HHSCP Committee
3 November 2021

HHSC Committee Report at 30 September (Month 6)

Report by: Elaine Ward, Deputy Director of Finance

The Committee is asked to:
Note: The NHS Highland financial position at the end of Period 6 and the projection to year end. **Consider:** The HHSCP financial position at the end of Period 6 2021/2022 and the projection to year end. **Note**: The progress on the delivery of ASC savings.

1. **NHS Highland – Period 6**

1.1 For the six months to the end of September 2021 NHS Highland has overspent against the year to date budget by £9.033m and is forecasting an overspend of £21.272m at financial year end. This position does not currently reflect potential slippage on in-year allocations. Current assessment anticipates that the application of slippage on allocations will reduce this to an overspend in the range of £15.472m to £21.272m. It is recognised that slippage on allocations impacts on delivery of services for which the funding was received – this is being closely managed with slippage resulting from difficulties recruiting across a number of staff groups. This position continues to reflect ongoing uncertainty around additional funding and the link into recruitment required to support delivery of specific initiatives/ services.

1.2 The year end forecast includes slippage of £11.900m against the £32.900m savings target.

1.3 A breakdown of the year to date position and the year-end forecast is detailed in Table 1.

Table 1 – NHS Highland Summary Income and Expenditure Report as at 30 September

Current Plan £m	Summary Funding & Expenditure	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
1,011.466	**Total Funding**	486.335	486.335	-	1,011.466	-
	Expenditure					
409.728	HHSCP	202.121	202.591	(0.470)	410.826	(1.098)
240.307	Acute Services	122.443	126.406	(3.963)	246.446	(6.139)
133.749	Support Services	50.481	54.928	(4.448)	147.424	(13.675)
783.784	**Sub Total**	**375.045**	**383.926**	**(8.881)**	**804.696**	**(20.912)**
227.683	Argyll & Bute	111.290	111.443	(0.153)	228.043	(0.360)
1,011.466	**Total Expenditure**	**486.335**	**495.369**	**(9.033)**	**1,032.738**	**(21.272)**
	Surplus/(Deficit) Mth 6			**(9.033)**	**21.272**	**(21.272)**

2 HHSCP – Period 6

2.1 The HHSCP is reporting an overspend of £0.470m at the end of Period 6 with a year end overspend of £1.098m forecast. This is an improved position from that reported to the committee at the end of month 4 – this reflects receipt of additional funding in respect of the Agenda for Change pay award and a review of costs relating to NHS Highland's ongoing response to the pandemic.

2.2 A breakdown across services is detailed in Table 2 with a breakdown across Health & Adult Social Care shown at Table 3. Appendix 1 to this report provides a breakdown across individual service areas.

Table 2 – HHSCP Financial Position at Month 4 (July 2021)

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	HHSCP					
223.997	NH Communities	111.607	111.835	(0.229)	224.449	(0.451)
41.375	Mental Health Services	20.303	20.394	(0.091)	42.222	(0.848)
136.597	Primary Care	67.256	67.765	(0.509)	137.163	(0.566)
7.759	ASC Other	2.956	2.597	0.358	6.992	0.767
409.728	**Total HHSCP**	**202.121**	**202.591**	**(0.470)**	**410.826**	**(1.098)**
	Costs held in Support Services					
(3.000)	PMO Workstreams (excl housekeeping)	(1.500)	(0.856)	(0.644)	(3.000)	-
(15.240)	ASC Income	(7.895)	(8.158)	0.263	(15.240)	-
391.488	**Total HHSCP and ASC Income/Covid**	**192.726**	**193.577**	**(0.851)**	**392.585**	**(1.098)**

Table 3 - HHSCP Financial Position at Month 4 (July 2021) –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
	HHSCP					
(3.000)	**PMO Workstreams (excl housekeeping)**	**(1.500)**	**(0.856)**	**(0.644)**	**(3.000)**	-
248.615	**Health**	**122.281**	**122.708**	**(0.427)**	**248.973**	**(0.357)**
145.872	**Social Care**	**71.945**	**71.725**	**0.220**	**146.613**	**(0.741)**
391.488	**Total HHSCP**	**192.726**	**193.577**	**(0.851)**	**392.585**	**(1.098)**

2.2 Two main factors continue to drive this position – the previously identified pressure associated with the Police Custody Service and additional Care at Home packages.

2.3 Within North Highland Communities the year to date overspend is made up of an underspend in Health of £0.267m – due to ongoing vacancies - and an overspend of £0.496m within Adult Social Care – as a result of additional Care at Home packages. The underspend within Health is forecast to increase to £0.798m by year end with the overspend in Adult Social Care forecast to increase to £1.250m over the same period. This position does not reflect the recent £300m funding announcement made by Scottish Government. Further details on the funding breakdown for NHS Highland are awaited.

2.4 The position within Mental Health reflects ongoing vacancies within Adult Mental Health, Community Mental Health Teams and Learning Disabilities – YTD underspend of £0.426m moving to an overspend of £0.074 by year end with recruitment planned over the period to end March. Within Drug & Alcohol the Police Custody Service is driving an overspend of £0.516m year to date with this forecast to increase to £0.774m by year end. It is expected that locums will continue to be used to deliver this service until December at the earliest.

2.5 Primary Care continues to be impacted by the use of locums within the Board's 2C practices and increasing prescribing pressures but the overall position is mitigated by ongoing vacancies within Dental Services.

2.6 Within ASC Other the year to date underspend of £0.358m and the forecast underspend of £0.767m are being driven by vacant posts. It is anticipated that this underspend will contribute to achievement of the £3.000m savings target.

2.7 The savings requirement for ASC has been revised to £3.000m and it is currently forecast that the full savings challenge will be achieved. Should any slippage materialise NHS Highland and Highland Council will fund on a 50%/50% basis.

3 ASC Saving Plan

3.1 A funding gap of £11.300m was identified for ASC for the 2021/2022 financial year. This has been reduced to £11.000m based on current projections. This has reduced the savings delivery target for the NHS Highland/ Highland Council savings programme from £3.300m to £3.000m. The other elements of the funding package remain the same - Scottish Government - £4.000m, NHS Highland - £2.000m and Highland Council - £2.000m.

3.2 Four workstreams have been identified to deliver the £3.000m required to balance the ASC funding gap

- Residential Transformation and ASC Cost Improvement Programme
- Community Led Support
- Child Health Services
- Transitions/ Younger Adults with Complex Needs

3.3 The position at the end of Month 6 is summarised in Table 4 below:

Table 4 – ASC Savings

No of schemes	Unadjusted	Risk Adjusted
	£m	£m
29	2.200	2.000

5 Recommendations

The Committee is asked to:

- **Note:** The NHS Highland financial position at the end of Period 6 and the projection to year end.

- **Consider:** The HHSCP financial position at the end of Period 6 2021/2022 and the projection to year end.

- **Note**: The progress on the delivery of ASC savings.

Elaine Ward
Deputy Director of Finance
20 October 2021

Appendix 1

HHSCP Service Financial Breakdown at Month 6 (September 2021)

North Highland Communities

Current Plan £000	Detail	Plan to Date £000	Actual to Date £000	Variance to Date £000	Forecast Outturn £000	Var from Curr Plan £000
61,394	Inverness & Nairn	30,264	30,551	(286)	62,356	(962)
46,165	Ross shire & B&S	23,027	23,021	6	47,159	(995)
40,408	Caithness & Sutherland	20,322	19,904	418	40,419	(11)
48,706	Lochaber, SL & WR	24,279	23,732	547	47,830	876
15,538	Management	7,958	9,127	(1,168)	15,289	249
3,892	Community Other	1,902	1,891	11	3,813	78
1,648	ASC Other	825	676	150	1,399	249
6,247	Hosted Services	3,028	2,935	94	6,184	63
223,997	**Total NH Communities**	**111,607**	**111,835**	**(229)**	**224,449**	**(451)**

79,601	**Health**	**39,007**	**38,739**	**267**	**78,803**	**798**
144,396	**ASC**	**72,600**	**73,096**	**(496)**	**145,646**	**(1,250)**

Mental Health Services

Current Plan £000	Detail	Position to Date: Plan to Date £000	Position to Date: Actual to Date £000	Position to Date: Variance to Date £000	Forecast Outturn: Forecast Outturn £000	Forecast Outturn: Var from Curr Plan £000
	Mental Health Services					
20,946	Adult Mental Health	10,264	10,246	18	20,993	(47)
11,170	CMHT	5,493	5,270	223	11,301	(131)
5,025	LD	2,419	2,235	184	4,921	104
4,234	D&A	2,127	2,643	(516)	5,007	(774)
41,375	**Total Mental Health Services**	**20,303**	**20,394**	**(91)**	**42,222**	**(848)**

Primary Care

Current Plan £000	Detail	Position to Date: Plan to Date £000	Position to Date: Actual to Date £000	Position to Date: Variance to Date £000	Forecast Outturn: Forecast Outturn £000	Forecast Outturn: Var from Curr Plan £000
	Primary Care					
22,182	Dental	10,545	10,207	339	21,700	482
47,902	GMS	24,086	24,632	(547)	48,462	(560)
58,170	GPS	28,916	29,179	(264)	58,688	(518)
5,227	GOS	2,572	2,581	(9)	5,249	(22)
3,116	Primary Care Management	1,138	1,166	(28)	3,064	52
136,597	**Total Primary Care**	**67,256**	**67,765**	**(509)**	**137,163**	**(566)**

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 1 September 2021 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
Cllr Deirdre MacKay, Vice Chair, Board Non-Executive Director
James Brander, Board Non-Executive Director
Philip Macrae, Board Non-Executive Director (had to leave the meeting at 3pm)
Gerry O'Brien, Board Non-Executive Director
Cllr Linda Munro, Highland Council
Cllr David Fraser, Highland Council
Elaine Ward, Deputy Director of Finance
Paul Davidson, Medical Lead (had to temporarily leave the meeting around 3pm)
Simon Steer, Director of Adult Social Care
Louise Bussell, Chief Officer

In Attendance:
Neil Wright, Lead Doctor
Ian Thomson, Area Clinical Forum Representative
Mhairi Wylie, Third Sector Representative
Michael Simpson, Public/Patient Representative
Michelle Stevenson, Public/Patient Representative
Wendy Smith, Carer Representative
Rhiannon Boydell, Head of Service, Community Directorate
Elisabeth Smart, Public Health Team
Jane Park, Head of Service (Health), Highland Council
Arlene Johnstone, Head of Service, Health and Social Care
Tara French, Head of Strategy and Transformation, HHSCP
Anne Campbell
Evelyn Newman
Stephen Chase, Committee Administrator

Apologies:
Adam Palmer, Tim Allison, Julie Petch, Sara Sears, Catriona Sinclair, Tracy Ligema, Heidi May.

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1 WELCOME AND DECLARATIONS OF INTEREST

The Chair opened the meeting at 1pm, welcomed the attendees and advised them that the meeting was being recorded and would be publically available to view for 12 months on the NHSH website.

The meeting was quorate.

The Chair welcomed Anne Campbell and Evelyn Newman who attended with a view to considering positions as Staff Side Representatives, and Bert Donald as a Non Executive and the Board's Whistleblowing Champion.

The Chair thanked all staff across the health and social care system for their continued effort to maintain services in spite of tremendous pressures, due in part to the direct and indirect impacts of the pandemic as well as the pressures of the tourist season. Apologies were offered to members of the public whose care is being impacted by these pressures. Assurance was given that the Board is aware of the pressures and is being kept informed. She encouraged all stakeholders of the committee to assist where they can in directing the public to non-emergency services where appropriate. The Board is in close contact with the Highland Council to see what kinds of mutual aid can be offered to each other and the Chair thanked the Council for their support.

L Munro declared a financial interest in Self-directed Support in case the subject arose in discussion during the meeting.

[*Page numbers in square brackets refer to the collated papers for the meeting*.]

2 FINANCE

2.1 Year to Date Financial Position 2020/2021 [PP. 1-3]

E Ward, Deputy Director of Finance, provided an overview of the paper circulated prior to the meeting.

An amendment to the report was noted for the HHSCP Financial Position at Month 4 (July 2021). For Table 2 of the paper (p. 2, collated papers) 'Primary Care' and 'Adult Social Care' descriptors had been mistakenly transposed and should be switched round.

The forecast position for Highland Health and Social Care Partnership of a year end position of an overspend of £1.287 million was being driven by two main factors:

- Police Custody has an anticipated £500,000 overspend. A business case is being prepared to include in the 2022/2023 financial plan.
- Pressure with Care at Home packages means a £1.8 million overspend is anticipated to year end, but in reviewing the link between additional care at home packages and Covid, the expectation is that a significant amount will be charged to Covid costs in month 5.
- The Primary Care position continued to be driven by the use of locums.

After questions from members of the Committee the following responses were provided:

- It was clarified that for forensic services there will be an overspend of £½ million for this year, however corrective action will not be required because this is being managed at a Board level and is being built into the overall financial plan for next year.
- The pressure within the Care at Home budget of £1.8 million correlates with the packages identified in the Chief Officer's Report. There is the potential for more as demand pressures are managed over the winter period.
- The risk adjusted £1.768 million of ASC savings at the end of month 4 is set against the £3.300m, set in the context of £11.3m (£4m of which is funded by Scottish Government, £2m Highland Council, £2m NHS Highland £2m (built into the Financial Plan). This gives a savings target of £3.3m.
- Next year is giving cause for concern with an increased pressure on Adult Social Care funding in the region of £13m pending future funding agreement with Scottish

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Government and Highland Council. The next Joint Project Board meeting will feature a paper flagging this risk.

