health and wellbeing as a result of the pausing or redesign of services. Many tributes are due to the many staff from all parts of the organization who worked tirelessly throughout the year to address the many challenges faced in sustaining services. Of particular note were the efforts to secure the continued provision of safe care to the residents of Home Farm care home, the significant programme of testing, support visits, oversight and engagement with care home/care at home providers and the work to remobilise and enhance community services.

The Highland Council's committee structure was also revised during the year. The separation of education and children's care services in the new structure combined with personnel changes and the pandemic has meant that the Committee has not scrutinised delivery of the delegated children's health functions. This will need to be addressed in the review of the Integration Scheme.

### **2.3.2 Finance**

The Committee received regular reports on the financial position of services within its remit. Due to the pandemic there was considerable uncertainty throughout the year about the overall financial position. There was a strong focus on recording the impact of the pandemic, on managing risks associated with uncertainty and on remobilising as soon as possible the programme of cost control and savings workstreams which have been essential in reducing the Board's underlying deficit. Due to additional in year allocations and special measures announced by the Scottish Government the Board will end the year in financial balance. These measures will likely be non-recurring. Work to manage operational pressures and address the significant underlying gap between expenditure on adult social care services and funding from Highland Council will continue in the coming year. During the year a Joint Project Board reporting to the Joint Monitoring Committee of the partnership was formed to oversee a programme of service transformation to address this gap and improve service outcomes in both adult and children's services.

## **3 Corporate Governance**

During the year the NHS Board undertook a review of the Terms of Reference of its governance committees to improve the effectiveness of the assurance they provide to the Board and the allocation of business. Combined with a review of the management structure and the Integration Scheme governing the Highland Health and Social Care Partnership this had significant implications for the functioning of the Committee. The revised draft TORs, approved by the Committee and the Board, are awaiting discussion and agreement with the Highland Council. Most notably these changes will remove delivery of elective acute care from the partnership and the Committee's remit. In addition the focus for scrutiny and assurance will shift from the three operational units of North and West, South and Mid and Raigmore, to a functional cross Highland focus including primary care, mental health, community and social care services. When approving the revised TORs, it was agreed to implement these for NHS Highland purposes whilst awaiting the conclusion of negotiations with the Highland Council. The Committee also considered the revised Code of Corporate Governance of NHS Highland and the strategic risk register.

## **4 External Reviews**

The Independent Review of Adult Social Care (the Derek Feeley Review) was published on 3 February 2021. The Cabinet Secretary for Health accepted the 53 recommendations in full. The review, if fully implemented, will significantly change the context of integration and sets out a different direction for the forward delivery of adult social care services, including changes to the legal structures and accountabilities of Integration Authorities. It is considered that these arrangements will take some time to develop and that in the meantime, there remains a need and a legal requirement for the current Integration Scheme to continue. The work to agree a revised scheme with the Highland Council is due to be complete by the end of March 2021.

## **5 Key Performance Indicators**

The Committee would normally receive regular reports of performance against key indicators in the Health and Wellbeing Scorecard. Due to the pandemic and the introduction of an Integrated Performance Report at Board level these reports were not available during the year. The requirement to publish an Annual Report under the Public Bodies Act 2014 was paused at national level and the report for 2019/20 will be published in March 2021. A report on performance for the 2020/21 year will be published in July 2021. Current indicators show improvement is required in the following areas:

- Delayed discharge
- Provision of enhanced community services to prevent admission and enable discharge
- Waiting times in mental health services including CAMHS
- Provision of guardianship assessments and reviews

## **6 Emerging issues for 2021/22**

The Committee agreed a workplan for the 2021/22 year at its meeting in March. As services adapt to the changing dynamic of the pandemic a key focus for the work of the Committee will be the potential for sustaining useful innovation particularly increased use of technology, action to mitigate the impact of the pandemic on health inequalities particularly on mental health and continued restructuring of community health and social care services. In terms of Committee effectiveness a priority is to refresh the stakeholder membership and engage with clinicians, communities and the public in a more effective way.

## **7 Conclusion**

Ann Clark, as Chair of the Highland Health and Social Care Committee has concluded that the systems of control within the respective areas within the remit of the Committee are considered to be operating adequately and effectively.

**Ann Clark, Chair**  
**Highland Health and Social Care Committee**  
**3<sup>rd</sup> March 2021**



# **Highland Health & Social Care**

## **Annual Performance Report 2019-20**

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## Introduction

This annual report for 2019/20 confirms our commitment to the health, care and overall wellbeing of our community. We aim to give every child and young person in Highland the best possible start in life; enjoy being young; and are supported to develop as confident, capable and resilient, to fully maximise their potential ensuring our children to be safe, healthy, achieving, nurtured, active, respected & responsible and included. We aim to provide the right level of service provision, support and information to our adult population to ensure they have optimum opportunities to live well working in partnership across the statutory, third sector and independent organisations.

2019-20 saw unprecedented challenges around growing demand for services, workforce pressures and finances. We remain committed to improving our services and have some very complex and testing decisions to make around what services will look like in the future, particularly writing this during the Covid19 pandemic.

These pressures however, did not prevent us from delivering high quality services. We are very pleased that we continued to make progress across many areas with a number of largely positive comparisons against National performance. The challenge for the future is to focus on delivering care in a Covid19 environment, to better support to Carers, developing and extending home based care options and working with Highland communities to develop more local, community based provision and support.

We wish to thank all for the tremendous contribution made the people dedicated to providing care, which include NHS and Council staff, Independent and Voluntary organisation staff, as well as other volunteers and carers.

***Fiona Duncan, Executive Chief Officer, Health and Social Care, Highland Council and Louise Bussell, Chief Officer Highland Health and Social Care Partnership***



## Executive Summary

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

The Annual Performance Report 2019/20 therefore encompasses:

- Assessing Performance in relation to the National Health Wellbeing Outcomes
- Financial Performance and Best value
- Reporting on Localities and the work of Locality Planning groups and Community Stakeholders
- Inspection of services, including details of any inspections carried out in 2019/20 relating to the functions delegated to the Partnership, by scrutiny bodies
- The 9 National Health and Wellbeing Outcomes describe what people can expect from the HSCP. Performance against each outcome is analysed in the performance assessment sections, with illustrative practice examples demonstrating how local services are working to achieve the outcomes.

This report identifies the progress achieved and the work that is ongoing within our Localities. It also demonstrates some of the challenges the Health and Social Care Partnership (HSCP) faces and highlights the significant changes that will take place to shape services fit for the future.

In (North) Highland in 2019-20 there was significant work undertaken to maintain and deliver our wide range of health and social care services for all age ranges, with investment made to either continue or commence development of service improvements. Financially, the year was challenging, and significant £10.8m recurrent and £10.7m non-recurrent savings were made, due to the huge efforts of the teams. However, the HHSCP financial position completed the year with an overspend of £10.7m of which £11m was a planned deficit reported to Scottish government in the Annual Operational Plan. Going forward, work will continue to improve services whilst focussing on the financial position. Towards the end of the financial year we were met with significant unprecedented service challenges due the impact of the Covid19 pandemic. In the next (2020-21) Report we will highlight the impact, challenges and opportunities that Covid19 presented.

