Agenda Item 6

NHS Highland

Meeting:	**NHS Highland Board Meeting**
Meeting date:	**26 March 2024**
Title:	**Social Mitigation Strategy Update**
Responsible Executive/Non-Executive:	**Dr Tim Allison; Director of Public Health**
Report Author:	**Lynda Thomson; Senior Health Improvement Specialist**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

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

2.2 Background

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

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

2.3 Assessment

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

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	x
Limited		None	

Measures that may be required to lift the assurance level to substantial would include recognising the additional resources or reprioritising existing work required from procurement and People and Culture to deliver the actions required within the Anchor strategy to achieve identified milestones.

Pressures on frontline staff will also impact on time to ask about money worries and to gain knowledge of how to signpost people on accordingly.

Current pressures on finance have impacted on ability to deliver some of the face to face training opportunities but there have been plans put in place to mitigate for this and to raise to a substantial level of assurance.

There is a risk register for the delivery of the Community Link Worker service and this will be monitored and any required actions taken to raise levels to substantial assurance.

3 Impact Analysis

3.1 Quality/ Patient Care

The Social Mitigation Strategy identifies key themes or topics that are likely to make a difference for people who have been most impacted on by the COVID-19 pandemic and/or are impacted on by factors resulting in poorer health

outcomes. If we can deliver on some of the identified actions then we can mitigate the worst effects of health inequalities and make a difference on the gap in health for communities who are the most disadvantaged.

3.2 Workforce

Our own staff also experience the impacts of cost of living rises and health inequalities on their personal lives and we seek to not only support our workforce through Fair Work and reasonable pay, but also to offer this opportunity to those furthest from the job market and seeking employment.

3.3 Financial

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

3.4 Risk Assessment/Management

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

3.5 Data Protection

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

3.6 Equality and Diversity, including health inequalities

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

3.7 Other impacts

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

3.8 Communication, involvement, engagement and consultation

A separate engagement plan on the development of the strategy was submitted at the same time as the strategy was presented to the Board in May 2021.

3.9 Route to the Meeting

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

- System Leadership Group, July 2020
- Highland Health and Social Care Committee, 2nd December 2020
- NHS Highland Board, May 2021
- NHS Highland Board Update reports, March 22 & 23

4 Recommendation

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

4.1 List of appendices

The following appendices are included with this report:

- Appendix No 1. Social Mitigation Update

Appendix One - Report on social Mitigation Plan – March Board 24

1. ***Unemployment and the Economy***

The work that is being developed under this heading has now been incorporated into the development of NHS Highland's Anchor Strategy and reports to the Population Programme Board for updates on progress.

All Boards were requested to develop an Anchor Strategy for submission by October 23, setting out governance and partnership arrangements to progress anchor work. The Strategic plan was specifically requested to give due consideration to workforce planning, procurement and use of land and assets. This plan was submitted to and endorsed by the Board in Sept 23.

Our Anchor Strategy identifies key actions that we want to take to meet the overall aims of the strategy which are to:

- Maximise local, progressive procurement of goods and services;
- Provide Fair Work opportunities for new employment and for existing staff;
- Use and/or dispose of land and assets for the benefit of the local community and local economy.

The Scottish Government have requested all Boards to develop metrics for the three identified areas above which will help to set a baseline against which performance can be measured. The returns for this are expected in March 24.

2. ***Income and Financial Security***

There is a raft of resources that have been developed by NHS Highland's Health Improvement team to enhance availability and access to advice for service users for the purpose of supporting income maximisation.

In 2020, in partnership with the Independent Food Aid Network (IFAN); Trussel Trust; Highland Council and Social Security Scotland, we developed a leaflet entitled "Worrying About Money" which supports conversations with individuals and provides signposting information to various agencies that can support income maximisation.

This leaflet is available through various outlets including:
Health Information Resource Service (North Highland) – http://healthyhighlanders.co.uk/HPAC

Independent Food Aid Network Website (North Highland & A & B) - www.worryingaboutmoney.co.uk/argyll-and-bute

-www.worryingaboutmoney.co.uk/highland

The leaflet is available in various languages including Gaelic and, in both leaflet, and poster format. The leaflet is also available in an easy read format.

Between April 23 – February 24, we delivered 1056 leaflets to 22 different outlets or teams.

In addition to this resource, a Worrying About Money app was developed in North Highland which launched on 8th February 23 in android and apple stores.

oay

Download on the App Store

GET IT ON Google Play

Active promotion of the app has been undertaken with GP practices, Pharmacies, Highlife Highland; Leisure Centres; Adult Learning Centres; supermarkets (Tesco); Churches and Community Development Trusts using a poster with the QR codes which allows individuals to download the app discretely.

In the year since launch, the app has been accessed by over 500 users, with over 90 users returning to use the app more than once.

Delivery of Money Counts Training:

To support both the use of and promotion of the leaflet and app, we have developed a virtual training opportunity which is available for any staff and partner organisations across NHS Highland. Money Counts courses are offered over two levels, level one is a short session of 45 minutes and level 2 takes a bit of a deeper dive into some of the referral agencies as well as an opportunity for skills practice and is run over 1.5 hrs.