- Distinguishing COVID costs from remobilisation has an associated risk because the additional funding is not yet in place.
- The Deputy Director of Finance and Chief Officer agreed that the current risk level was appropriately ragged at amber. The key pressures are known and plans are in place to mitigate these as far as possible. However, uncertainties remain especially around any future agreement with Scottish Government and Highland Council around funding for Adult Social Care.
- NHS Highland is not in an outlying position in terms of health expenditure compared to the other Scottish boards but it is somewhat in terms of Adult Social Care due to the partnership operating under the Lead Agency model. However, all other health and social care partnerships are facing the same issues.

After discussion, the Committee:	
- **NOTED** the NHS Highland financial position at the end of Period 4 and the projection to year end.	
- **CONSIDERED** the HHSCP financial position at the end of Period 4 2021/2022 and the projection to year end.	
- **NOTED** the progress on the delivery of ASC savings.	

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Assurance Report from Meeting held on 30 June 2021 [PP. 4-14]

The draft Assurance Report from the meeting of the Committee held on 30 June 2021 was circulated prior to the meeting.

The Committee
• **Approved** the Assurance Report and Rolling Action plan.

3.2 Matters Arising From Last Meeting

In response to a question from Wendy Smith about remobilisation of services that support family carers, it was agreed that this would be addressed at item 3.6.

3.3 COVID-19 Overview Report

E Smart spoke in place of the Director of Public Health and Health Policy, and provided a verbal report and presentation to members regarding the overall position regarding COVID-19 and the Vaccination Programme in Highland.

<u>COVID-19 update as of 27 August 2021</u>

- The number of confirmed cases within Highland has seen a steep rise within June. There are currently 6,000 cases across Scotland with 200 cases in Highland.
- Trends show the number of cases has increased significantly with numbers almost doubling in some areas.
- Significantly, the number of deaths relative to cases of COVID is much lower than previously and the take up in vaccination is thought to be the key mitigating factor.

<u>Vaccination Update</u>

The Vaccination update shows a better story with very good percentage coverage by age group across Highland.

In response to questions, the following responses were provided:

- It was confirmed that vaccination is not 100% effective against the disease so people who have two vaccinations may still catch COVID but will generally experience a much

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milder form of the disease. Vaccination is also having a downward impact on transmission rates in the community.

- Data regarding hospitalisation rates for those double vaccinated is available at national level but data protection regulations may prevent this information being made public because it might be possible to infer patient identity. The Medical Director pointed to the most recent large study at Imperial College London which shows that those who have received both doses are three times less likely to catch Covid than those who have not.
- In relation to difficulties accessing a local PCR test, it was confirmed there is a capacity issue with PCR tests and whilst people will generally be directed to the nearest available facility this may be some distance away and there have been reports of some people travelling significant differences to get a test. Home delivery and pick up by courier is also an option for PCR tests. Good communication as to where and when mobile units are to be stationed is important.
- Plans are in place for an Autumn/Winter booster programme although it is not yet clear how the Influenza vaccine programme will fit into this. The JCVI has interim guidance on a COVID booster programme for the over 70s and vulnerable people but a final decision rests with Scottish Government. The Flu vaccine will be delivered mainly by GPs in Highland but there is a wait due to COVID planning and the matter of ordering vaccines. The vaccination supply is secure but there is a lot of work involved in maintaining supply levels. It was noted that Highland has the most complex vaccination programme in Scotland but is managing well.

The problems of getting a clear message across about the pressures in the system and the importance of using sources of help other than A&E including NHS 24, community pharmacies and minor injuries units were discussed:

- Multiple networks are involved and therefore working with partner organisations is key, for example, Fire and Rescue, the Police and employers.
- Different generations use different media to receive information and the Public Health Team is fully engaged with putting out the message to different media platforms.
- N Wright noted that GP practices had found a falloff in engagement with the under 65s (the majority working population) due in part to inflexibilities around working hours.

The Committee:
- Thanked E Smart and **NOTED** the report.

3.4 National Care Service Consultation (NCS)

The Chair noted the useful Development Session held recently on this topic. The importance of the proposals for a NCS could not be underestimated and today's discussion would be the Committee's opportunity to influence any response from NHS Highland and/or the HHSCP.

The Director of Adult Social Care spoke to the Scottish Government PowerPoint presentation circulated ahead of the meeting which outlines the basis for the public consultation on the proposed new service.

The presentation raised the following points and questions:

- There will be a massive change in legislation required. The plan is for the legislation to be passed within a year, with implementation of the NCS commencing by 2023 and fully implemented by the end of the current parliamentary term.
- It was noted that the scope and reach of the proposed NCS would entail significant change incorporating a number of areas formerly outwith the remit of the HHSCP such as Justice Services and Children's Social Care Services. Social Work governance may change significantly.
- The aim of the new service is to bring a national approach informed by local needs. An example of the changes includes the move from a local approach for care homes to an approach commissioned by the minister who may decide rates and allocations (it was noted that this will not be an easy balance).

- It was noted that a lot of detail is lacking at present, making it harder to comment on the proposals but that people should be encouraged to put their voices forward at individual and organisational levels in order to help shape the way in which the service is put into practice.
- The Chair noted that a large amount of effort will be required to influence the direction of travel and that this should be viewed as an opportunity as well as a risk, especially with Highland's rural and remote context.
- A clear process for agreeing how to implement any changes required as the proposals develop, both as organisations and a partnership will be required working with stakeholders and partners.

Key points from members' discussion of the Consultation Paper included:

- Lack of clarity around a number of issues including what the NCS means for GP contracts and services, whether the Health and Social Care Boards will employ staff providing services as well as planning and commissioning teams.
- Concerns about the scale of the task to manage integration of such a wide range of services which is likely to require dedicated teams and the resulting impact on staffing and finances.
- Problems with previous centralisation of services were noted, for example with Fire Service recruitment in remote and rural areas.
- It was affirmed that people with lived experience will be involved in the planning and the working approach of the NCS. A Social Covenant Steering Group has already been established at national level.
- The human rights and person centred ethos was welcomed as was the strengthening of community health links, but misgivings were voiced about how the sharing of information will be managed.
- The intention of the NCS is that local people are at the heart of decision making but it is not yet clear how this can work in practice if the minister is allocating budgets and making decisions to be enacted by the new NCS boards, this also raises questions about what role health boards and councils will play.
- The HHSCP does not currently have the structures and support in place to engage with users and carers to the full extent implied by the NCS proposals.

Caution was raised that, even though there has probably never been a better time to address the many issues of the Care sector, the workforce is exhausted from the experiences of the past year and a half and is now going into winter still dealing with the Covid pandemic and the flu season.

The Chair summarised the key themes raised in discussion:

1.) A need to be proactive in identifying opportunities as well as risks, and the need to influence the way in which the NCS is put into action, especially in terms of getting a voice heard for rural and remote communities.
2.) There is a need to continue with improving integration of health and social care while legislation is awaited, for example in the area of user and carer experience.
3.) The proposals raise a number of questions about how the HHSCP will manage responses when it is clearer what the direction of travel is.

After discussion, the Committee:	
- **NOTED** the Scottish Government presentation and invitation to contribute to the consultation.	
- **AGREED** the Chief Officer's report will include a regular update on the progress of the NCS and how the partnership is responding and considering changes at the local level.	

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3.5 Children's Services Report [PP. 15-22]

The Head of Service (Health) at Highland Council thanked the Chair and the committee for its acknowledgement of the hard work all staff across the Partnership continued to carry out and noted that she will pass this appreciation on to her team. She introduced the report, referencing a number of key points and noting the intention to provide a fuller assurance report to the next committee including performance data.

- Around 300 Highland Council staff deliver the commissioned service and have all responded well across the pandemic period. The establishment of a health leadership structure with clear lines of accountability is helping to create robust governance of and strengthened practice within the council.
- There is an established professional and clinical governance framework with risk management mechanisms to escalate matters to the NHS Highland Board via the HHSCC and Highland Council.
- Opportunity has been taken in the last 18 months to increase scrutiny of data and improve its collection for the purposes of improving outcomes for families.
- A lot of work is being carried out on workforce profiling, planning and development to ensure a workforce which is fit for purpose to assist families with better life outcomes.
- The past 18 months have seen an aggressive recruitment programme, including establishing advanced nurse training programmes. The vacancy rate has fallen sharply (to 5 or 8% across the disciplines), however Health Visiting is the one occupation on the risk register.
- 20% of the Health Visiting workforce is due to retire within the next 18 months meaning the loss of experience and knowledge of communities in addition to numbers on the ground.
- There are pressures around the Vaccine Transformation Programme. The team are working with NHS Highland on delivering the expanded Flu programme for secondary level school students (13,000 pupils and 5,000 teaching staff).
- The role of School Nursing service has changed since the introduction of the integration partnership with significant increase in demand for an immunisation programme, and this has impacted other areas of the service, especially for families who are vulnerable or at risk.
- The Transforming Nursing Role programme has been set up to assist School Nurses to focus on mental health and wellbeing within school communities and meeting the needs of care-experienced and vulnerable children and their families. This is an area of on-going work which continues to face pressure.

Two items of note absent from the report were mentioned:

- J Park recently met with T Ligema and S Amor to discuss plans for Performance Management over the next 6 months, to provide a minimum core data set, to determine additional assurance measures for the committee and partnership, as well as service improvement measures.
- In terms of finance and resources, since 2012, the focus has been on using an integrated budget to promote family health and life outcomes. The Care and Learning Service is currently being disaggregated to create an Education and Learning Service and a Health and Social Care Service. The budget for the latter is being examined in order to provide assurance to NHS Highland on use of the budget for delegated services.

In discussion, the following points and questions were raised:

<u>Recruitment and Retention of Workforce</u>

- With regard to the geographical distribution of the expected 20% retirement of the Health Visitor workforce there are challenges in the South and Mid Highland areas with regards to retirement and with Maternity Services in the South area.
- In relation to pathways for young people to enter the health and social care workforce, various initiatives to improve recruitment were outlined, including 'grow your own' to

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enable clinical support staff to take on nursing or AHP roles, joint working with Independent sector providers to recruit social care staff and fast track in-house traineeships. It was noted that school leavers tend to go into childcare or nursing rather than social care. It was agreed that further information about initiatives to encourage young people into health and social care roles along with any pre-university qualifications required would be provided outwith the meeting.

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- With regard to the MORSE system, this was being rolled out across community health and social care teams to improve information sharing and data collection.

COVID

- Noting that many services had continued during the pandemic, it was asked what work was not carried out. Services during the pandemic had been heavily influenced by guidance from Scottish Government in particular the Chief Nursing Officer. Maintaining child protection activity despite a reduction in core visits and the need to work remotely had been a priority. New technology solutions and fully utilising the skills of all staff had helped build capacity. However, undoubtedly parenting support has suffered.

Communications

- With regard to promotion of sources of advice and information for children and families such as the 'Just Ask' helpline, various methods including facebook, You Tube, leaflets and posters and signposting by community members were highlighted. The 'named person' contact is an important support for young people and able to connect young people with appropriate services. Community signposting is central, with leaflets and posters provided in key areas.

Cllr Munro noted that in response to Caithness Cares (the Caithness mental Wellbeing Pathfinder Project), a related project has been developed for Sutherland with Scottish Government funding for 15-26 year olds, focussed on looking and listening within communities. This initiative is due to roll out across Highland.

A full report on Children's Services will be available within 6 months, a minimum data set will be provided for the next committee in November.

After discussion, the Committee:	
- **NOTED** the terms of the report.	
- **NOTED** a full report on Children's Services will be available within 6 months, a minimum data set will be provided for the next committee in November.	
- Actions: To provide M Simpson outwith meeting with information on pre-university qualifications for those looking to work in Health and Social Care.	
- Actions: J Park will provide M Stevenson with links to support for vulnerable children and their supporters.	

3.6 Chief Officer's Report [PP. 23-30]

The Chief Officer provided an overview of the paper circulated prior to the meeting.

In discussion, the following areas were reviewed:

Day and Respite Care

- With regard to W Smith's question raised above (3.2), it was acknowledged that remobilisation of day and respite care still carries challenges.
- The Head of Service (Health and Social Care) noted that the pandemic had required a shift to a flexible model of support, with increased use of self-directed support to provide tailored support in communities, making use of buildings differently due to restrictions on numbers, with booking of space and specialist resources, e.g. for those with complex needs. Some support has been passed to independent providers, and there has been much online activity too.

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- Feedback is gathered from families on an individual basis, but the picture is mixed around Highland.
- W Smith reiterated her view that remobilisation from a service user perspective was very slow and inconsistent, with a lack of clear advice about direction, and that many families are without support.
- It was agreed that, as the January 2022 meeting has a commitment to discuss Day Services, an assurance report would be provided for Learning Disability Services.

North Coast Redesign

- It was noted that the North Coast Redesign project had been on-going for many years and concern was raised that the next meeting of the Highland Council would have all the necessary information available to enable decisions that would finally allow the project to proceed. L Bussell noted that the Care Hub is a standing item on the agenda for meetings of the North Coast Redesign Programme Board. L Bussell will update the committee and M Simpson after meetings to be held on 9th and 16th September.

Adult Social Care Fees

- Further discussion is required regarding the revised governance and assurance process and an update will be provided to the next meeting.

Care at Home

- With regard to the significant staffing pressures being experienced across the social care system various mitigating measures are in place to manage risks. Meetings have been held with those providers experiencing difficulties in delivering care packages and NHS Highland will provide support in hotspot areas

After discussion, the Committee:	
- **NOTED** the terms of the report.	
- **AGREED** the Chief Officer will update the committee and M Simpson on developments regarding the North Coast Redesign.	-
- **AGREED** that an assurance report would be provided for Learning Disability Services for the January 2022 meeting.	

4 HEALTH IMPROVEMENT

There were no matters discussed in relation to this Item.

5 COMMITTEE FUNCTION AND ADMINISTRATION

5.1 Review and Update of Annual Work Plan [PP. 31-32]

The revised work plan was circulated ahead of the meeting. The Annual Performance Report will be added.