## Strategic Context

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

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

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

The Annual Performance Report is a chance to reflect on 2019/20 and to celebrate the achievements delivered by employees and partners. It is also a chance to reflect on what has not gone so well, and to appreciate the challenges that face us.

## Health and Social Care Partnership

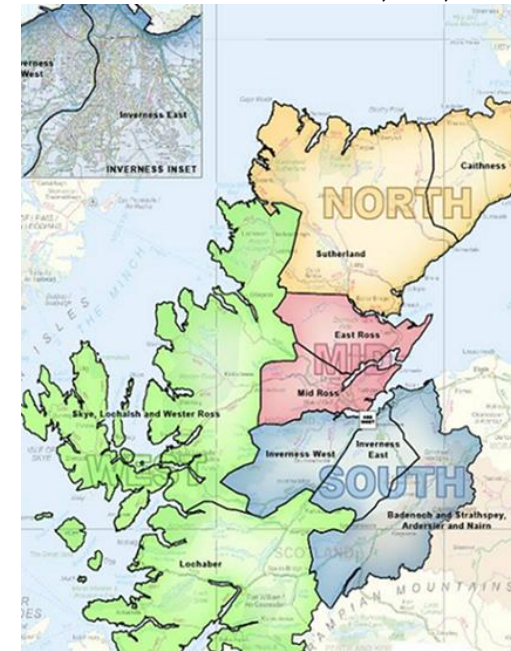
The Highland Partnership covers the Highland Council area. The total land mass is 25,659 square kilometres, which covers a third of Scotland, including the most remote and sparsely populated parts. We have the 7th highest population of the 32 authorities in Scotland at around 234,000, with a slightly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

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

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

Adult Social Care is commissioned by Highland Council from NHS Highland. Delivery of Adult Social Care is reported to Committees of both the Highland Council and the NHS Board and the governance of the partnership is managed by the Joint Monitoring Committee.

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



## Performance Against National Outcomes

The National Health and Wellbeing Outcomes (NHWBO) provide a strategic framework for the planning and delivery of health and social care services. These outcomes focus on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals.

Currently there are 9 key National Health and Wellbeing Outcomes (NHWBO), including 23 sub-indicators which form the basis of the reporting requirement for the Health and Social Care Partnership. These Outcomes encapsulate the whole service provision irrespective of age. In addition, there are 2 Children's Outcomes.

The following sections provide a detailed breakdown of the HSCPs performance against each NHWBO target for 2019/20. Where possible, we have indicated how we have performed against national comparisons, as well as a comparison from 2015/16 onwards, as required by statute. In this report we have introduced a RAG (red, amber, green) performance status. Green is used where targets are being met or over achieved; amber is used where the target is statistically close to being achieved and red for those outcomes that are not close to the target.

By working with individuals and local communities, our Integration Authority supports people of all ages to achieve the following outcomes:

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

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

**Outcome 3:** People who use health and social care services have positive experiences of those services, and have their dignity respected

**Outcome 4:** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

**Outcome 5:** Health and social care services contribute to reducing health inequalities

**Outcome 6:** People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being

**Outcome 7:** People using health and social care services are safe from harm

**Outcome 8:** People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

**Outcome 9:** Resources are used effectively and efficiently in the provision of health and social care services

In addition, we have the following Children's Outcomes:

**Outcome C1:** Our children have the best start in life.

**Outcome C2 (previously C3):** We have improved the life chances for children, young people and families at risk.

**N.B. Outcome previously known as C2:** Our young people are successful learners, confident individuals, effective contributors and responsible citizens. Educational services disaggregated from HSC services in 2019-20 and therefore no longer included in this report.

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

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

<b>Outcome 1</b>	<b>People are able to look after and improve their own health and wellbeing and live in good health for longer</b>						
<b>Indicators</b>	<b>Baseline</b>	<b>2015/16 Outcome</b>	<b>2016/17 Outcome</b>	<b>2017/18 Outcome</b>	<b>2018/19 Outcome</b>	<b>2019/20 Outcome</b>	<b>Comments</b>
Percentage of adults able to look after their health very well or quite well	To improve on Scottish average	Scotland (S) - 95% Highland (H) - 95%	Not Applicable	S - 93% H - 94%	Not applicable		This question was replaced in the 2019/20 survey by a more comprehensive survey of Social Care experience and the outcomes are detailed in Table 1.2.
Emergency admission rate (per 100,000 population)	To improve on 2016/17 baseline (10,559 admissions)	S - 12281 H - 11,081	S - 12215 H - 10,559	S - 12,192 H - 10,666	S - 11,492 H - 10,666	S - 12,100 H - 10,563	Better than Scottish average admissions) and showing year-on-year improvement
Enablement: % of people receiving enablement interventions that do not require ongoing care interventions after initial 6 weeks	To improve on 2016/17 baseline of 40%	Not applicable	South & Mid only 38.8%	S&M - 31% N&W - 33%	S&M - 24% N&W - 46%	S&M - 22% N&W - 29%	Performance is declining
The number of health screenings provided for people with learning disabilities: all people with learning disabilities and epilepsy are offered an annual nurse led review of their condition	To maintain or improve on 2016/17 baseline of 97%	Not applicable	97%	95.80%	98.60%	98.80%	Performance maintained in 2019/20 and better than baseline

Sensory Impairment (Sight)-Self Management (Client Outcomes), The Percentage of completed rehabilitation courses who have achieved independence or achieved independence above expectation	Amended to 90% target	Not applicable		New 2018/19 indicator	July 18 – March 19 data - Sight services – 86% Deaf services – 83%	Sight services - 80.1% Deaf Services - 92%	Decline in Sight Services, improvement in deaf services.
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**Table 1.1 – Outcome 1**

<b>Biennial Survey - Social Care Responses</b>	<b>N. Highland</b>	<b>Scotland</b>
Experience of Social Care: I was aware of the help, care and support options available to me	62%	62%
Experience of Social Care: I had a say in how my help, care or support was provided	62%	63%
Experience of Social Care: People took account of the things that mattered to me	69%	69%
Experience of Social Care: I was treated with compassion and understanding	76%	76%
Experience of Social Care: I felt safe	71%	73%
Experience of Social Care: I was supported to live as independently as possible	70%	70%
Experience of Social Care: My health, support and care services seemed to be well coordinated	60%	62%
Experience of Social Care: The help, care or support improved or maintained my quality of life	66%	67%
Overall, how would you rate your help, care or support services? Please exclude the care and help you get from friends and family.	72%	69%

**Table 1.2 – Biennial Survey 2019/20**

The 2019/20 Biennial Survey results are provided in Table 1.2 and this shows NHS North Highland equal to or just slightly below the national average in a number of areas with an overall client satisfaction rating higher than the national average. We are committed to working with our services and partner organisations, to achieve sustainable improvement in client and patient satisfaction.