We have recently begun to explore the possibility of offering this training and resources to staff working in schools and education and have meetings with representatives from both Argyll and Bute and Highland education service.

In addition, IFAN have invited us to support the delivery of this training in other parts of Scotland and wider and we have recently delivered a T4T to staff in Edinburgh and Midlothian.

Between April 23 – February 24, we ran a total of 16 of these courses to 98 people.

Community Link Workers (CLW)

Community Link Workers sit within Primary Care Services to promote, protect and improve health and wellbeing by providing person-centred support which recognises that social issues, such as debt, relationships, employment and loneliness, affect people's health and wellbeing, and to connect people to sources of support or resources within their community.

<u>Highland Health and Social Care Partnership area</u>

The CLW service has been operational in 27 GP practices identified as having the highest number of patients in Scottish Index of Multiple Deprivation (SIMD) 1 & 2 since April 2022. The service has been commissioned on a competitive tendering process to Change Mental Health.

Additional funding was secured from the Primary Care Improvement Programme (PCIP) to support:

- Development of a Directory of Services (DOS) for CLW's, which links with the social prescribing platform Elemental, used to monitor and report service delivery. Funding was secured to employ a WTE equivalent post for 2 years to gather the information for the DOS, and for the integration of the DOS within Elemental. The DOS will be hosted on the Third Sector Interface's website meaning it will be publicly accessible.
- A review of SIMD data highlighted that 2 additional practice would now met the allocation criteria and funding was secured from PCIP to expand the services to these practices.

Current referral data:

- All practices are engaging and referring to the service, but this differs significantly in terms of whether they are referring within their allocation level. Work is currently being undertaken to review this for future planning.
- Since service commencement, 1782 referrals have been made across all practices.
- Consistently the top 3 reason for referral recorded on Elemental are:
    - Mental health and wellbeing
    - Loneliness and isolation
    - Social isolation
    - Other main reasons for referral include - housing and essential needs, bereavement, financial support, and family support.
- Positive feedback has been received from GP practice staff and patients about the benefits of the service and examples are given below:

    - *I had some feedback today from a patient who was referred to the CLW. The patient says they really appreciate the time the CLW has spent with them,*

they have found all the advice she has provided really useful and said that they feel better knowing someone is helping them. They appreciated having someone to talk to in their own environment as they said they felt comfortable and how at ease they were made to feel. Thank you, it was great to see a positive change in the patient's attitude and overall outlook. (GP to a CLW).

- *CLW had a lady who was very low when she started and was feeling depressed, demotivated and had put on a lot of weight. The patient wanted to focus on her weight gain first, so the CLW put her in touch with Velocity. On their 4th session the patient sounded like a different person, so positive. She said the CLW had helped her understand so much about herself and she is feeling really motivated now, she is doing daily walks and has got into gardening and is loving it. She said to the CLW 'I can't thank you enough, thank you for looking after me so well'.* (CLW feedback from a patient)

- Link to the CLW video: NHS Community Link-v2 (vimeo.com)

Expansion to the service:

The PCIP Programme Board approved funding to expand the service to all GP practices in November 2023. This means an additional 33 practices will be offered the opportunity to access the CLW service on a Cluster basis. The focus will still be on reducing health inequalities and work will be undertaken with those practices to ensure this will continue. Planning for the expansion has begun, with a proposed start date from August onwards. A number of GP practices have expressed their positivity around the expansion and the plan to have the CLW services available to them.

Contract renewal

The current contract is until July 2024 and work began in September 2023 to develop the service specification and technical questions for the tender. The tender was opened in December 2023 and several bids were received by the closing date in January 2024. Due to the expansion being agreed before the tender had been finalised, this has been included in the new contract.

The successful bidder will be announced in March and work will begin to provide continuity to the current 27 practice, with a planned roll-out to all practices from August 2024 onwards.

Argyll and Bute Health and Social Care Partnership area

In Argyll and Bute HSCP, a Community Link Working (CLW) service is available to 14/32 GP practices and is contracted to 3rd sector provide We Are With You. This current provision is targeted at those practices with the highest percentage of patients in Scottish Index of Multiple Deprivation (SIMD) deciles 5 and under, based on the total patient list size in these deciles within Argyll and Bute. Decile 1 being the most deprived and decile 10 being the

least deprived in Scotland. The current service contract runs from December 2021 to December 2024 and employs 3.00 WTE (whole time equivalent) Community Link Workers

CLW sits within a number of Scottish Government guidelines including Tackling Health Inequalities in Scotland (2022). From April-December 2023, the service received 393 referrals, with an increase in referral numbers for mental health and wellbeing, and financial advice. Between September-December 2023, 52% of referrals were for mental health and wellbeing, and 19% for financial advice. Other top reasons for referral were social isolation, stress, long-term conditions, and housing and essential needs.