The Committee
- **APPROVED** the revised Work Plan.

5.2 Committee Self-Assessment [PP. 33-40]

The Self-Assessment report was circulated ahead of the meeting. The Chair noted that:

- The content reflects previous discussions.
- Some of the actions are Board wide which will influence timescales for some actions included in the Committee's Action Plan.

The Committee
- **APPROVED** the Committee Self-assessment Action Plan.

DRAFT

5.3 Annual Review of Committee Terms of Reference [PP. 41-44]

An amended Committee Terms of Reference was circulated ahead of the meeting. The Chair noted a further amendment required:

- Due to the removal of subcommittees to the HHSCC the attendance of the Health and Safety Officer and the Occupational Health Manager is no longer a requirement.

The Committee	
- **AGREED** the revised Terms of Reference as amended, for submission to the Audit Committee and for approval by the Board.	

6 AOCB

- The Committee acknowledged Nicola Sinclair's contribution as a member of the committee and wished her well in her new role.
- Cllr David Fraser was welcomed to the membership of the Committee and gave a brief outline of his background in Adult Social Care both locally and in the wider Highland region.
- Tara French was welcomed to the Committee having recently started as Head of Strategy for the HHSCP.
- It was asked if Highland is likely to be affected with respect to recent reports in the press about limits being placed on blood tests in England due to a shortage of equipment.
- The Medical Director replied that Highland uses a different system to that used in England to carry out the majority of its blood tests and so is unaffected, however the labs are keeping an eye on this development.

7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 3rd November 2021** at **1pm** on a virtual basis.

The Meeting closed at 4.10 pm

DRAFT

Primary Care Modernisation Programme

October 2021

Scottish Government MoU2

- MoU2 published in September 2021
- Extending date of implementation of nGMS contract
- Advising 3 priority areas for 2021 & 2022
  - Pharmacotherapy – increasing clinical pharmacists and pharmacy technicians in General Practice
  - Vaccination transformation (VTP) – deadline set for transfer of vaccinations from GP practices by March 2022
  - Community treatment and care – establishing local nursing teams to support treatment room activities

Investment Plan

Workstream	Investment
Pharmacotherapy	£3,000,000
First Contact Physiotherapy	£550,000
Community Link Workers	£500,000
Mental Health	£1,000,000
Vaccination Transformation	£1,000,000
Community Care & Treatment	£750,000
Urgent Care	£750,000

Pharmacotherapy

per 5000 weighted patients

1WTE

- Reviewing input to practices
- Map pharmacotherapy activities (skill mix)
- Pharmacy technicians to be recruited to work alongside the clinical pharmacists
- Management of high-risk medicines and patients in place in many Highland practices
- Increase focus on long term condition management

First Contact Physiotherapy

49 practices in receipt of full service

(12 partial, 4 to be recruited to)

Very professional. She explained everything clearly to me & reassured me hugely. She dealt with my situation in a very holistic way

Very positive experience, delighted to have such a service locally. Practice is always friendly, helpful and efficient

I received an excellent consultation/examination, she explained the problem v. clearly and exercises and management plan established. Many thanks

...has been SO helpful. Having the ability to access physio via the GP surgery so much better than before

8 week cycle - 475 surveys returned

Overall FCP team average score = 4.8/5

Median overall average score = 4.5

Excellent service and good to have available in the health centre

Really good experience having never seen a physio before, feeling more positive and keen to try the pilates that is recommended

'Had previously used the service for a different issue and felt it really helped. Had no hesitation asking for help this time'

She was extremely helpful, made me feel at ease and listened to my concerns. Great advice and reassurance to continue with exercises and change some work patterns. Left feeling very positive

Community Link Worker

support in mind scotland

action for people affected by mental illness

Contract awarded (third sector)

29 practices in areas of higher levels of deprivation

Recruitment underway

Mental Health

Combined funding (£1m)

Primary Care Improvement Fund + Action 15

Team lead appointed

Active engagement with GP practices

Service model agreed

Band 6 & Band 3 nursing and support posts ➡ recruitment

Focus on triage and interventions

Cluster basis with weighting for deprivation

Vaccination Transformation

- MoU2 set timescale for transfer of activity from practices to Board (1 April 2022)
- Parliamentary approval of contractual changes to nGMS
- Flexibility to retain vaccination with practices **only** if there is no viable Board alternative
- Current position HHSCP
  - 14/65 practices have withdrawn from flu or delivering minimum commitment (as per contract temporary enhanced service)
  - 31/65 practices have withdrawn from Covid booster campaign – Board alternative clinics being put in place
- Vaccination programme team planning locality vaccination teams and what a phased transfer will entail

Work to progress

2022 Priority

Community care & treatment (CTAC)

Boards asked to consider whether VTP and CTAC resource can be combined – vaccination demand is not consistent across the year

2022/23 Priority

Urgent care

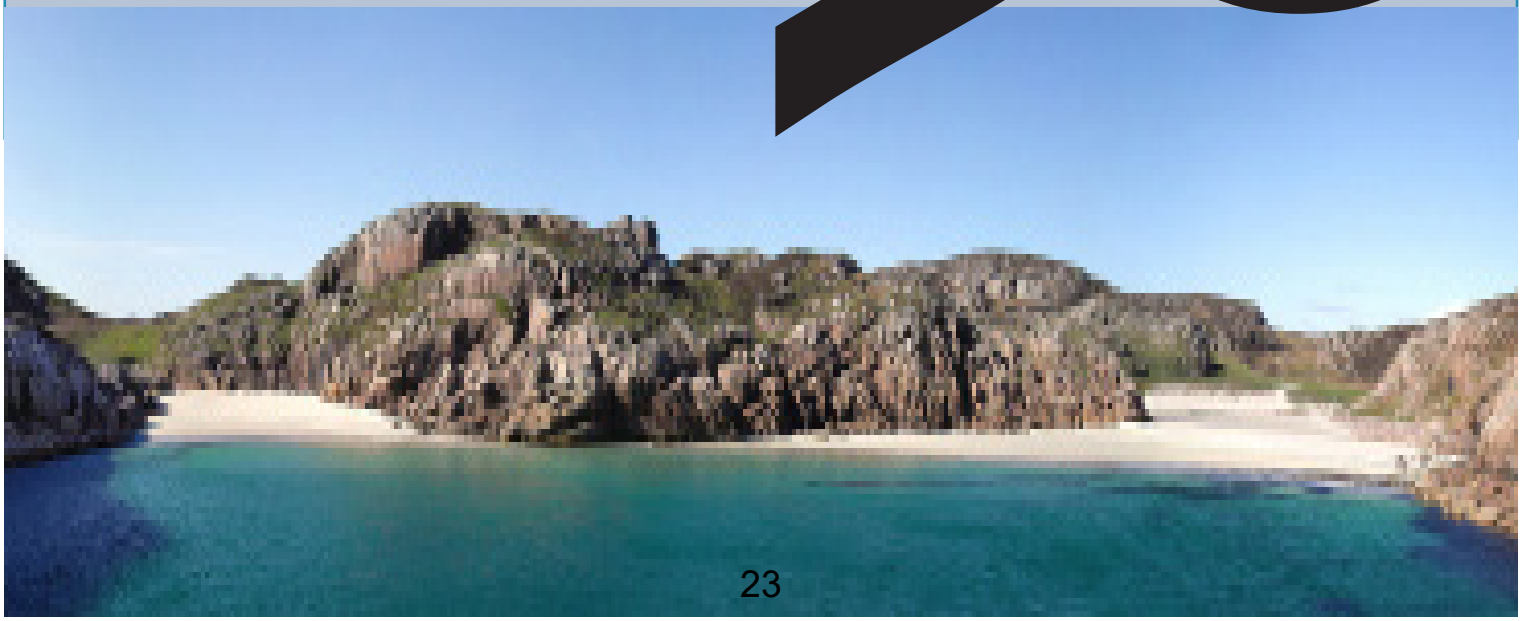
Board awaiting further direction from Scottish Government

To take account of national redesign of urgent care

NHS Highland

APR

Annual Performance Report 2020-21



APR Annual Performance Review

Introduction from Chief Officers, NHS Highland and The Highland Council

We welcome the opportunity to share our Annual Report setting out some of what we have achieved in 2020-21. The report provides us with a chance to share our achievements; reflecting on the impact of Covid-19 and to consider the challenges ahead.

Delivering the best possible health and social service together is at the very core of our business – we aim to be person-centred and are determined to make sure people's voices are heard and their needs are met. Everyone using our services, their families and carers, all staff and stakeholders are working hard together to improve the health and wellbeing of our local population.

Within the report you will see some examples of specific pieces of work which demonstrate positive change at a local level and improved outcomes for the population. Through the year we have also been working on our core governance by strengthening the partnership through updating the Integration Agreement and establishing our Joint Project Management Board.

We are proud of what we have achieved in 2020-21 whilst acknowledging the ongoing challenges for our communities and the need for ongoing service improvements. In these unparalleled times we have taken the opportunity to make decisions that we feel will impact positively on health and social care services in Highland.

Highlights included developing our Enhanced Community Service model in the Inverness area, bringing care as close to home as possible by changing the delivery of care and reducing the amount of time in hospital through development of local services.

During the troubling times of early lockdown we developed a rapid impact team to assist care teams when delivery of services was at risk due to limited staffing, and resources. This innovative model of care has been available across the vast Highland area, and are continuing to provide primary care support to patients and clients during the pandemic required different ways of delivering and supporting services.

Providing effective support for carers is central for those being cared for and our local communities. Providing the appropriate level of support is a key part of our locality planning.

Financially, the HHSCP position at month 12 showed an underspend of £2.984m of which £0.729m relates to Adult Social Care (ASC) and the balance being Health expenditure. This position includes Scottish Government funding which was provided in response to Covid-19 pressures.

Building on our developments and learning there are many opportunities for the future, not without challenge, but surmountable due to the excellent partnership approach of the communities of our local populations and service teams.

We would like to thank all of our colleagues for their help and support over the past year. With strong leadership, community participation and the support of our Partnership Board, we are confident that we will continue to strengthen our partnership governance to enable continued high quality service delivery as we move into the next stage of the pandemic and consider the way ahead.

Fiona Duncan, Executive Chief Officer, Health and Social Care, Highland Council

Louise Bussell, Chief Officer Highland Health and Social Care Partnership

Introduction

This annual report for 2020-21 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 confidence, capability and resilience, to fully maximise their potential, ensuring our children are 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, voluntary and independent organisations.

2020-21 saw extraordinary challenges around growing demand for services, workforce pressures and finances and the Covid-19 pandemic. 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 Covid-19 pandemic, and following the publication of the Feeley report.

These pressures however, did not prevent us from delivering high quality services. 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 Covid-19 environment, to better support Carers, developing and extending home based care options and working with Highland communities to develop more local, community based provision and support.

Successes

This year has been challenging because of Covid-19, but we worked hard to provide excellent health and social care services for our people. There are areas where performance has been positive and innovative which we aim to maintain. In those areas where there is work still to be done we are planning our next steps. These are some of the areas that we feel have been particularly positive:

- We are focused on improving health and wellbeing as well as delivering high quality care for the people of Highland.
- We have applied resource to specific areas for improvement and change and these initiatives such as the Enhanced Community Service Pilot in Inverness, are helping to support the national health and wellbeing outcomes by which we are measured. As the Pilot develops through this year we are keen to strengthen this approach further afield.
- The engagement of all staff, volunteers and partners has been vital to the planning, developing and implementing of our Covid-19 response and we work hard to maintain positive relationships.

Much redesign activity has been around community based services to build community capacity and further develop an anticipatory and preventative approach to care. It is likely to be a number of years before we see the full impact of these changes.

Challenges and Opportunities

This year brought about challenges of an unprecedented scale and pace of change. How to make long term shifts towards prevention in the face of immediate pressures from the changes brought about by Covid-19 was a major challenge in our partnership. This however was balanced by our agility and having good relationships, to enable positive change. Within this report you will see evidence of this.
The commitment of staff and communities is unquestionable which resulted in an many successes, albeit with work still to be done.

Executive Summary

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

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 2020-21 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 2020-21 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, recognising the unprecedented impact, challenges and opportunities of Covid-19. It also demonstrates some of the challenges for the Health and Social Care Partnership (HSCP) and highlights the significant changes that will take place to shape services that respond to future need.

In Highland in 2020-21 our main aim during the pandemic was to maintain and deliver our wide range of health and social care services for our population, with investment made to either continue or commence development of service improvements. Additionally our aim has been to strengthen our governance arrangements within the Partnership through review of the Integration Agreement.
For NHS staff, a key aim was to develop our action plan for our Culture Fit for the Future, making Highland a great place to work and to improve sustainable and resilient services. Financially, our drive was to recover our financial position.

Financially, the HHSCP position at month 12 showed an underspend of £2.984m of which £0.729m relates to ASC and the balance being Health expenditure.

Going forward, work will continue to improve services whilst focusing on the financial position.

All of these components co-exist and as we move forward we will seek to continue to build on this good work, evolving through the identification of local needs with the aim of building sustainable high quality services.

This is a review of what we faced in 2020-21, and what we learned.

Strategic Background

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 an opportunity to reflect on 2020-21 and the resilience of our workforce and partners in delivering services during the pandemic. It is also a chance to reflect on the key learning and ways we can develop, and to appreciate the presented opportunities.

Highland 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. Outside 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 majority 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. With similar reporting arrangements, Childrens services are delivered with the Highland Council acting as lead agency.

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.

In 2021-22 work continues in the Integration Scheme review and also in considering the impact of the Independent Review of Adult Social Care (Feeley Review) and the introduction of the UN Rights of a Child Act. These could affect our service delivery and also in how we report our performance in the future.