## Outcome 2:

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

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

Outcome 2	People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community						
Indicators	Baseline	2015/16 Outcome	2016/17 Outcome	2017/18 Outcome	2018/19 Outcome	2019/20 Outcome	Comments
Percentage of adults supported at home who agreed that they are supported to live as independently as possible	To improve on Scottish average	Scotland (S) - 83% Highland (H) - 83%	Not Applicable	S - 86% H - 81%	Not applicable	S - 70% H - 70%	Performance declined both locally and nationally, but level with national average
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.	To improve on Scottish average	S - 79% H - 77%	Not Applicable	S - 76% H - 79%	Not applicable	S - 63% H - 62%	Performance declined both locally and nationally
Readmission to hospital within 28 days (per 1,000 population)	To maintain or improve on 2016/17 baseline of 92 readmissions	S - 98 H - 89	S - 101 H - 92	S - 103 H - 108	S - 103 H - 114	S - 103 H - 110	Slight improvement in 2019/20, but overall trend is an increase in readmissions.
Proportion of last 6 months of life spent at home or in a community setting	To maintain or improve on 2016/17 baseline of 89%	S - 87% H - 89%	S - 87% H - 89%	S - 88% H - 90%	S - 88% H - 90%	S - 89% H - 90%	Maintains current performance
Percentage of people aged 65 or over with long term care	To maintain or improve on	S - 60.7% H - 52.6%	S - 60.1% H - 49.9%	S - 61.8% H - 53.2%	S - 61% H - 55.6%	Not available at 17 Feb 21	2019/20 figure not yet available locally or

needs receiving personal care at home	baseline					(Source: SOLACE)	nationally.
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**Table 2.1 – Outcome 2**

Outcome 2 (cont)	People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community						
Indicators	Baseline	2015/16 Outcome	2016/17 Outcome	2017/18 Outcome	2018/19 Outcome	2019/20 Outcome	Comments
Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)	To maintain or improve on 2016/17 baseline of 1,585 days	S - 1,044 H - 1,585	S - 841 H - 1,580	S - 762 H - 1,300	S - 793 H - 1,248	S - 774 H - 1,278	Maintains current performance, but still significantly higher than national figure
Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	To maintain or improve on 2016/17 baseline of 24%	S - 24% H - 23%	S - 24% H - 22%	S - 24% H - 22%	S - 24% H - 21%	S - 23% H - 22%	Performance fairly static at around 22%
Total number of adults receiving basic or enhanced Technology Enabled care	To improve on baseline	Basic - 1,929 Enhanced - 419	Basic - 1,993 Enhanced - 485	Basic - 2,113 Enhanced - 528	Basic - 2,134 Enhanced - 545	Basic - 2,368 Enhanced - 549	Overall telecare services have increased
Percentage of referrals received per quarter with reason given 'to enable to remain at/return home' & 'to enable independence'.	To improve on baseline	Not applicable	Annual total 36.9%	Annual total 36.3%	Annual total 26.4%	Annual total 29.6%	Numbers of referrals increasing
Percentage of new installations in quarter with activity monitors i.e. falls monitors	To improve on baseline	Not applicable	Annual total 31%	Annual total 35.2%	Annual total 40.2%	Annual total 39.2%	Slight reduction on previous year, but over trend is upwards

**Table 2.2 – Outcome 2**

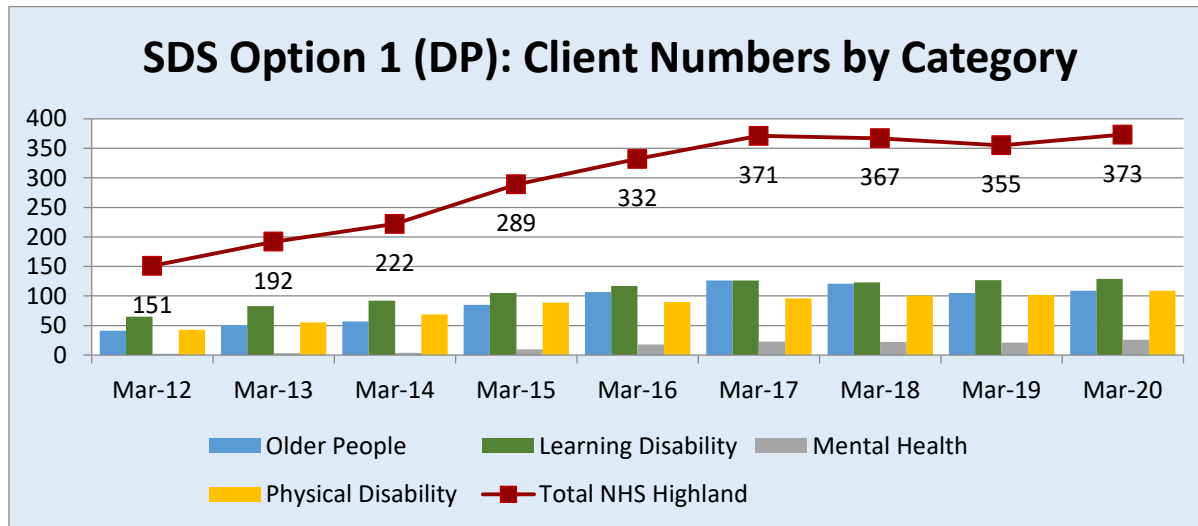
Overall, the picture is one of maintaining previous performance. There was a continual increase in the numbers of clients referred for, and provided with, telecare to enable them to remain at home. The number of days' people spend in hospital when they are ready to be discharged, per 1,000 population (75+) declined over time but remains significantly above the national average. Details of performance are split over Tables 2.1 and 2.2.