The service uses the Short Warwick Edinburgh Wellbeing Scale to show the impact of the service by assessing how people's wellbeing has changed between entry and exit. The service reports a high level of impact for people who have left the service having a positive change in their wellbeing with 91% of respondents experiencing a positive change.

"I felt I had an ally in navigating lots of things I could not have done alone. Invaluable Resource. Dignified is how I would put it. I felt listened too and understood regarding my difficulties, as they are Hidden Ones. Thanks (CLW) for all your support. I truly could not have done it without your help."

Welfare Advice and Health Partnerships

In April 2023, the Scottish Government made funding available to develop Welfare Advice and Health Partnerships (WAHP's) in Argyll and Bute. WAHP's provide access to money and welfare rights advice in health care settings. This is achieved by embedding welfare advice specialists in healthcare settings through partnership working between local authorities, health boards and GP practices.

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

WAHP's provide GP practices with welfare advice specialists who can support patients to improve their financial situation. There is a strong correlation between improving people's financial situation and improved health outcomes so supporting patients around financial issues should:

- ensure people are directed to the right support
- help reduce demand on practice time through practice staff being able to identify patients who would benefit from financial advice during appointments
- allow GP appointments to be more focused on medical matters

This initiative aims to address financial insecurity for individuals who may not seek support from other means of welfare advice and in doing so contribute to improvements in health and reduce demands on Primary Care services.

Funding was allocated to Argyll and Bute Council for additional resource for welfare advice specialists, for a 2-year remote and rural pilot for five GP practices. The pilot will be evaluated on behalf of the Scottish Ministers by the Improvement Service in collaboration with the Scottish Public Health Network.

3. Cost of Living including food insecurity

In October 23 we worked alongside partners to develop applications for two separate funding opportunities under Child Poverty Accelerator Funds. These funds were to support work around both child poverty and to support a Cash First approach rather than simply the provision of food packages for those in need.

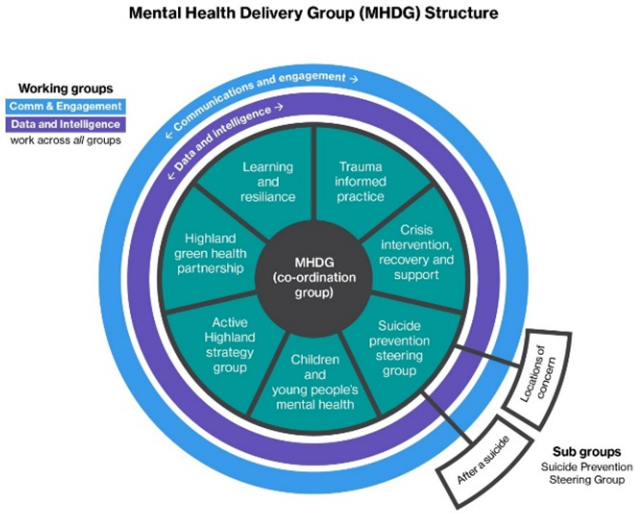
Unfortunately, neither of these funding opportunities were successful, but the work developed has become the basis of actions identified within the Child Poverty Plan and incorporated in the Integrated Childs Plan.

Meetings of the Reducing Poverty Group, which is one of the thematic groups sitting under Highland Community Planning Partnership has organised quarterly meetings for this year to begin to progress these actions.

Within Argyll and Bute, an active Child Poverty Action Group meets regularly to progress actions from the Argyll and Bute Child Poverty Action Plan. More details about the plan can be found here - https://www.argyll-bute.gov.uk/council-tax-and-benefits/money-advice/challenge-poverty.

4. Mental Health and Wellbeing

The Mental Health Delivery Group (MHDG) has spent some time in reviewing the work of this group and the actions required. It has now identified 9 steering groups that are tasked in developing the work needed and to account back to the MHDG. The overview of this structure is shown in the diagram below.



Some snap shots of actions taken include:

- Planning for a Trauma Summit later this year to support promotion and capacity building for a trauma informed workforce
- Delivery of Suicide Intervention and Prevention Training Programme including an additional 15 new trainers to support the delivery of the training.
- Updating and development of the Highland Mental Health and Wellbeing Website - Highland Mental Wellbeing – A collection of resources to support mental wellbeing (scot.nhs.uk)
- Testing out additional training courses with materials from Public Health Scotland
- Initial meetings held to consider the development of a "Lived Experience" Panel.
- Expansion of the Locations of Concern Sub-group to areas in Highland beyond the Kessock Bridge

5. Digital Inclusion

The Health Improvement Team were instrumental in setting up the Highland Digital Inclusion Network. This network ran for a year under the chairing of a representative from the Health Improvement Team. A terms of reference and identified priorities were agreed in this period as well as a widening distribution list of partners across Highland.

The Chairing and co-ordination of this network has now been handed onto Mhor Collective - Home - Mhor Collective who have a remit to support a human rights approach to digital inclusion and have experience of supporting networks across Scotland. The first meeting of this group with the support of Mhor Collective took place on the 27th February and the intention is to develop actions from partners involved in the network to widen digital inclusion and tackle some of the barriers experienced by people in using digital devices to access services.