Improvement Programmes currently underway in Highland include:

- Modernisation of Primary Care
- Redesigning Mental Health
- Redesigning Unscheduled Care
- Investing in Acute and Community Care Hospitals e.g National Treatment Centre, Badenoch & Strathspey and Boradford Hospitals

- Transforming Adult Social Care
- Review of Childrens' services in line with UN Rights of a Child

All of these components co-exist and as we move forward we will seek to build on this good work, evolving through the identification of local needs with the aim of building high class sustainable services.

Highland tends to have a health profile that is higher than the Scottish national average. E.g.:

- above average educational attainment, employment, income
- below average crime, homelessness, alcohol-related mortality and hospital admissions
- average smoking rates
- health condition prevalence rates that are similar to, and often lower than, the national average; some emergency hospital admission rates that are higher than elsewhere in Scotland?
- geographical challenges in providing equal access to services: Low wage rates, high fuel poverty, higher numbers of older people, Recruitment challenges.

Case Study 1.

- Respective risks very difficult (occasionally impossible) to calibrate
- Seeking to support adults mental health in new ways – and coping with the impact on relationship based practice of social distancing and Personal Protective Equipment (PPE)
- Seeking to support carers with many respite services in lockdown
- Ongoing (increasing) impact on the health and well-being of adults with mental illness
- Care Homes: maintaining warm, homely environs with the impact of necessary Infection Prevention Control (IPC).
- Maintaining good communication with dispersed workforce
- Supplying PPE and Testing routes for staff
- Working with partners in new and unfamiliar ways with unprecedented risk situations.

What went well

- Staff, service users and carers working flexibly to promote welfare at almost every level: including taking on greater workloads etc
- Increased flexibility and choice for people who access self directed support services under Options 1 and 2
- Light touch monitoring of budgets under Options 1 and 2; no monies withheld although aware of some changes to PAs, etc
- Staff (across all disciplines) were cohesive and focused on a common goal
- New organisational links have been made
- Staff demonstrated bravery and commitment to provide services in spite of risks
- Streamlined processes used to expedite valued outcomes: e.g. processes fast-tracked to facilitate discharges from Hospital
- Enormous effort targeted at setting up logistical routes for PPE and Testing etc.
- Remote working and virtual meetings quickly established.
- Unnecessary bureaucracy was often successfully challenged
- Work with voluntary sector and strengthened community spirit
-

Opportunities for Development

- Traditional service models have to change; this provides us with an opportunity to reconsider our services and how we make best use of resources
- The use of technology to maintain links with service users, carers and professionals needs to be both consolidated and accelerated to improve service provision
- Thinking about how to deliver personal outcomes in a wider variety of ways that was already required as part of our demographic challenge
- A consensus regarding the need to prioritise 'Services to Carers' should be helpful in fast-tracking new responses to meeting need in this area

Responses

Rapid responses

25 care staff were recruited by NHS Highland to complement existing, reassigned staff (mainly from the Mackenzie Centre) to form a Care Response Team. Taken together the Team had a deployable – hands-on – capacity of 30 individuals. It was formed to provide an effective response in situations where Care Services were impacted by Covid-19.

The team has played an important role from the beginning of May 2020 in supporting a Care Home for Older Adults in Portree where Covid-19 was having a severe negative impact.
Members of the team have also been able to provide valuable support to other Care Homes where staffing had been significantly compromised by Covid – albeit they were not "outbreak sites".

Care at Home

Delivery of Adult Social Care during the pandemic.

At the outset of the pandemic, established and regular discussions were held with all providers to assess risk regarding service sustainability. Risk registers were collated centrally. A Partnership approach was taken to collate information on levels of care delivery and staffing resource. Collaborative planning to enable full oversight of critical care needs and staffing levels, in order that should there be a need, we could pool staff (from local providers and in-house services) and service user runs to ensure service continuity.

A complete staffing resource was compiled which showed the level of staffing across the whole area and the level of staff absence at which we would reach critical point in service provision. This data was shared with the Workforce Resource Centre and the NHS Volunteer manager, who were tasked with fast tracking new recruits, redeployed staff and NHS volunteers in order that we had access to a back-up workforce and volunteers who could step in to support in areas outside personal care. Tasks such as food and medication, deliveries, support, phone calls etc could be undertaken by voluntary supports.

Additionally, in each local area, we identified existing local charities and voluntary groups who could be called upon to support the local community.

Staffing levels across organisations reduced in the first two weeks of the lockdown with many self-isolating. By week 3 this had slowed and we saw the majority of staff back to work. Staffing has remained within our normal ability to resolve, and to date we have not had to use any of the additional staffing resources as detailed above. Local providers have teamed up with voluntary organisations to ensure meals deliveries in some areas.

Support Services

The support sector has adapted well to the challenges of Covid-19 and continued to deliver and maintain services for people with a learning disability and mental health issues in Highland. The sector has been meeting regularly with the Head of Service: Learning Disabilities and Autism in a huddle arranged to flag issues with regards to service delivery, PPE, and any other emerging issues. In addition, regular meetings with individual providers have been held in order to provide additional support and oversight of services.

Since the onset of Covid-19, there has been an expectation that providers would maintain regular contact with every person that they support even if they have ceased their support for a short period. Providers were expected to complete and submit notification of change of support forms for every individual they support where a change has been made. In addition, a RAG status was set up for every person with a Learning Disability that we know in Highland which involved provider support for monitoring and overseeing. These support mechanisms have been successful in flagging any emerging issues, maintaining stability in the service and enabling a quick response to any escalation of issues.

Care Homes

The Care Home Oversight Group was set up following guidance issued by the Scottish Government on 16 May 2020, as a result of the impact of the pandemic on Care Homes and in addition to the Social Work focus, added a requirement that Public Health and Nursing should also form part of that oversight group.

As such the Care Home Oversight Group includes representatives from all disciplines and considers issues on a fortnightly basis. To be responsive this was increased to weekly where required. Operational meetings in terms of care homes operate as above. Safety Huddles consider each Care Home in Highland individually and report on relevant issues in terms of safe service delivery being primarily PPE, Staffing and Covid status.

The above oversight meetings provide a safe and robust process for the continuing delivery of adult social care services during the pandemic.

The broad functional areas covered at these meetings have been significant. There has been an enormous amount of guidance issued by the Government since the pandemic was announced and that guidance has led to the issuing of assurance reports by NHS Highland to Government and the preparation of guidance to the sector in relation to various matters, most significantly being guidance in relation to Infection, Prevention and Control measures and more specifically the use and availability of PPE and the testing regime in place.

Day Services

NHSH currently commissions Day Care services from 13 independent sector providers, 9 on a block purchase basis and 7 on a spot purchase basis, at a cost of approximately £1.5m.

NHSH wrote to providers on 1 April 2020 to provide reassurance that contracts which were due to end on 31 March 2021 would continue on current terms and payment levels until at least 30 June 2021, pending approval of fee rates for the financial year 2020-21.

NHSH agreed to uplift current fee rates by 3.3% (total cost now approximately £1.65m) in line with Scottish Government expectations, with the increase backdated to 1 April 2020, subject to providers signing their variation to contract, with funding levels reverting to 2019/2020 rates in the event of non-signing. This was communicated to providers during June 2020, with updated contractual documentation enclosed. Providers are now progressing the signing of the documentation.

It is highlighted, that due to Covid-19, the majority of day care providers have had to close their service with many establishing alternative means of delivering some form of service to their clients. NHSH has agreed to continue to make payment to providers, in accordance with their contractual terms and conditions during this time.

Other day and carers services have sought to creatively reassign their resources so that carers and service users receive some form support within the confines of lockdown; and a variety of new routes have been found to provide assistance. We have also streamlined our Assessment and Approval processes to seek to ensure that there are no unnecessary delays in people accessing appropriate support and to ensure increased flexibility of response during this time.

Services to carers

Carer Services adapted during Covid by supporting Carers to complete emergency plans and by undertaking mini adult Carer & young Carer plans that ascertained the best support for Carers during Covid. They offered a range of services either by phone, via Zoom or as newsletters which ensured that although no face to face contact was available workers were still available to offer advice and support to Carers.

There was also a selection of training provided on mindfulness, first aid as well as aspects of training related to specific conditions (such as Parkinsons and Alzheimer's). Craft boxes were sent out as short break opportunities for Carers and to stimulate the people they care for. Regular informal group chats were available via social media forums, all creative solutions that ensured Carers had access to support tailored to meet their own individual needs when Carer services were not directly accessible.

Integrated Services

NHSH developed practice guidance in

response to the Coronavirus 2020 Act. This allowed teams to undertake partial assessments and the guidance laid out the variations that this meant in practice in terms of service provision and charging for services. The guidance had cognisance of the impact on the supported person and carers. It also reduced bureaucracy for professionals. The guidance was also explicit that there was no variation in duties in relation to Adult Support and Protection and incorporated some guidance to support discharge from hospital taking account of the Adults with Incapacity principles but recognising the challenges when a legal order was not in place.

Remobilisation Planning

Service Remobilisation Plan
The Adult Social Care Remobilisation Plan describes a framework where the work we do (our activities and outputs) to reshape and restart our services is translated into positive outcomes for service-users and carers. This is the work that will support our "Phased Approach" to restarting services.

Short term service remobilisation plans will be prioritised for resetting of day care and respite, providing support to carers (including providing alternative types of Short Break) and to resume full, functional care assessments.

- Care Planning at a personal level is revisited to ensure personal outcomes are delivered safely and sustainably for those in greatest need
- Carers under greatest pressure have their needs assessed and care plans reshaped
- Service users and carers are actively engaged - at a service level to describe how they see their needs and outcomes being met in "Covid-proof" ways
- Necessary "in-person" services are delivered at a physical distance
- The efficacy of our service delivery strategies are reconsidered in the light of the COVID environment
- All 'in-person' service reconfiguration is fully informed by Infection and Prevention Control Good Practice

National Health and Wellbeing Outcomes

Indicator	Description
1	People are able to look after and improve their own health, wellbeing and live in good health for longer.
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.
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5	Health and social care services contribute to reducing health inequalities.
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.
7	People using Health and social care services are safe from harm.
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.
9	Resources are used effectively and efficiently in the provision of health and social care services.

The National Health and Wellbeing Outcomes are the Scottish Government's high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care. These outcomes provide a strategic framework for the planning and delivery of health and social care services. They focus on the experiences and quality of services for people using these services, carers and their families.

The following pages provide an assessment of our performance against these outcomes; and against agreed core national integration indicators linked to these outcomes. The core integration indicators provide an indication of progress towards the outcomes that can be compared across Partnerships and described at a national level over the longer term.

Performance against the National Health and Wellbeing Outcomes

Performance against each of the National Health and Wellbeing Outcomes and associated National Performance Indicators is detailed in the following pages. Where relevant, performance against associated Local Performance Indicators is Walso provided. The extent to which implementation of the Plan is contributing towards meeting the National Health and Wellbeing Outcomes is noted below with each associated action cross referenced within the footnotes. Comparison is also made with the initial 2015-16 baseline figure.

National Health and Wellbeing Indicators

An associated core suite of 23 National Performance Indicators has been developed,

drawing together measures that were felt to evidence the 9 National Health and Wellbeing Outcomes. In addition, there are 2 Childrens Outcomes. Of the 23 indicators, 14 evidence the operational performance of Highland Health and Social Care - with the data provided by the NHS Information Services Division (ISD). The data for the remaining 9 indicators is taken from responses from the Scottish Government's biennial Scottish Health and Care Experience Survey.

Currently there is a national and local review of the performance management framework and outcomes.

Outcome 1

People are able to look after and improve their own health, 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.

The 2019/20 Biennial Survey results showed 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.

To support our strategic outcome 'more people will live well in their communities', we are committed to growing community capacity that focuses on early intervention and a preventative approach.

Our approach is to provide care, based on co-production principles, developing new community driven models of care, and to help people maintain their independence wherever possible.

Our relationship with the Third Sector will support us to continue the development of a Highland based third sector network focused on health and wellbeing in our communities.

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. 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 was 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.

Addressing unscheduled care was a key driver of the national Redesign of Unscheduled Care programme for 2020-21. In December we introduced the Flow Navigation Centre which helps to triage emergency calls and provide the most appropriate emergency care and sometime avoid the need to attend A&E. This is run in partnership with NHS24 and other national bodies.

The percentage of people aged 65 or over with long term care needs receiving personal care at home has increased year on year to 92%.

The proportion of people who spend the last 6 months of life at home or in a community setting (92%) has increased over the past year and higher than the national average of 89%.

Example: Care at Home (CAH)

The pandemic placed significant pressure on all parts of the care sector, including care at home. The stressors for both In-House and commissioned providers of maintaining standards while addressing supply and flow issues around PPE, fluid and fast changing guidance, reporting requirements and testing, were challenging. Nevertheless, there was remarkable commitment, contribution and care provided, by all, in this extremely challenging environment.

All care at home services quickly responded to the pandemic and adapted their contingency plans to reflect current and projected needs. By identifying high priority situations the service was able to maintain a consistent support to those most vulnerable or at risk in the community.

Initial challenges in relation to PPE were addressed and teams were given extra input in relation to infection prevention control. Care at home staff displayed flexibility and professionalism and this approach assisted to keep the people they support and staff safe.

There is a need to have sustainable and available care at home capacity to assist with the discharge flow from hospital to home, and to prevent unnecessary hospital and care home admissions. Care at home capacity is sometimes only available where providers have additional capacity; this is not always at the volume or locations required across an urban, rural and remote dispersed geographical area such as Highland.

CAH Commissioned Services

It is clear that the previous commissioning approach has not delivered the necessary capacity improvements anticipated. In remote and rural areas there has been very little expansion from independent sector providers into remote/ rural areas whereas there has been significant growth in urban and some rural areas.

In order to have sustainable care at home services available, there is still a need to commission the necessary capacity in the locations required and there is a requirement on the part of NHS Highland to encourage a range of providers to areas where additional capacity is still required. NHS Highland continues to commission high volumes of care at home from the independent sector; In house services remain in many areas, including North and West Highland.