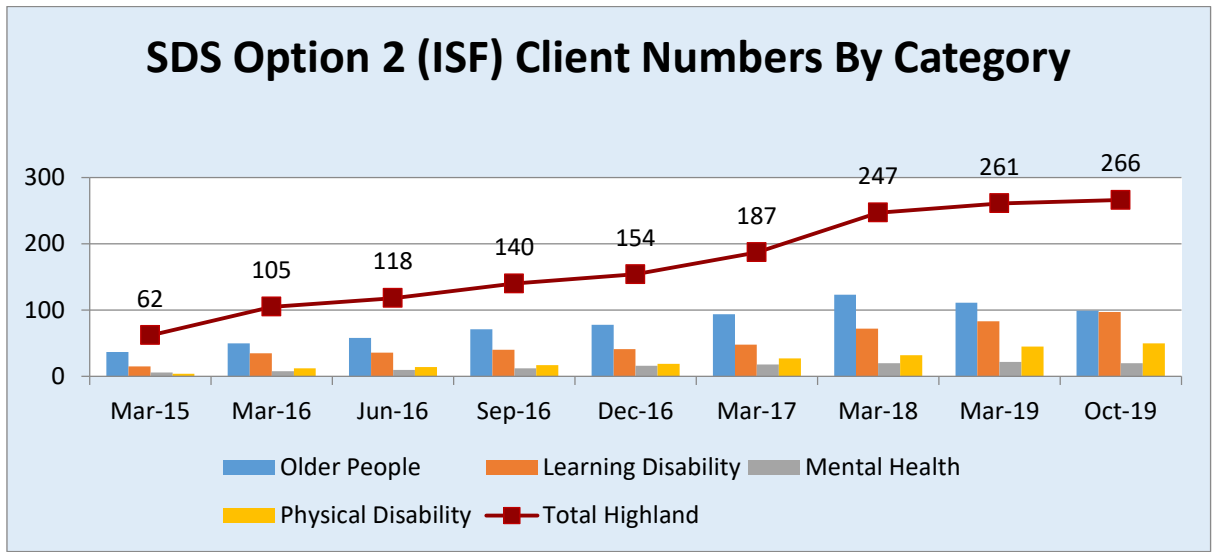
A key indicator in this group is the number of delayed discharges which is well above the Scottish average. Delayed discharge continues to be a challenge. A programme of work will be implemented in 2020/21 to improve the delayed discharge position with actions based on the Scottish Government Expert Group on Delayed Discharge recommendations.

The four options of Self Directed Support are available to any adult who has been assessed as requiring social care support. An outcomes-based assessment can be requested from any NHS Highland Integrated District Team. A personal, outcomes-focused assessment will be completed jointly by the person in partnership with one or more professionals to determine eligibility for assistance with care and support needs. Depending on the individual's circumstances, a financial assessment might also be undertaken. Assessments will normally be reviewed on an annual basis.

In adult services substantial growth in Self-Directed Support, and in particular Options 1 and 2, has been seen over the last four years as demonstrated in our table at appendix one. Throughout North Highland, albeit we recognise we are on a journey with still some way to go, the measures as described above have led to greater involvement of supported people and their family/networks in the assessment and decision making processes and increased flexibility, choice and control in relation to meeting desired outcomes.



An Individual Service Fund (Option 2) allows individuals to tailor their support with a provider to seek to ensure their outcomes are met. Numbers of recipients are given below.



### Technology Enabled Care

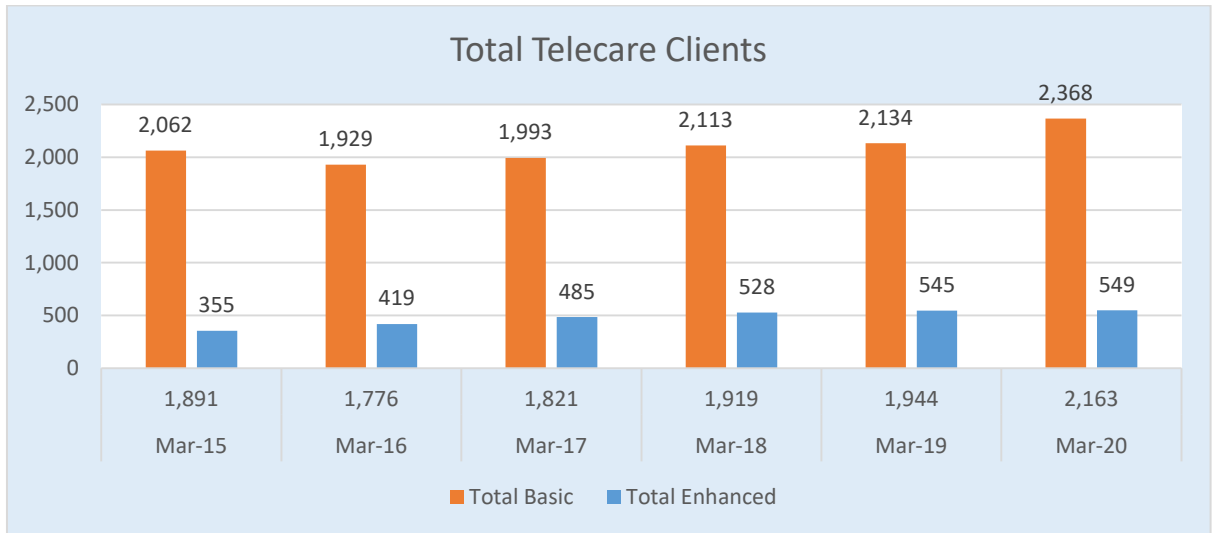


Chart showing client demand for use of Telecare, 2015 to 2020.

**Outcome 3:**

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

This indicator is about the quality of the services provided and client's ability to manage and be in direct control of the services that they require. Apart from the indicators in table 3 below, other indicators such as enablement (Table 1) and self-directed support (Table 2) are also relevant.

Outcome 3		People who use health and social care services have positive experiences of those services, and have their dignity respected					
Indicators	Baseline	2015/16 Outcome	2016/17 Outcome	2017/18 Outcome	2018/19 Outcome	2019/20 Outcome	Comments
Percentage of adults supported at home who agree that their health and care services seemed to be well coordinated	To improve on Scottish average	Scotland (S) - 83% Highland (H) - 83%	Not Applicable	S - 86% H - 81%	Not applicable	S - 62% H - 60%	Performance declined both locally and nationally
Percentage of adults receiving any care or support who rate it as excellent or good	To improve on Scottish average	S - 81% H - 83%	Not Applicable	S - 80% H - 83%	Not applicable	S - 69% H - 72%	Performance declined both locally and nationally, but higher than national figure
Percentage of people with positive experience of the care provided by their GP practice	To improve on Scottish average	S - 85% H - 89%	Not Applicable	S - 83% H - 87%	Not applicable	S - 79% H - 85%	Slight change in question asked in 2019/20 Biennial survey.
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	To improve on Scottish average	S - 82.9% H - 77.8%	S - 83.8% H - 83.8%	S - 85.42% H - 86.3%	S - 82% H - 86%	S - 82% H - 83%	Very slight decline in performance; comparable with national average

**Table 3 – Outcome 3**

Overall there has been a decline in performance in these areas in 2019/20. The percentage of people rating the care provided by their GP practice is significantly above the national average. To further improve services in 2019-20 we employed a Head of Primary Care to work across the north of Highland.

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

We continue to review all overnight support provision across Highland. The Inverness Waking Night Responder Service has proven to be a highly effective model of night support and responds to approx. 40 people a night across Inverness. The demand for the service continues to grow and we are reviewing the existing capacity to enable more support provision. The service also now provides a responder service to individuals in Sheltered Accommodation that do not have the required number of telecare responders.

#### Outcome 4:

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

The previous indicator is used to determine the quality of the services being provided. This indicator is about the quality of life of the people who use those services. Again, this generally shows maintenance of previous performance plus a substantial reduction at year end in delayed discharges awaiting care in the private sector.

Outcome 4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.						
Indicators	Baseline	2015/16 Outcome	2016/17 Outcome	2017/18 Outcome	2018/19 Outcome	2019/20 Outcome	Comments
Delayed hospital discharges for service users (code 25D) residing within areas covered by ISC C@H providers	20	20	14	32	34	12	Substantial improvement in 2019/20
Emergency bed day rate (per 100,000 population)	119,517 bed days	Scotland (S) - 127,551 Highland (H) - 120,352	S - 125,948 H - 119,090	S - 122,388 H - 108,004	S - 119,656 H - 110,229	S - 113,614 H - 110,297	Maintains current performance
Falls rate per 1,000 population aged 65+	17 patients admitted due to falls	S - 21 H - 15	S - 21 H - 16	S - 22 H - 16	S - 23 H - 15	S - 22 H - 15	Maintains current performance; better than national average
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	To improve on Scottish average	S - 83% H - 85%	Not Applicable	S - 80% H - 86%	Not Applicable	S - 67% H - 66%	Performance declined both locally and nationally

**Table 4 – Outcome 4**

The percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life shows a substantial decline, as does the national average. As mentioned previously, this does appear to be a facet of the redesign of the Biennial National survey with both local and national outcomes reducing by the same amount. To improve Delayed Discharge flow, work commenced to develop a more robust approach to data quality recording and reporting and continues into 2020-21.

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

### Outcome 5:

#### Health and social care services contribute to reducing health inequalities.

This indicator is about ensuring that communities in Highland are safe and healthy and that individual circumstances are taken into account. Table 5 shows that the premature mortality rate in Highland is lower than the National average.

Outcome 5	Health and social care services contribute to reducing health inequalities						
Indicators	Baseline	2015/16 Outcome	2016/17 Outcome	2017/18 Outcome	2018/19 Outcome	2019/20 Outcome	Comments
Premature mortality rate (per 100,000 population)	To improve on Scottish average		S - 441 H - 377	S - 425 H - 373	S - 432 H - 402	S - 426 H - 390	Substantial improvement in 2019/20
Deliver faster access to mental health services and 18 weeks referral to treatment for Psychological Therapies	80%			S - 78.2% H - 82%	S - 80% H - 73.4%	S - 78.8% H - 71.3%	Performance declining
The time taken to access drug or alcohol treatment services	77%	Scotland (S) - 94.8% Highland (H) - 73.4%	S - 94.9% H - 84.1%	S - 93.5% H - 86.3%	S - 93.2% H - 90.8%	S - 94.7% H - 88%	Maintains current performance, with a gradually improving trend

**Table 5 – Outcome 5**

Performance regarding the time taken to access drug or alcohol treatments services is similar to the performance the previous year, with a gradually improving trend over time. We undertook and continued to implement further substantial strategic work on providing access to Psychological Therapies which commenced 2019-20 and into 2020-21.

### Outcome 6:

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

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

Outcome 6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.						
Indicators	Baseline	2015/16 Outcome	2016/17 Outcome	2017/18 Outcome	2018/19 Outcome	2019/20 Outcome	Comments
Percentage of carers who feel supported to continue in their caring role	To improve on Scottish average	Scotland (S) - 40% Highland (H) - 37%	Not Applicable	S - 37% H -38%	Not Applicable		This question wasn't included in the 2019/20 survey. Please see outcomes detailed in Table 1.2.

**Table 6 – Outcome 6**

The Biennial Survey, which asked this specific question of carers, has been used in the past. However, that question is no longer part of the survey. Please see Table 2.1 for an overall view of the Social Care services provided. A review of what alternative performance information may be available is programmed for the 1<sup>st</sup> Quarter of 2021. We are meeting our duties to Carers within current practice and contractual arrangements, whilst reviewing processes to meet the intent, ethos and duties contained within the Carers Act, to deliver an open and flexible response to meeting Adult Carers' needs.

**Outcome 7:****People using health and social care services are safe from harm.**

The purpose of this indicator is to ensure that there is support and services in place which ensure that clients are safe and protected from abuse and harm. There is a drop reported in the percentage reporting as feeling safe, as is reflect elsewhere in the performance outcomes arising from the Biennial Outcomes survey both locally and nationally.

<b>Outcome 7</b>	<b>People using health and social care services are safe from harm.</b>						
<b>Indicators</b>	<b>Baseline</b>	<b>2015/16 Outcome</b>	<b>2016/17 Outcome</b>	<b>2017/18 Outcome</b>	<b>2018/19 Outcome</b>	<b>2019/20 Outcome</b>	<b>Comments</b>
Percentage of adults supported at home who agree they felt safe	To improve on Scottish average	83%	Not Applicable	83%	Not Applicable	71%	Performance has declined. The national average is 73%
Adult Protection Plans are reviewed in accordance with Adult Support and Protection Procedures	To improve on 2017/18 baseline of 57%			57%	54%	73%	Maintains current performance (Indicator changed in 2017/18 and previous years not comparable)
Reviewing and monitoring of Guardianships. Number of Guardianships reviewed annual required timescale.	To improve on baseline of 50% reviewed within timescale	50%	49.9%	37.9%	14%	18%	Performance regarding completing the reviews within timescale has declined
Reviewing and monitoring of Guardianships. Number of New Guardianships reviewed within required timescale of 3 months.	To improve on baseline of 57% reviewed within timescale	57%	31.3%	23.9%	20.1%	11%	Performance regarding completing the reviews within timescale has declined

**Table 7 – Outcome 7**

There has been a significant drop in the completion of Guardianship reviews within the required timescale, whilst the number of Guardianships have significantly increased. The total number of reviews undertaken in 2019/20 (which includes both those completed within and outwith timescale) was 40% of the total number of reviews required.

Although the national survey results suggest that clients in the Highlands do feel safer in comparison to the national average, local targets in respect of guardianship are not being met. There is also on-going work underway to define and more accurately record performance with regard to adult protection plans.

This report also reflects on the outcomes of the previous Adult Support and Protection thematic inspection. This provided the Partnership with a strong foundation for improvement that has seen an increase in focus on ASP performance. In 2019-20 we continued in the investment of process improvements and in service data quality recording improvements.

### Adult Protection Occurrence

The number of Adult Protection referrals received for 2018/19 was **344** for 2019/20 it was **525**. These were received from the following:

No. of referrals	2018/19*	2019/20
<i>NHS</i>	87	55
<i>GPs</i>	3	7
<i>Scottish Ambulance Service</i>	1	6
<i>Police</i>	76	145
<i>Scottish Fire &amp; Rescue Service</i>	2	3
<i>Office of Public Guardian</i>	2	2
<i>Mental Welfare Commission</i>		
<i>Healthcare Improvement Scotland</i>	1	
<i>Care Inspectorate</i>	7	3
<i>Other organisation</i>	19	111
<i>Social Work</i>	25	33
<i>Council</i>	3	7
<i>Self (Adult at risk of harm)</i>	12	14
<i>Family</i>	37	51
<i>Friend/Neighbour</i>	4	8
<i>Unpaid carer</i>	21	31



<i>Other member of public</i>	1	4
<i>Anonymous</i>	2	2
<i>Other</i>	41	43
<b>Total Referrals</b>	<b>344</b>	<b>525</b>

Table - Adult Protection Referrals

For 2018/19 After screening and/or an initial inquiry, in **97cases** this resulted in the appointment of a Council Officer and an Investigation was undertaken. For 2019/20 this number rose to **127cases**.