Specialist services have been set up in Inverness such as the Enhanced Responder Service (ERS) and Overnight Service (SOS) to assist with flow from hospital and work is progressing in the North Area (Caithness and Sutherland) around service redesign for in house services. A number of block purchase commitments have been made to continue to support service certainty and improve flow.

The care at home sector adapted well to the challenges of the pandemic and continued to deliver services without significant disruption. This is testament to the commitment of our valued partners in delivering care. Several care providers have expanded their operations quickly and efficiently with demonstrable growth seen alongside the support of discharge and flow from hospitals during the pandemic.

The current contract with our external care providers was extended for a year in March 21 and there is an opportunity to review our approach, take learning from Covid and also of experiences of services such as the Enhanced Responder Services (ERS) and Overnight Service (SOS).

CAH In-House Services

Recruitment to care at home teams remain challenging within remote and rural areas and this is reflected in redesign proposals where job roles allow and encourage flexibility across services.

As with many services the ability for staff to attend face to face training was significantly affected and this has resulted in the need for extra focus in this area. A recent training needs analysis identified priority areas and plans are in place to address the shortfalls.

The teams have demonstrated further how critical their role is in supporting communities to remain safe within their home environment. Their dedication to continue to provide a high standard of support for everyone is notable.

CAH Business Process Payment Improvement

We transitioned to our new payment arrangements which were warmly welcomed by our partners during December 2020.

Before Covid, we paid all care at home providers in arrears. Now we pay in advance which has sustained short term cash flow, introduced flexibility within our system, secured a level of payment for care delivery and an agreed known and understood payment timetable for all providers. This enabling step is intended to assist providers but it does not resolve the need for service level certainty and to have available capacity when required.

Through the period we worked in improving patient flow by reducing delayed hospital discharges and through additional surge capacity provision and ensuring continuity of social and community care.
Our staff were committed in supporting people to remain at home.

Carers

Support services to carers were increasingly important due to the ongoing impact of Covid-19. This was manifest in the suspension of many Day and Respite Services which has significantly reduced the short-breaks available to carers to support them in their role.

The Highland Carers Improvement Group agreed that interim services for carers should be sought which could demonstrate that they

can provide a significant impact in one, or more, of the following areas:

- Provide highly reactive supports to help carers at times of particular stress
- Link carers to their local communities and the sources of support they contain
- Prevent carer breakdown and obviate the need for more formal services to the cared for person (including admission to residential care or hospital);
- Support carers when the person they care for is being discharged from hospital;
- Offer a range of planned and 'Covid-proof' short-break alternatives which are attractive and/or acceptable to both carers and the cared-for person;
- Provide carers with the practical skills they need to manage their caring role; and
- Provide information and advice for carers that allow them to make informed choices about their role and supports decision making in line with Self-Directed Support principles.

A Carers Services Project Team was quickly brought together to structure a bidding process for Carers services/projects which were considered capable of mitigating the impact of Covid-19. Its work included:
Structuring an open invitation of bids
Setting out the parameters for applications, including evaluation criteria.
Working to an identified Implementation Budget (of which £250,000 of the earmarked £400,000k was deployed).

This work was undertaken to complement the ongoing work to identify a fully costed Carers Programme to develop good local services for carers which include; information, advice, completion of Adult Carer Support Plans and, crucially, a greater number and variety of short break opportunities.

Currently we have a great deal of work still to do to provide the tangible supports for carers that we know they need; however with the completion of our Strategy and the work to tender for services for carers that journey is now well underway.

Example: Pharmacotherapy

This service has been introduced as part of transforming primary care, to aid GP practices to support the implementation of serial prescriptions. This has helped to improve convenience and access for patients with long term prescriptions, whilst reducing footfall into practices and being more efficient for healthcare staff.

Some experiences and comments:

"Pharmacotherapy: This workstream is generally going very well. GPs and patients are benefiting hugely from this service. The cooperative activity here is an exemplar of a healthy partnership between Board officials (Director of Pharmacy/Lead Pharmacist) and GP Sub representatives"

Extract from letter from LMC to Assoc. Medical Director and Deputy Chief Exec re Primary Care Improvement Plan

One of the GP trainees just gave me some positive feedback re medines received I did on XXXX.

"I had flagged incidental finding of ?hyperthyroidism and she's now being further investigated (and they think it could have contributed to her recent NSTEMI). Apparently it was a good catch as had not been picked up in hospital and, as not mentioned in IDL, then GPs wouldn't have been aware of the abnormal result"

Feedback from pharmacist re feedback she received from GP

"The Drs have been really impressed with XX. She's fitted in really well with all our staff. She's very positive, gets on with the work, and really proactive. They're finally really feeling like their workload has decreased. I've heard them comment that they've gone to do scripts and XX has already beaten them to it"

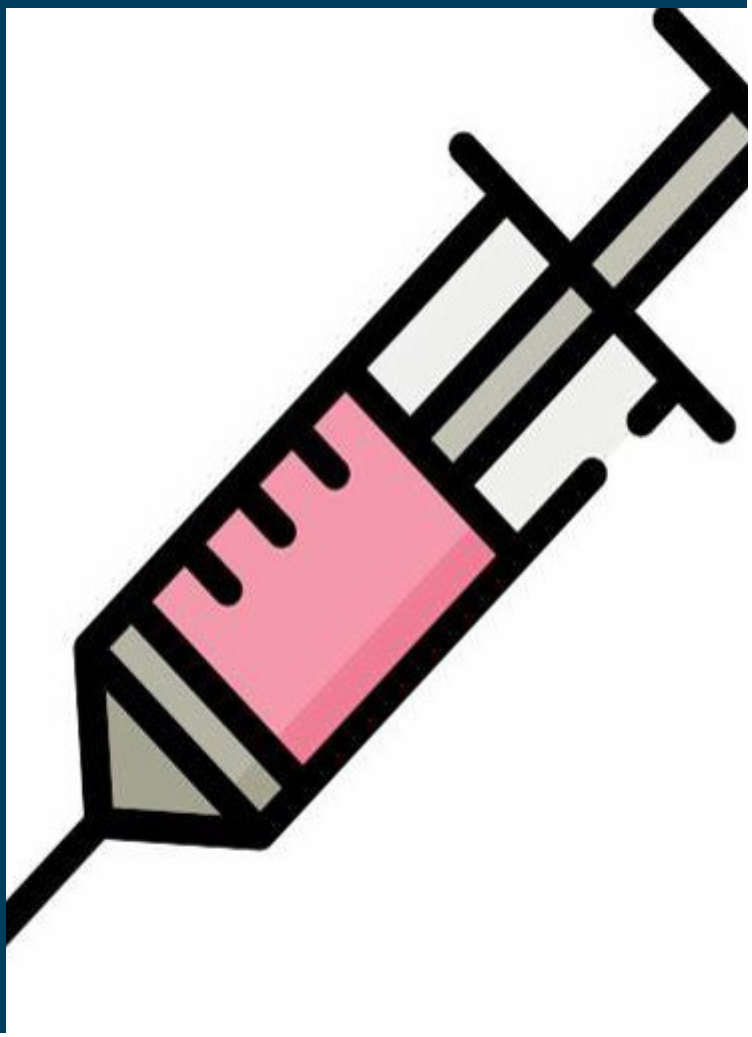
Feedback from Practice Manager re practice pharmacist

"I just wanted to say a huge Thank You to the pharmacy team. Sadly I didn't catch a name but one female was a huge help in particular. I called on Tuesday to ask about a complicated Prescription repeat to England and I received the best service. The member of staff was polite and went out of her way to help me at what I know must be a very busy time. I am so grateful, please pass on my thanks"

Feedback from patient re pharmacy technician

"So far XX has done a brilliant job in reducing several patients meds who were overtreated and switching to formulary alternatives etc., and patient satisfaction has been subjectively very good!"

Feedback from GP re pharmacist medication reviews



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. Other indicators such as enablement and self-directed support are also relevant.
Overall there was a decline in performance in these areas in 2019-20. The percentage of people rating the care provided by their GP practice as 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 and in 2020-21 primary care services were a key element of our Covid-19 response.

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.

"75% of adults are supported at home agreed that they had a say in their help, care or support, which is a slight decrease from previous years. The national average is 75%"

"80% of adults receiving care or support rated it as good or excellent. That's comparable to previous years. The national average is 83%"

Example: **First Contact Physiotherapy Service NHS North Highland**

As part of the Primary Care Modernisation Improvement Plan, the FCP service provides fast access to expert physiotherapists for musculoskeletal (MSK) assessment/opinion in the general practice setting.
From its creation in May 2019, this service benefitted from all partners having a joint sense of purpose and a commitment to create a culture of collaboration. This commitment laid the foundations of the group, forming strong working relationships and governance based on honesty, trust and openness. Fuelled by regular communication this approach underpinned the planning and implementation stages of the service. The work stream was fully supported by AHP leadership, GPs, practice managers, e-health facilitators, primary care modernisation project manager, human resources, staff side representatives and FCP clinical leads.

By moving the MSK pathway upstream into the practice setting, the service transformed how patients access MSK Physiotherapy. Without the need to see the GP first, patients can now be assessed, diagnosed and treated, often without the need for onward referral. This helps promote earlier self management of acute conditions and adds to the prevention of and management of longer term MSK conditions. Current MSK Physiotherapists were able to progress into Advanced Practitioner roles, developing new skills and embracing the opportunities to learn from and share knowledge with new colleagues in the wider GP setting. Joining up patient care with shared records and timely case discussions also became a welcome reality, with the Physiotherapists feeling their contribution being more timely and of recognised value for patients' care.

Implementation of a service is never in isolation. Pragmatic solutions were sought to meet the challenges of delivering this service to practices across the unique geography of NHS North Highland. Individual practice and population needs as well as clinician availability meant a significant degree of flexibility was required. The concurrent service redesign within Physiotherapy added further complexity and introduced additional and particular challenges around staff movement and recruitment.

A recent patient survey using the validated CARE survey measure reflects a high positive patient experience of their consultations and in how easily they can now access MSK Physiotherapy. Below is a selection of their comments.

Full quantative evaluation of the service has been interrupted by the response to the pandemic however some limited interim data is encouraging.

Two years on the FCP service continues to evolve. The original implementation group continues to find mutually agreeable solutions to the inevitable challenges that delivering this service brings. This is a major factor in it success so far and will be integral to ensure the FCP service is fit for the future MSK needs of our communities in North Highland.

FIRST CONTACT PHYSIOTHERAPY SERVICE NHS NORTH – CARE MEASURE PATIENT EXPERIENCE SURVEY

Due to a variety of ongoing pandemic adaptations within practices, the group recognise the following limitations that may affect the data and the ability to collect it:
Potential bias with handing survey out directly to patients, where they filled it in and who/how they returned it.

- Potential bias with positive patient selection
- Impact of PPE on effective communication, facial expression and non verbal communication
- Smaller practices with infrequent clinic delivery affected the ability to reach required volume of patients using the tool
- Anonymity in smaller communities

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.

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.

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.

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.

Example:

The Government requested more 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 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.

A Project Team was set up involving social work, nursing, public health, infection, prevention and control, and allied health professional colleagues.

Assurance visits commenced in February 2021. All 69 care homes in Highland received a quality assurance visit, and any support areas identified as part of the visit have been followed up during 2021-22.

The majority of co-morbidity of physical and mental illness in acute hospitals affecting older people is due to three disorders:

- dementia
- depression
- delirium.

These conditions are a predictor of increased length of stay.

Mental Health

We developed our improvement plans during the year reflecting on the impact of delivering services in a Covid-19 setting. to provide opportunities for better promotion, prevention

and early intervention in mental health while creating more responsive and effective services for people with mental health problems.

Multi Outcomes Case study Enhanced Community Care Services in Inverness Area

NHS Highland's strategy during 2020-21 was to sustain and accelerate the Covid-19 related shift in the balance of care from acute to community services and to deliver acute care in the community where appropriate.
This would enhance our ability to:

- deliver care and support closer to homes;
- reduce unnecessary admission to acute settings; and
- enhance patient outcomes in line with the principles of realistic medicine.

Funding was provided by Scottish Government in Sept 20, to support Enhanced Care in the Inverness area initially, as this would test the proof of concept and also positively affect the greatest number of patients and client who live in the greater Inverness area. The intention is to rollout the model of care across Highland, if funding is available from 2021-22.

Individual Workstreams include:

- Expansion in community nursing, AHP and social care provision with enhanced teams
- As part of the Inverness pilot we have used additional Scot Govt funding to support 9 posts in nursing and AHP for anticipatory planning / OOH support / evening district nursing support in Inverness area - some B&S and Nairn developments. We established a Covid (rapid) response team to include nursing and ASC support during 20-21. This helped over2 patients per week to be discharged earlier - 20 in total Oct to Dec. This service is being developed increase these numbers.
- HomeFirst (treating people at home) helped 2-3 patients per week - 31 in total from Oct to Dec, with an AHP test of change underway.
- The new Coordination Hub led to no Care at Home waits in Inverness, but some future capacity issues are likely e.g. due to winter pressures and sustainability of services.
- Anticipatory Care - This service is facilitating the early identification of a crisis in the community to enable us provide a step up community bed or palliative care, in order to keep people out of hospital when appropriate. At least 4 admissions avoided and 1 appropriate admission per week with 36 patients assisted Oct to Dec.
- The plan, if funding is available, is to roll out the pilot across North Highland from 2021-22. The new bid will include 5 additional nursing posts.
- Enhancing Out of Hours and Primary Care Emergency Centre (PCEC) staffing.

This is linked with the existing OOH care programme as part of our USC redesign.

Another aim is to expand palliative end of life care provision. This work is under development and will dovetail with the Coordination Hub service, with the partnership of Highland Hospice.