In Highland there has been significant work done to ensure referrals from the Police are raised appropriately: given this, the increase in their referrals from 76 to 145 appears significant.

### Adult Protection - Type

For these **97 Investigations** the principal type of harm were recorded as:

<b>No. of investigations by principal type of harm</b>	<b>18/19</b>	<b>19/20</b>
<i>Financial harm</i>	21	29
<i>Psychological Harm</i>	6	11
<i>Physical Harm</i>	26	23
<i>Sexual harm</i>	10	10
<i>Neglect</i>	14	32
<i>Self-harm</i>	1	1
<i>Other</i>	19	21
	<b>97</b>	<b>127</b>

Table – Adult Protection Type

In addition, there were also 2 Large Scale Investigations reported for 2018/19. For the same period in 2019/20 this number was 5 Investigations. These Large Scale Investigations have been sited both in community settings and in Care Homes (both Residential and Nursing) for Older and Younger Adults.

## Child Protection

Priorities in child protection were and remain:

- The delivery of interagency and single discipline learning and staff development opportunities.
- Quality Assurance of practice and supervision.
- Development of minimum data set in line with national data set recommendations.
- Dissemination of learning from case reviews and the sharing of good practice.
- Roll out of Viewpoint to gather and analyse views of children and young people.
- Review of Highland Child Protection Guidelines and Community Guidance.
- Effective communication and consultation with practitioners.
- Embed principles of protection in Social Work practice
- Develop effective responses in relation to child trafficking and child sexual exploitation

A review of Highland Child Protection Guidance came to a conclusion in September 2018 and the Guidance was uploaded in June 2019. The Child Protection Improvement plan for 2018-2022 was also developed in consultation with social work professionals and a multi-agency audience.

## Fostering and Adoption

The Highland Council is registered as both a Fostering and an Adoption Agency with the Care Inspectorate. The inspection in January 2018 resulted in grade 4 being awarded across both services, with 3 recommendations for the Fostering Service and one recommendation for the Adoption Service and there were no requirements. The next inspection of the service was due early in 2020 but due to the Covid19 pandemic and lockdown the inspection has been postponed.

The Highland Council Fostering and Adoption Service inspection reports for 2018 can be accessed via the following link:

[https://www.highland.gov.uk/downloads/download/1615/care\\_inspectorate\\_reports](https://www.highland.gov.uk/downloads/download/1615/care_inspectorate_reports)

## Fostering

The number of 'new' admissions to foster care (children who have not been accommodated previously) has reduced considerably in the last year.

Number of "new" admissions to Foster Care from:

01/04/16 to 31/03/17	01/04/17 to 31/03/18	01/04/18 to 31/03/19	01/04/19 to 31/03/20
63	53	53	38

The number of children placed in all categories of foster care had been steadily reducing since November 2012 when it had peaked at 177 however during the period 2016/17 there was a sudden increase with several large family groups of four, five and six children being accommodated. The number of Looked after Children at 31/03/20 was 498 in Highland. Of these children 153 were in foster care, a slight decrease from the previous year.

Number of children in Foster Care at:

31/03/17	31/03/18	31/03/19	31/03/20
162	165	166	153

Throughout 2018/19 a team of social workers and managers from the Fostering and Adoption service, supported by the Corporate Improvement Team, undertook a review of the processes involved in recruitment and retention of Foster Carers. The aim was to consider ways in which we could increase the numbers of foster carers available in Highland particularly for older children, teenagers and larger sibling groups and in addition retain those carers who are currently providing a very valuable resource.

### Adoption

There is recognition that children who are adopted are not a distinct population but are primarily children who have been on the child protection register and looked after in foster care who cannot return to or remain at home safely. Adoption gives these children the chance for some emotional recovery. Outcomes for younger children, who have been abused and neglected who are adopted, are generally better than for children who remain 'looked after' and in a permanent fostering placement.

There were 7 applications from a variety of backgrounds, approved as prospective adopters in 2019/20 a significant increase from the previous year. The table below shows a comparison to the previous 3 years, with an increase in approvals of prospective adopters, as well as a slight increase in the number of matchings and a small increase in the number of children waiting to be matched.

Prospective Adopters	2016/17	2017/18	2018/19	2019/20
No. of Prospective Adopters approved	11	12	3	7
No. of children matched with Prospective Adopters	14	18	12	13
No. of children waiting to be matched	24	16	23	25

We are gradually increasing the number of older children being placed for adoption or in other permanent families and continue to see an increase in the number of older children where permanent fostering is the plan with the children being secured legally by the granting of a Permanence Order. During 2019/20 there were 9 Permanence Orders, 18 Permanence Orders with Authority to Adopt and 10 Adoption Orders were granted in Courts within and out with Highland. There were no relinquished babies placed for adoption in the period 01/04/19 to 31/03/20.

The table below shows a comparison to the previous 3 years with a decrease in the number of adoption orders being granted but a significant increase in the number of Permanence Orders with Authority to Adopt, being granted and an increase overall of legal orders being granted in court.

Permanence	2016/17	2017/18	2018/19	2019/20
Permanence Order granted	2	4	9	9
Permanence Order with Authority to Adopt granted	16	22	9	18
Adoption Order granted	10	23	12	10
Total Number of legal orders granted	28	49	30	37

**Outcome 8:**

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

Staff attending training find that the training is useful and increases confidence and abilities.

<b>Outcome 8</b>	<b>People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.</b>						
<b>Indicators</b>	<b>Baseline</b>	<b>2015/16 Outcome</b>	<b>2016/17 Outcome</b>	<b>2017/18 Outcome</b>	<b>2018/19 Outcome</b>	<b>2019/20 Outcome</b>	<b>Comments</b>
Workforce is Adult Support and Protection effectively trained	Target is 100% of staff trained	100%	99%	98%	99%	99%	Performance maintained. Note that provision of training changed over this period, but data regarding "confidence" continued to be gathered.
Uptake of Knowledge and skills Framework – reviews completed and signed off	Year-on-year improvement	Previous years not comparable due to different systems in use.				14.90%	No comparator available.
Sickness absence levels	To improve on local baseline of 4.88%	4.88%	5.20%	5.39%	5.44%	5.26%	Maintains current performance, oscillating around 5.3%

**Table 8 – Outcome 8**

Although the ways of providing that training has changed and developed over the period shown, the measure as to whether it increases staff confidence has been maintained. The system for review and staff-off have of the knowledge and skills framework have changed considerable and are no longer comparable and hence the provision of the 2019/20 figure only. Sickness absence continues be around the level of 5.3%.