The Pilot is also looking at redesign of our Community Assets:

- Re-configure community hospitals as step-up facilities (not step-down)
- We have invested in staff (nurse and AHPs and medical) to enable a community response service to crises and to provide more effective and timely decision making if hospital or home required. 4 beds have been allocated at the Royal Northern Infirmary for this service and since November it has helped to provide rapid response and reduce acute hospital admissions.
- We are looking to develop this service across North Highland in 2021-22, if funding is available.
- Re-configure NHS Highland care homes as

advanced care facilities
- This was not in the bid, and is part of the strategic ASC redesign. It is likely that there will be a nursing resourcing requirement
- Permanently align Care Homes, Community Hospitals and Care at Home services to GP Practices. During 20-21 GPs have aligned to Care Homes as part of the Inverness trial
- Create Community Diagnostic and Treatment Centre in the community

This is a future intention, should funding be available. This will enable more local and agile diagnostic and treatment provision.

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. The premature mortality rate in Highland is lower than the National average.

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.

Engagement

NHS Highland supported care homes and care home providers 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) for all adult social care providers in Highland
- 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.

NHS Highland continues to support care homes and care home providers and following input, the engagement approach with care homes was reviewed to ensure that our contact continues to meet provider and NHSH needs.

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.

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 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.

The Biennial Survey, which asked this specific question of carers, has been used in the past, but is no longer part of the survey. A review of alternative performance information is programmed for the 1st 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.

Self-Directed Support

Work is gathering momentum to develop a Highland Self Directed Support (SDS) Strategy. It is being taken forward collaboratively with people with lived experience, unpaid carers, a number of representative groups including Partners in Policymaking, SDS Scotland, SWS Scotland, Community Connections (locally funded SIRD organisation), service providers, social work staff and managers (among others).

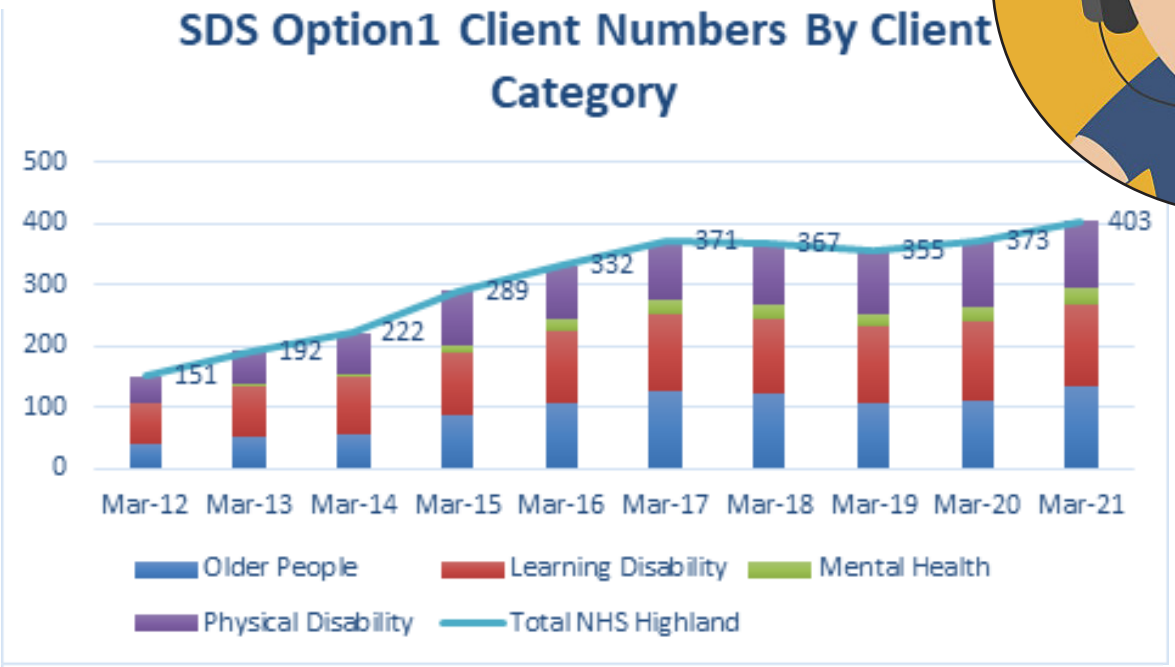
The work on the development of the strategy is being informed by the SDS Change Map, the SDS Standards and the Independent Review into Adult Social Care. Crucially however we are aiming to ensure it will also be shaped by a wide ranging and in-depth engagement and consultation process. Underpinning the work is recognition of the need to address cultural and service change. With the publication of both the SDS Standards and the Independent Review, we believe the timing is absolutely right to progress this important area of work within NHS (North) Highland.

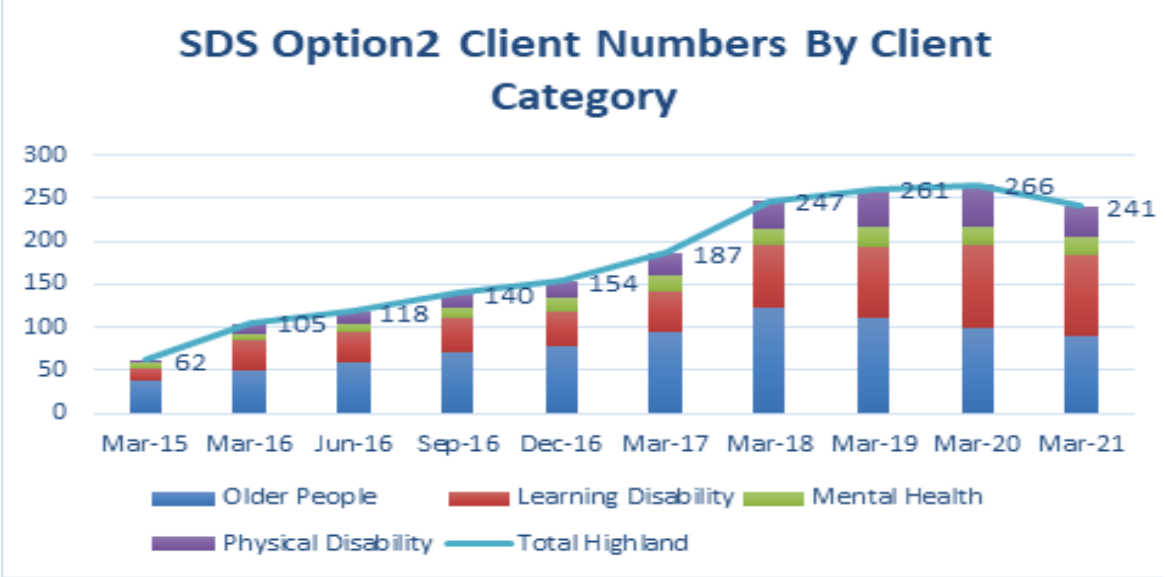
The four options of Self Directed Support are available to any adult who has been assessed as requiring social care support. An outcomes-based assessment can be requested from any NHS Highland Integrated District Team. A personal, outcomes-focused assessment will be completed jointly by the person in partnership with one or more professionals to determine support requirements, with the aim of adopting a strengths-based approach to meeting identified outcomes and considering eligibility for assistance with care and support needs where required. 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 six years as demonstrated at Charts 2 and 3 below, albeit there has been a slight decrease in the number of Options 2s within the past year specifically due to one provider ceasing to provide services which were replaced by an Option 3 traditional service delivery model. We recognise, in keeping with the national picture and the development of SDS Standards, that change is required at a transformational level to ensure more consistent practice in terms of adopting strengths-based and community-led approaches to practice and highlighting the importance of good conversations, i.e. the development of relationship based

practice to inform assessments and support options. As a supportive measure to staff, lead professionals are able to discuss complex cases and the variety of possible support options.

"During lockdown we ensured that all child vulnerable groups were identified and we kept in touch every week using tablet technology and traditional face to face means"

SDS Client numbers by category - Options 1 and 2





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 reflected elsewhere in the performance outcomes arising from the Biennial Outcomes survey both locally and nationally.

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 2020-21 we continued in the investment of process improvements and in service data quality recording improvements.

No elements of Adult Protection work were stood down. There were 7 Large Scale Investigations (LSI) in Highland over the past year, with 2 being active at the time of writing. With the exception of one small independently owned care home all had themes relating to senior management not proactively being in care homes, systemic staffing issues leading to unsafe and restrictive practice as well as poor infection prevention control compliance being the main themes. Fire Safety concerns featured in 2 of the investigations. One LSI commenced due to a COVID outbreak, and another experienced an outbreak after the commencement of the LSI.

The number of Adult Protection referrals received for 2020-21 was 636. This represents a 21% increase from last year, 525, and the year before, 344.

One area for improvement has been to improve the timescales for completion of inquires and investigations. This remains an area for continuous improvement: however there is recognition that some of the factors impacting on timescales – complexity; delays in gathering information from partners and others; and ensuring interventions are conducted sensitively and safely – are not always a reflection of poor practice.

People supported at home reporting feeling safe declined slightly to 82% compared to the national average of 84% in 2019-20. We will continue to address this.

The aim of the Scottish Patient Safety Programme is to reduce the number of events which could cause avoidable harm from care delivered in any setting. Work has been undertaken in the following areas in primary care:

- safety culture
- high risk medicines
- safer medicines
- pressure area care
- safety at the interface including results handling.

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. 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.

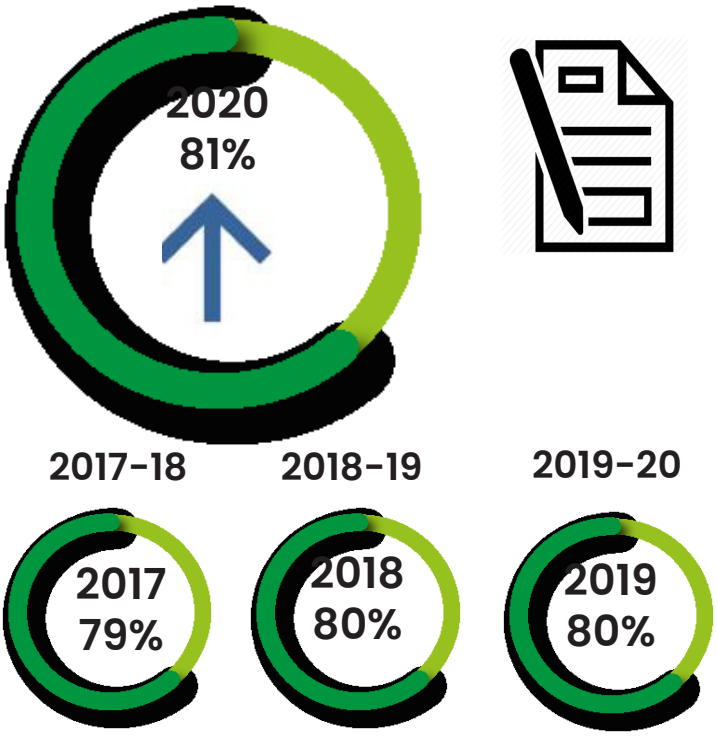
The system for review that staff have the required knowledge and skills framework has changed considerably and are no longer comparable - hence the provision of the 2019-20 figure only. Sickness absence improved in 2020-21 from c. 5.3% to 4.67%.

Workforce development and planning is being taken forward on a number of levels and this is being translated into our Workforce Plan due in September 2021.

During lockdown our gold silver bronze command communications structure was established for key decision making along with regular wellbeing communications to ensure a healthy work-life balance for our staff. Our work on developing our workforce culture continued through 2020-21.

We are measuring our success by the implementation of the iMatter programme which seeks to empower staff in fulfilling their potential as teams.

iMatter results



iMatter 2020

24 of iMatter question reponses are in the highest quartile “strive & celebrate”

4 are in the “monitor to further improve” category

There are no responses in the “Monitor to improve” or “Focus to inprove” categories

All responses show improvement since 2017

Children & Families

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.

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.

Reporting on localities

As part of Integrated Services, NHS, Council staff and those from the third and independent sectors work with service users, carers and community-based groups to plan and deliver care and support that is designed for the individual.

This is known as 'locality planning' and it is a key part of health and social care integration. It is also a legal requirement under the Public Bodies (Joint Working) (Scotland) Act, 2014.

During lockdown this created opportunities and challenges e.g. establishment of rapid support unit to support hose social care services in need; development of enhanced community services in Inverness to support the needs of a greater population area. This work continues to be developed in line with Covid-19 regulations, in order to optimize our resource and to provide services in line with our strategic objectives.

Inspection of Services

Internal

Internal care services, such as Home Care, Day Care and Respite are regulated and inspected by the Care Inspectorate.

External

Commissioning Officers are responsible for managing the relationship between external providers and our service users.

Any concerns raised about the quality of care provided by an external provider are recorded and considered against other known information about the provider, such as previous concerns raised; and reports produced by the Care Inspectorate.

Where a concern has been raised, providers are responsible for developing and delivering

an action plan identifying planned improvement activity which satisfies the Partnership (and Care Inspectorate if they are involved). This action plan will be monitored by Commissioning Officers to ensure it is being progressed and that improvements are being delivered within agreed timescales. This level of contract monitoring activity will continue until such times until we are satisfied that the provider has made the necessary improvements to ensure the care, safety and wellbeing of residents.

Where no improvement is evidenced, the Senior Management Team will take decisions in relation to any further action required to address on-going concerns, such as reductions in rates paid, increased monitoring activity such as on-site visits, and imposing conditions on the service until issues are resolved or contracts are terminated. Any action taken to address concerns raised about provider's service provision will attempt to do so in ways that put the best outcomes for service users first and which promote safety and wellbeing.

During 2020-21, external inspections into the management of Home Farm Care Home, resulting in the unit being transferred into the management of NHS Highland. The Care Inspectorate carried out a national investigation into the number of care home deaths.

The Mental Welfare Commission also noted the increase of people detained under the Mental Health Act compared with previous years.

A Care Home Oversight Board was established, 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 considers:

- RAG status (whether there are any care homes on "red" or "amber" status) and actions taken
- Public Health closure status
- Bed capacity
- TURAS compliance (completion of daily TURAS portal by all care homes)
- Care Inspectorate gradings
- New Scottish Government guidance/ requirements and update on implementation
- Mutual aid deployment
- Risks
- Escalations
- Characteristics and dynamics of factors which may impact on the provider base.

Outcome 9

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.

Three of these 4 indicators depend on the compilation of national data, which have been delayed during the Covid pandemic.

The number of people waiting to be discharged from hospital when they are ready (Delayed Discharges) decreased during 2020-21. This improvement continues to be a key focus to improve patient flow through the whole health and social care system.

Finance Report to 31st March 2021

Financial Performance and Best Value

Financial modelling for service delivery 2020-21. Despite the operational and financial challenges of the Covid-19 pandemic, there is still a requirement to deliver on savings and a similar programme managed approach will be taken to try and address the funding gap.

For 2021-22 and beyond, discussions continue, with our partners in The Highland Council to develop and agree a Three year cost containment and transformational plan within a joint governance and programme management structure. This is necessary to address the known budget quantum gap with continued support from Scottish Government as required with precise detail of plan, scale of savings and joint ownership to deliver on this ambitious transformational change programme.

Year One
Cost containment, transformation planning and resourcing of programme management team

Years Two and Three
Continued cost containment whist taking forward a comprehensive strategy of transformational change and system wide integration.

Summary

- **Note** HHSCP financial position at month 12 which shows a year end underspend of £2.984m of which £0.729m relates to ASC and the balance being Health expenditure.
- Position includes SG funding in response to Covid-19

Final position to March 2021

For the 12 months to March HHSCP have underspent against budget by £2.984m, components of this overspend can be seen in Table 1 below.

2020 - 2021 Plan		Month 12 - March 2021	YTD Position		
annual budget £000	current plan £000	Summary Funding & Expenditure	Plan to date £000	Actual to date £000	Variance to date £000
		HHSCP			
		NH Communities			
57,452	57,452	Inverness & Nairn	57,452	56,407	1,044
44,885	44,885	Ross-shire & B&S	44,885	44,175	711
39,009	39,009	Caithness & Sutherland	39,009	38,483	525
45,110	45,110	Lochaber, SL & WR	45,110	45,261	(151)
11,624	11,624	Management	11,624	11,582	43
3,677	3,677	Community Other	3,677	3,360	317
1,580	1,580	ASC Other	1,580	1,383	197
5,691	5,691	Hosted Sevices	5,691	5,493	198
209,028	**209,028**	**NH Community**	**209,028**	**206,144**	**2,884**
40,374	40,374	Mental Health Services	40,374	39,869	505
136,547	136,547	Primary Care	136,547	137,013	(466)
5,293	5,293	Adult Social Care Central	5,293	5,234	60
391,243	**391,243**	**Total HHSCP**	**391,243**	**388,259**	**2,983**
		Support Services			
(16,518)	(16,518)	ASC Income	(16,518)	(16,518)	1
7,271	7,271	ASC - Covid 19	7,271	7,271	0
7,526	7,526	Health - Covid 19	7,526	7,526	0
(3,100)	(3,100)	PMO Workstreams	(3,100)	(3,100)	0
(4,821)	**(4,821)**	**Total HHSCP Support Services**	**(4,821)**	**(4,821)**	**1**
386,422	**386,422**	**Total**	**386,422**	**383,438**	**2,984**

Within the Highland (NH) Communities year end out-turn of £2.884m, an underspend of £0.729m relates to Highland Adult Social Care expenditure – see appendix 1 for further detail on Social Care. Adult Social Care for 2020-21 saw a reduction in activity due to Covid-19 and this was reflected in the year end position. The balance within Highland Communities mainly relates to underspends due to both vacancies and non pay this is a direct consequence of Covid-19 due to delays in recruiting and a reduction in community activity.

Mental Health Services have a £0.505m underspend, vacancies (mainly nursing) account for £1.678m of this variance with pressures of £1.081m in medical cover for both the Police Custody/Forensic Service and General Psychiatry.

Primary Care showed an overspend of £0.466m. Pressures in prescribing and locum usage

(2c Practices) are the main drivers for this overspend.

Within HHSCP Support Services, costs for Covid-19 were fully funded by the Scottish Government as well as slippage on the CIP target being covered.

Savings

NHS Highland identified a savings challenge of £28.875m to deliver a balanced position, of which £4.742m identified as part of the GAP and funding of £8.800m provided by the Scottish Government as part of the Covid-19 funding package in respect of slippage against the CIP. The HHSCP received £3.100m of a PMO target along with a £0.900m efficiency target; of which £0.788m was met on a recurrent basis.

Conclusion

HHSCP financial position completed the year end with an underspend of £2.984m. This position reflects costs and funding associated with covid and funding to cover slippage against the CIP.

Governance Implications

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

Risk Assessment

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

Planning for Fairness

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

Engagement and Communication

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

services category	Annual Budget £000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Forecast Outturn £000's	Forecast Variance £000's
Older People - Residential/Non Residential Care	11,563	11,563	11,594	(31)	11,594	(31)
Older People - Care Homes (In House)	29,993	29,993	30,224	(231)	30,224	(231)
Older People - Care Homes (ISC/ SDS)	1,091	1,091	850	241	850	241
Older People - Other Non-Residential Care (In House)	1,151	1,151	1,032	120	1,032	120
Older People - Other Non-Residential Care (ISC)						
Total Older People - Residential/ Non Residential Care	**43,798**	**43,798**	**43,699**	**99**	**43,699**	**99**
Older People - Care at Home						
Older People - Care at Home (In House)	13,966	13,966	13,383	584	13,383	584
Older People - Care at Home (ISC/SDS)	14,534	14,534	14,537	(3)	14,537	(3)
Total Older People - Care at Home	**28,500**	**28,500**	**27,920**	**580**	**27,920**	**580**
People with a Learning Disability						
People with a Learning Disability (In House)	4,079	4,079	3,575	504	3,575	504
People with a Learning Disability (ISC/SDS)	29,620	29,620	29,835	(215)	29,835	(215)
Total People with a Learning Disability	**33,698**	**33,698**	**33,409**	**289**	**33,409**	**289**
People with a Mental Illness						
People with a Mental Illness (In House)	511	511	312	199	312	199
People with a Mental Illness (ISC/SDS)	7,372	7,372	7,531	(159)	7,531	(159)
Total People with a Mental Illness	**7,883**	**7,883**	**7,843**	**40**	**7,843**	**40**
People with a Physical Disability						
People with a Physical Disability (In House)	1,030	1,030	622	407	622	407
People with a Physical Disability (ISC/SDS)	5,905	5,905	5,886	19	5,886	19
Total People with a Physical Disability	**6,983**	**6,983**	**6,508**	**427**	**6,508**	**427**
Other Community Care						
Community Care Teams	6,737	6,737	6,370	368	6,370	368
People Misusing Drugs and Alcohol (ISC)	35	35	21	13	21	13
Housing Support	5,200	5,200	5,229	(29)	5,229	(29)
Telecare	897	897	641	256	641	256
Total Other Community Care	**12,869**	**12,869**	**12,261**	**608**	**12,261**	**608**
Support Services						
Business Support	1,986	1,986	1,788	199	1,788	199
Management & Planning	29	29	1,541	(1,512)	1,541	(1,512)
Total Support Services	**2,015**	**2,015**	**3,329**	**(1,314)**	**3,329**	**(1,314)**
Covid 19	**7,271**	**7,271**	**7,271**	**(0)**	**7,271**	**(0)**

services category	Annual Budget £000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Forecast Outturn £000's	Forecast Variance £000's
Total Adult Social Care Services	**142,970**	**142,970**	**142,241**	**729**	**142,241**	**729**
ASC Services now integrated within health codes	**3,764**	**3,764**	**3,764**	**0**	**3,764**	**0**
Total Integrated Adult Social Care Services	**146,734**	**146,734**	**146,005**	**729**	**146,005**	**729**
Three Care Categories account for 74% of total spend on ASC						

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

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE NH	DATA CURRENCY
1.1	Percentage of adults able to look after their health very well or quite well	To maintain or increase	95% (2015/16)	93% 2019/20	A	A	94%	Current (Biannual Report 2019/20)
1.2	Emergency admission rate (per 100,000 population)	To reduce	10,971 (2014/15)	10,779 2020/21	G	R	9,666	Current
1.3	**South & Mid** Enablement: % of people receiving enablement interventions that do not require ongoing care interventions after initial 6 weeks	40%	39%			R	19%	Current
	North & West Enablement: % of people receiving enablement interventions that do not require ongoing care interventions after initial 6 weeks	40%	29%			A	25%	Current
1.4	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 increase	97%			R	98%	Current
1.5A	Sensory Impairment (Sight)- Self Management (Client Outcomes), % of completed rehabilitation courses who have achieved independence or achieved independence above expectation	90%	71.6%				85%	Current
1.5B	Sensory Impairment (Hearing)- Self Management (Client Outcomes), % of completed rehabilitation courses who have achieved independence or achieved independence above expectation	90%	47%			R	84%	Current

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.

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE NH	DATA CURRENCY
2.1	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	To increase	83% (2015/16)	81% 2019/20	A	R	82%	Current (Biannual Report 2019/20)
2.2	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.	To increase	77% (2015/16)	75% 2019/20	R	R	75%	Current (Biannual Report 2019/20)
2.3	Readmission to hospital within 28 days (per 1,000 discharges)	To reduce	92 (2014/15)	116 (2020/21)	G	R	113	Current
2.4	Proportion of last 6 months of life spent at home or in a community setting	To increase	89% (2014/15)	91% 2020/21	G	G	92%	Current

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE NH	DATA CURRENCY
2.5	Percentage of adults with long term care needs receiving care at home (LTCs are health conditions that last a year or longer, impacts on a person's life, and may require ongoing care and support)	To increase	54% (2014/15)	63% 2019/20	R	A	55%	Current
2.6	% of people aged 65 or over with long term care needs receiving personal care at home	To increase	51.03%	60%	R	G	56%	2018/19 Waiting SOLACE pub
2.7	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)	Better joint working and use of resources	1455 (2014/15)	774 - 2019/20	R	G	834	Current
2.8	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency (cost of emergency bed days for adults)	To reduce	23% (2014/15)	20% 2020/21	A	A	20%	Current
2.12	Uptake of SDS option 1 - Mid	To increase	72				115	Current
	Uptake of SDS option 1 - South		143				114	Current
	Uptake of SDS option 1 - North		35				52	Current
	Uptake of SDS option 1 - West		82				122	Current
	NHS Highland Option 1 Total Clients		332			G	403	Current
	Uptake of SDS option 2 - Mid		26				57	Current
	Uptake of SDS option 2 - South		55				110	Current
	Uptake of SDS option 2 - North		5				16	Current
	Uptake of SDS option 2 - West		19	N/A			58	Current
	NHS Highland Option 2 Total Clients		105			R	241	Current
	Uptake of SDS option 3 - Total		4541	TBC		G	4987	Current
	Uptake of SDS option 4		120	TBC			164	Current
2.13A	Age of admission to long-term residential and nursing care (All Adults)	To increase	76	78	R	A	73	Last published 2017
2.13B	Age of admission to long-term residential and nursing care (Older People)	To increase	81	81	A	G	82	Last published 2017
2.14A	Length of stay in long-term residential and nursing care (All Adults)	To reduce	2.5 YRS	2.3 YRS	R	G	0.4 YRS	Last published 2019
2.14B	Length of stay in long-term residential and nursing care (Older People)	To reduce	2.7 YRS	2.3 YRS	R	G	0.6 YRS	Last published 2019
2.15A	Total number of adults receiving basic or enhanced Technology Enabled care	To increase	Basic 1,929	N/A	R	R	Basic 2332	Current
			enhance 419				enhanced 529	
			total 2348				total 2861	

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE NH	DATA CURRENCY
2.15B	Percentage of referrals received per quarter with reason given 'to enable to remain at/return home' & 'to enable independence'	To increase	46/137 33.6%	This is a national dataset but there are no published results at this time	R	R	126/772 16.32%	Current
2.15C	Percentage of new installations in quarter with activity monitors i.e falls monitors	TBD	30.5%	This is a national dataset but there are no published results at this time		G	43.6%	Current

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

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE NH	DATA CURRENCY
3.1	Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	To increase	73% 2015/16	74% 2019/20	R	R	69%	Current (Biannual Report 2019/20)
3.2	Percentage of adults receiving any care or support who rate it as excellent or good	To increase	83% 2015/16	80% 2019/20	G	R	79%	Current (Biannual Report 2019/20)
3.3	Percentage of people with positive experience of the care provided by their GP practice	To maintain	89% 2015/16	79% 2019/20	G	R	85%	Current (Biannual Report 2019/20)
3.4	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections and proportion graded 5 or above	To increase	76.8% 2015/16	83% 2019/20	R	A	83%	Current
3.4A	Care Homes with grade 4 or better Independent Sector (Local Indicator)	100%	78.6%		R	A	82.4%	Current
3.4B	Care Homes with Grade 4 or better In House (Local Indicator)	100%	82.4%		R	A	80%	Current
3.4C	Care Homes with grade 5 or better -Independent Sector (Local Indicator)	To maintain or increase	35.7%		R	A	47.1%	Current
3.4D	Care Homes with grade 5 or better In House (Local Indicator)	To maintain or increase	29.4%		R	A	46.7%	Current
3.4E	Care at Home with grade 4 or better Independent Sector (Local Indicator)	To increase	87.5%		G	A	100%	Current
3.4F	Care at Home with grade 4 or better In House (Local Indicator)	To increase	100%		A	A	100%	Current

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE NH	DATA CURRENCY
3.4G	Care at Home with grade 5 or better Independent Sector (Local Indicator)	To increase	37.5%		G	R	52.6%	Current
3.4H	Care at Home with grade 5 or better In House (Local Indicator)	To increase	0%		G	A	33%	Current
3.5A	People with a Sensory Impairment(s) - Sight - who have undergone an assessment, confirm an understanding of their condition	90%	96%			G	96%	Current
3.5B	People with a Sensory Impairment(s) - Hearing -who have undergone an assessment, confirm an understanding of their condition	90%	65%			G	90%	Current
3.6A	People with a Sensory Impairment(s) - Sight -who have undergone an assessment, confirm information on their condition is available and accessible in a format of their choice	90%	96%			G	96%	Current
3.6B	People with a Sensory Impairment(s) - Hearing -who have undergone an assessment, confirm information on their condition is available and accessible in a format of their choice	90%	57%			R	17%	Current

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.