**Outcome 9:****Resources are used effectively and efficiently in the provision of health and social care services.**

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

<b>Outcome 9</b>		<b>Resources are used effectively and efficiently in the provision of health and social care services.</b>					
<b>Indicators</b>	<b>Baseline</b>	<b>2015/16 Outcome</b>	<b>2016/17 Outcome</b>	<b>2017/18 Outcome</b>	<b>2018/19 Outcome</b>	<b>2019/20 Outcome</b>	<b>Comments</b>
NHSH make payment of the C@H tariff rate within 28 days of receipt of a valid invoice	Year-on-year improvement	83%	89.30%	92%	89.60%		No longer comparable - moved to a streamlined "bulk" invoice process in July 2019.
Home Care costs per hour for people aged 65 or over	National Average	Scotland (S) - £21.19 Highland (H) - £32.66	S - £22.64 H - £36.09	S - £23.76 H - 29.79	S - £24.67 H - £29.46		Not available at 17 Feb 21 (Source: SOLACE)
Self Directed Support (option 1) spend on people aged 18 or over as a % of total social work spend on adults	National Average	S - 6.66% H - 5.26%	S - 6.36% H - 6.29%	S - 6.72% H - 6.1%	S - 9.07% H - 6.46%		Not available at 17 Feb 21 (Source: SOLACE)
Net Residential costs per resident per week for Older Persons (over 65)	National Average	S - £364.71 H - £426.74	S - £372.36 H - £448.22	S - £372.42 H - £481.89	S - £381.01 H - £ 514.06		Not available at 17 Feb 21 (Source: SOLACE)

**Table 9 – Option 9**

Three of these 4 indicators depend on the compilation of national data, which have been delayed during the Covid pandemic and hence the reason 2019/20 figures were not available at time of publication.

## Children & Families Outcomes

### **Outcome C1: Our children have the best start in life.**

This outcome has a specific focus on the following outcomes developed within our quality assurance and improvement framework.

1. Children and young people experience healthy growth and development.
2. Children and young people are supported to achieve their potential in all areas of development.
3. Children and young people thrive as a result of nurturing relationships and stable environments.

<b>Our children have the best start in life.</b>					
<b>Key</b>					
⬆️ Performance improving             ⬇️ Performance declining             ➡️ Performance is stable					
<b>Indicator 1</b>	<b>Target</b>	<b>Baseline</b>	<b>Status</b>	<b>Imp Group</b>	<b>Current</b>
<b>Percentage of children reaching their developmental milestones at their 27 – 30 month health review will increase</b>	85%	75%	➡️	Early Years	67%
<b>Analysis</b> The baseline was established in 2013 quarterly variations have been within the 55 – 70% and range during that time.					
<b>Indicator 2</b>	<b>Target</b>	<b>Baseline</b>	<b>Status</b>	<b>Imp Group</b>	<b>Current</b>
<b>Percentage of children will achieve their key developmental milestones by time they enter school will increase</b>	85%	85%	⬆️	Additional support Needs	87%
<b>Analysis</b> This data has been collected annually since 2015. The data shows little variance over that time.					
<b>Indicator 3</b>	<b>Target</b>	<b>Baseline</b>	<b>Status</b>	<b>Imp Group</b>	<b>Current</b>
<b>Achieve 36% of new born babies exclusively breastfed at 6-8 week review</b>	36%	30.3%	⬆️	Maternal infant nutrition	36%

**Analysis**

The baseline was established in 2009 and shows a slight improvement over time.

Indicator 4	Target	Baseline	Status	Imp Group	Current
<b>Sustain the completion rate of P1 Child health assessment to 95%</b>	95%	93.1%	⬇️	Early Years	86%

**Analysis**

This data is collected quarterly from NHSH. The baseline was established in 2012. The latest data represents a slight improvement in the last year



**Outcome C2: We have improved the life chances for children, young people and families at risk.**

This outcome has a specific focus on the following outcomes developed within our quality assurance and improvement framework.

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

Indicator 1	Target	Baseline	Status	Imp Group	Current
<b>Number of households with children in temporary accommodation will reduce.</b>	95	100	📉	Child Protection	95
<p><b>Analysis</b> The data is collected quarterly. The baseline was established in 2014 and shows a small reduction over time.</p>					
Indicator 2	Target	Baseline	Status	Imp Group	Current
<b>The percentage of children on the child protection register who have been registered previously will reduce.</b>	Improve from baseline	5.31%	📉	Child protection	2.45%
<p><b>Analysis</b> The data is collected quarterly but due to short term variation, as shown in the graph below, is only statistically significant when analysed annually. The baseline was established in 2014 and this data shows continuous improvement over the last four years</p>					

Indicator 3	Target	Baseline	Status	Imp Group	Current
The number of children and Young people reported to SCRA on anti-social behaviour grounds reduces	20% reduction	90	↻	Youth Justice	82
<b>Analysis</b> This data is reported monthly. The baseline was established in 2012 and a reduction has been observed over seen over time.					
Indicator 4	Target	Baseline	Status	Imp Group	Current
The number of offence based referrals to SCRA reduces	Improve from baseline	528	↻	Youth Justice	348
<b>Analysis</b> This data is reported monthly. The baseline was established in 2012 and a reduction has been observed in the latest reporting period.					
Indicator 5	Target	Baseline	Status	Imp Group	Current
The number of LAC accommodated outwith Highland will decrease (spot purchase placements)	30	44	↻	Looked after Children	36
<b>Analysis</b> This data is reported monthly. The baseline was established in 2012 and the position has remained static in the last year.					

Indicator 6	Target	Baseline	Status	Imp Group	Current
<b>The number of children needing to live away from the family home but supported in kinship care increases</b>	20%	19.3%	↻	Looked after Children	17.7%
<p>Analysis This data is reported monthly. The baseline was established in 2012 and the position has remained broadly stable in the last 3 years.</p>					
Indicator 7	Target	Baseline	Status	Imp Group	Current
<b>The number of children where permanence is achieved via a Residence order increases</b>	82	72	↻	Looked after Children	81
<p>Analysis This data is reported monthly. The latest data shows an improvement in the number.</p>					

## Financial Performance Report to 31 March 2020

This section aims to present the financial outturn for Integrated Children's Services and the Highland Health and Social Care Partnership (HHSCP) for 2019/20 together with the future financial outlook. The Partnership's Adult Care provision represents a large and complex use of revenue, capital and human resources.

Highland Council and NHS Highland entered into a lead agency arrangement for Children's Services and Adult Social Care Services in financial year 2012/13.

Under the current integration arrangement within Highland, to deliver integrated Health and Social Care Services through a Lead Agency model, Highland Council commission NHS Highland to deliver Adult Services, similarly NHS Highland commission Highland Council to deliver Children's Services.

The commissions for both adult social care and children's services are for services that are integrated into wider service provision for the two lead agencies. It is increasingly difficult to distinguish between services that are funded via the commission and those funded by the lead agent.

As a general principle, the focus should be on outcomes measures (or - where these are not available – on proxy measures) rather than on 'inputs'.

However, it is recognised that where there are issues regarding outcomes then there may be a need to scrutinise inputs.

### Summary

- **Note** HSCP financial position at month 12 which shows a year end overspend of £10.7m, including the planned deficit of £11m
- Operational Overspends has £7.1m of this figure
- SG brokerage applied to bring to a breakeven position

**Final position to March 2020**

For the 12months to March HHSCP have overspent against budget by £10.7m, components of this overspend can be seen in Table 1 below.

Table 1

2019-20 Plan		Month 12 - March 2020	Year end position		
Annual Budget £m	Current Plan £m		Plan to Date £m	Actual to Date £m	Variance to Date £m
		<b>Summary Funding &amp; Expenditure</b>			
		<b>Health &amp; Social Care Partnership</b>			
226.3	226.3	South & Mid Division	226.3	226.3	0.1
194.9	194.9	Raigmore Division	194.9	200.1	(5.2)
154.1	154.1	North & West Division	154.1	156.1	(1.9)
575.3	575.3	<b>Sub Total NH Operational Units</b>	575.3	582.4	(7.1)
4.7	4.7	Adult Social Care - Central	4.7	3.6	1.1
23.0	23.0	Facilities	23.0	24.5	(1.6)
8.6	8.6	e health	8.6	8.5	0.1
21.3	21.3	Tertiary	21.3	22.7	(1.3)
66.5	66.5	Central services	66.5	57.9	8.6
(13.5)	(13.5)	ASC Income	(13.5)	(14.1)	0.6
1.4	1.4	HSCP Corporate Support	1.4	1.3	0.1
			0.0	0.0	0.0
687.3	687.3	<b>TOTAL H&amp;SCP</b>	676.3	675.9	0.3
0.0	(11.0)	<b>Planned Deficit</b>	(11.0)	0.0	(11.0)
	<b>676.3</b>	<b>Year end position</b>	<b>665.3</b>	<b>675.9</b>	<b>(10.7)</b>
	10.7	SF Brokerage	10.7	10.7	10.7
<b>0</b>	<b>687.0</b>	<b>Total Outturn</b>	<b>676.0</b>	<b>686.6</b>	<b>0.0</b>

The three operational divisions have an overspend of £7.1m at month 12, the main cause of the overspend (£5.1m) sits with Raigmore with £2.3m of cost pressures due to general medical rota gaps, theatre supplies, staffing pressures in the short stay ward and continued use of medical locums, along with £2.8m of unachieved savings delivery

South and Mid are showing an underspend of £0.1m of which £1.1m is an operational underspend and £1m of overall unachieved savings. A small part related to Social care – see appendix 1 for further detail on Social Care.

North and West have a £1.9m overspend with £2.1m due to unachieved savings, and £0.2m underspend operationally though includes overspends in medical locums and social care £of £0.4m

HHSCP Support Services have over and underspends and brings the overall position to £0.3m, main area of overspends are Facilities with the national waste contract costs and out of area tertiary costs. Central services contribute a further £8.6m underspend from the recovery plan put in

place by the Board with planned cost reductions and some benefits due to SG funding allocations being the main reasons £5.5m of which was allocated to non-recurrent savings - further detail on savings below in table 2

The £11m HHSCP element of the £11.4m planned deficit reported to the Scottish Government at the AoP submission brings the overall HHSCP outturn to £10.7m overspend (£0.3m underspend and £11m planned deficit), and Scottish Government brokerage is then applied to the position to be able to report a breakeven position for the final outturn.

The overall outturn of £10.7m overspend split for health and Social care at month 12 2019/20 was as follows;

Health overspend of £12m (including a planned deficit of £11m)

Adult Social care underspend of £1.3m – further detail in appendix 1

### Savings

NHS Highland identified a savings challenge of £39.5m to deliver a balanced position. Plan to Scottish Government at AoP was that £11.4m would not be found in year and would be a reported deficit position at year end requiring brokerage, leaving an in year target of £28.1m expected to deliver of which HHSCC was set a target of £21.2m

Table 2

Unit	Savings targets	Achieved recurrently	Achieved non recurrently	Over/(under) achieved
	£m's	£m's	£m's	£m's
South & Mid	-5.4	1.9	2.4	-1.0
North & West	-4.3	1.8	0.5	-2.1
Raigmore	-7.3	3.2	1.3	-2.8
Facilities	-1.3	1.0	0.8	0.5
Ehealth	-0.1	0.1	0.0	0.0
Tertiary	-0.2	0.1	0.0	-0.0
Central	-2.5	2.0	5.5	5.0
ASC Central	-0.2	0.7	0.2	0.6
<b>Total</b>	<b>-21.2</b>	10.8	10.7	0.3

Achieved recurrent savings of £10.8m (£6.2m of PMO workstream and £4.6m of unit housekeeping) and £10.7m non recurrent are shown above by unit showing all targets were achieved in year with a £0.3m over recovery overall.

### Conclusion

HHSCP financial position completed the year with an overspend of £10.7m of which £11m was a planned deficit reported to Scottish government in the Annual Operational Plan

### **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.

### **Summary**

The report highlights a great deal of positive work and developments but equally a number of key areas for improvement and particular attention in 2020/21 and beyond. We are committed to ensuring we have a culture of continual service improvement with NHS Highland and Highland Council and all of our wider network of partners.

As we left 2019-20, we entered the significant challenges that the Coronavirus pandemic (Covid19) introduced. New social distancing and infection control measures and the national lockdown in late March 2020 brought about the emergence of the need to undertake a radical rethink in the delivery of our health and social care services, especially for our at risk communities. Following mobilisation of the Covid19 Response, the integrated authority commenced work led by the clinical and professional groups developing proposals to maintain and re-open services. These developments will be described in more detail in our 2020-21 Annual Performance Report. We developed a staged approach to the reopening of services and the impacts of these proposals were modelled and the plan developed. The pace of implementation depending on the significance of the step up when balanced



against the risks associated with delivering services amidst the constraints associated with Covid19. As we moved into 2020-21 we took the opportunity to look to the future shape of services, working towards a sustainable health and care system set within the context of what might be possible to achieve when linked with wider partners and communities.

The emerging Covid-19 challenges in March 2020 were:

- Understanding and reacting to unprecedented risk situations: i.e. respective risks very difficult (occasionally impossible) to calibrate
- Managing service responses in highly dynamic policy and practice environments
- Seeking to support adults with a mental disorder in new ways – and coping with the impact on relationship based practice of social distancing and PPE
- Seeking to support carers with many respite services in lockdown
- Ongoing (increasing) impact on the health and well-being of adults with mental disorder.
- Care Homes: maintaining warm, homely environs with the impact of necessary IPC measures.
- Maintaining good communication with dispersed workforce
- Supplying PPE and Testing routes for staff
- Working in new and unfamiliar ways with a variety of partners

The 2020/21 report will identify the response to these challenges.