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE NH	DATA CURRENCY
4.1	Delayed hospital discharges for service users residing within areas covered by ISC C@H providers	ZERO	20 Total 13 IMF 7 N & W	N/A		G	20 Total 17 IMF 3 N & W	Current
4.3	Emergency bed day rate (per 100,000 population)	To reduce	116,910 2014/15	95,155 2020/21	G	G	91,908	Current
4.4	Falls rate per 1,000 population aged 65+	To reduce	17 2014/15	21 2020/21	G	R	15	Current
4.5	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 increase	85% 2015/16	80% 2019/20	G	R	78%	Current

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

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE NH	DATA CURRENCY
5.1	Premature mortality rate (per 100,000 population)	To decrease	374 2014/15	527	G	G	390	Last published 2019/20
5.2	People who have dementia will receive an early diagnosis: maintain the proportion of people with a diagnosis of dementia on the Quality and Outcomes Framework (QOF) dementia register and other equivalent sources	To increase	N/A		G	G	2284	Last published 2019/20
5.3	The number of people with learning disabilities who are in further education	To increase	9.32%	7.6%	G	G	10.4%	Last published 2018
5.4	Deliver faster access to mental health services and 18 weeks referral to treatment for Psychological Therapies	90%	80%	80.9% Mar 21	G	G	76.9%	Current
5.5	The time taken to access drug or alcohol treatment services	90% or higher	77%	Full Year %s 95.6% Mar 21	R	R	81.4%	Current

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.

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE NH	DATA CURRENCY
6.1	Percentage of carers who feel supported to continue in their caring role	To increase	37% 2015/16	34% 2019/20	R	R	33%	Last published 2019/20

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

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE NH	DATA CURRENCY
7.1	Percentage of adults supported at home who agree they felt safe	To increase	84% 2015/16	83% 2019/20	G	R	82%	Current Biannual Report 2019/20
7.2	Adult Protection Plans are reviewed in accordance with Adult Support and Protection (ASP) Procedures	90%	57%	N/A	N/A	G	73%	Last published 2019/20
7.3	Reviewing and monitoring of Guardianships. Number of Guardianships reviewed - annual required timescale.	TBC	50%	N/A	N/A	R	5.8%	Last published 2019/20
7.4	Reviewing and monitoring of Guardianships. Number of New Guardianships reviewed within required timescale of 3 months	TBC	57%	NA	N/A	G	13.6%	Current

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.

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE NH	DATA CURRENCY
8.2	Workforce is Adult Support and Protection effectively trained	TBC	100%	N/A		R	886	Current
8.3	People and professionals across Highland can access and benefit from Sensory awareness training "I have increased skills and tools that enable me to communicate in a way that I want"	100 People annually				G	722	Current
8.4	Employee Engagement Index (from iMatters) (EEI Score calculated based on the number of responses for each point on the scale (Strongly Agree to Strongly Disagree) multiplied by its number value (6 to 1). These scores are added together and divided by the overall number of responses to give the score to show level of engagement)	To increase	74% 2019	H&SC Response rates 76 - 2019	R	G	74%	Measure changed - clarity required
8.5	Uptake of Knowledge and skills Framework	TBC	27.3%			R	14.9%	2019
8.6	Sickness absence levels	TBC	4.88%	4.67 Mar 21	G	G	4.43%	Current

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

KEY	INDICATOR	TARGET	BASELINE	BENCHMARK	COMPARISON	CURRENT	CURRENT VALUE NH	DATA CURRENCY
9.1	NHSH make payment of the C@H tariff rate within 28 days of receipt of a valid invoice	To increase	83.34%				89.56%	2018/19 measure no longer valid
9.2	Home Care costs per hour for people aged 65 or over	No target	£31.18	£20.24	N/A	N/A	£29.46	2018/19 Waiting SOLACE publication
9.3	Self Directed Support (option 1) spend on people aged 18 or over as a % of total social work spend on adults	No target	4.16%	6.9%	R	A	6.40%	2019/20 Waiting SOLACE publication
9.4	Net Residential costs per resident per week for Older Persons (over 65)	No target	£410.77	£371.43	N/A	N/A	6.40%	2019/20 Waiting SOLACE

Key for all tables

Benchmark is Scottish Average or local average where known
Comparison benchmark is Scottish Average

Performance is improving
Performance is stable
Performance is declining

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**3 November 2021**
Title:	**Chief Officer Assurance Report**
Responsible Executive/Non-Executive:	**Louise Bussell, Chief Officer Health & Social Care Partnership**
Report Author:	**Louise Bussell, Chief Officer Health & Social Care Partnership**

1. Purpose

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

2. Mental Health Development Plan

In response to the current situation within NHS Highland's Mental Health services, we are developing a series of action plans to provide a framework for planned improvement work over the next 12 months. These actions plans will follow the Scottish Patient Safety Programme Essentials of Safe Care driver diagrams (Essentials of safe care | Scottish Patient Safety Programme (SPSP) | ihub - Essentials of Safe Care) and allow a consistent approach across all services. The overarching Mental Health Service plan and a plan for New Craigs are now in place. It is our intention that each service: New Craigs, Older Adults, General Adults & Specialisms, Learning Disabilities & Drug and Alcohol Recovery Services will create their own plan.

A new Mental Health Oversight Board will be established by Louise Bussell to ensure scrutiny and support of the action plan. Additional support has also been identified by the executive team to progress a Mental Health & Learning Disabilities strategy and to complete some short life working groups.

3. Third Sector

The Third Sector project board has completed the allocation process for funding. We saw an unprecedented level of applications, with over 50 applicants looking for over 1.5 million in total. 14 applicants were approved for funding in line with NHS Highlands priorities. Unsuccessful applicants have been offered support by Third Sector Interface, in partnership with us, as we recognise the significant effect not having funding agreed. We have received several letters by unsuccessful applicants and are considering each of those on an individual basis. the process was positive in general terms but learning was noted in terms of large organisations who were applying with clear professional expertise in such processes versus those smaller local groups who may not have as much experience or expertise in bidding for

grants.

4. **Remobilisation Plan**

NHS Highland await feedback from Scottish Government and this will be at the end of October. An update will be provided at the next Highland Health & Social Care Committee meeting.

5. Newly Established Meetings

A key part of the restructure of the community and acute divisions is the establishment of assurance and governance structures. For the community two new divisional meetings have been established to support this. The meetings are a health and safety meeting and a risk register monitoring meeting. Both of these key meetings are part of a wider structure with community, primary care, mental health and adult social care all feeding into the group from their own forums and escalations going from these groups to the wider board committees. The aim is to ensure that not only are we sighted on the issues but are taking the required actions.

6. Capital Projects Update

Badenoch & Strathspey:

Construction work was completed in September with services moving to the new facility during w/c 25th Sept. There are a number of snagging issues to be addressed, however feedback from patients and staff is positive. Alterations to Kingussie Health Centre are ongoing and work to Grantown Health Centre is in planning stage.

SLSWR:

Construction work continues at Broadford. The new hospital is wind and water-tight and internal fit out and decoration is progressing. Completion date is expected to be 3rd December with migration in January/February 2022. Alterations to Broadford Health Centre is in the planning stage. Planned work to Portree hospital is on hold pending an option appraisal in respect of services in North Skye.

Caithness:

The Initial Agreement for Caithness Redesign was issued to the Project Team / Programme Board for ratification at the end of September 2021, and will be considered by AMG, HHSCC, EDG and FPRB in Oct 2021 before being submitted to NHSH Board and Scottish Government CIG. Work in ongoing in respect of the service model for the planned Care Facility at Tongue with a paper recommending progressing to procurement in partnership with Wildlands due to be considered by the Highland Council in October.

Lochaber:

The Initial Agreement was issued to the Project Team / Programme Board for ratification and will be considered by AMG, HHSCC, EDG and FPRB in Oct 2021 before being submitted to NHSH Board and Scottish Government CIG.

7. Adult Social Care

General:

For committee **to note** the unprecedented and ongoing pressures across adult health and social care services, including NHS Highland and providers of commissioned services. NHSH has a continued commitment to providing services and collaborative actions to sustain service provision, whilst responding to the ongoing pandemic and associated operational pressures.

Transformation Programme:

NHS Highland and The Highland Council have continued to work closely together on developing and taking forward transformational change as an integrated system. Whilst the 4 identified workstreams are all progressing well to achieve new ways of working the understandable early focus of this has been the financial savings requirements for 2020/21.

This is in the context of the recurring funding gap with respect to ASC services. In 2021/22 the identified gap of £11.3m is being funded via additional resource from SG (£4m), Highland Council (£2m) and NHS Highland (£2m) – the balance of £3.3m requires to be delivered via the joint NHS Highland and Highland Council cost improvement/transformation programme. We are positive about achieving this, however much of this will be non-recurrent which will impact on future years with specific. This is with the backdrop of resource issues and increasing demand arising out of the delivery of Adult Social Care (ASC) services by NHS Highland, which is governed by the Integration Scheme currently in place (as signed off by the Council and Board respectively in March 2021).

Work is underway in relation to gaining a clear picture of the funding position for 2023/24 with an understanding that the financial position is a significant risk for both organisations. There is a clear need for us to be radical in our thinking for the future with how to achieve outcomes for people being at the centre of everything we do. To take on this challenge, work is now underway on setting out our future strategic direction in line with the principles of health and social care integration. This will in turn drive a refresh of our transformation plans. The current position, risks and future plans were presented to the October NHS-HC Programme Board.

Care Homes Update

Overview and Status Update:

The previous update reported a number of Covid outbreaks within care homes in North Highland. Over the period from end August to early October 2021, there were outbreaks in six care homes, all of which are now out of outbreak status.

During the period of outbreak, there was daily / regular contact with all providers by Public Health, to provide infection, prevention and control advice, support and guidance and also daily / regular contact by Operational and Commissioning management, to discuss practical inputs, contingency actions/steps and to facilitate any supports that may be necessary. Plans are in place to undertake a post-outbreak lessons learned with each care home individually.

In addition to the outbreaks, there have also been other care homes closed to admissions by

Public Health due to staff positives from PCR or LFT testing. This is a variable and daily changing position, with, at the time of writing, 6 care homes closed to admissions and 4 under surveillance.

The ongoing restricted access to available vacant beds continues to impact on the availability of beds and consequently, on hospital delays.

The staffing situation across a number of in house and independent sector care homes within Highland remains fragile. In addition to the issues noted above, recruitment and retention challenges, along with and the resurgence of the hospitality industry combined with necessary leave for a staff group who are generally exhausted, has further exacerbated staffing difficulties in recent months.

There is a further system pressure whereby care homes with vacant and available beds are not able to staff to full capacity, due to a lack of confidence in being able to appropriately staff to the vacant bed complement, arising from acute challenges in recruiting and retaining staff, alongside regulatory implication concerns and a more risk averse approach to provision being taken by providers.

NHS Highland continues to work alongside colleagues in the sector to ensure staffing contingences.

In light of the ongoing pandemic and recent outbreak experiences, there is a current focus on supporting care home providers to review their business continuity plans. NHSH have provided a variety of supportive measures to assist, and have provided themed sessions at provider meetings, along with 1:1 surgeries with the Head of Resilience. NHSH will continue to focus on this important area of activity over coming months.

Significant pressures therefore continue to be experienced by both commissioned and in house adult social care services and there continues to be significant risk and fragility across this provision. This area of activity requires a collective and national solution and some of these actions are being addressed through nationally led actions.

Care Home Vaccinations:

The annual flu vaccination roll out is underway for care home residents and staff, alongside the Covid-19 vaccination booster. As at the time of writing, vaccinations commenced on 20 September 2021 and the full roll out is scheduled to complete within a 5 week period.

Quality Assurance Visits:

As previously reported to Committee, the Scottish Government required a further round of multi-disciplinary care home assurance visits to be undertaken earlier this year. This was 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.

The second round of quality assurance visits to all 69 care homes within North Highland concluded in early May and actions identified during these visits have been followed up to ensure they have been completed. NHS Highland has also prepared a review report of the learning arising from these audits, which will inform future quality assurance processes going forward. This report has already been provided to the Care Home Oversight Board as part of its assurance and oversight role, who has endorsed the review's recommendations.

Quality of Resident Experience:

It has been particularly difficult for residents living within care homes where there have been further Covid outbreaks who were, once again, living with a range of restrictions associated with mitigating risk of further transmission of Covid.

Further guidance has been received from the Scottish Government to mitigate against the risk of harm to residents from prolonged isolation during Covid outbreaks within care homes. Work is underway to ensure that this guidance is informing practice and revised resident visiting arrangements during outbreak periods.

Large Scale Investigations (LSIs):

Adult Protection concerns relating to residents in care homes have remained consistently high during recent months. The targeted individual reviews requested by Scottish Government have contributed to identifying some adult concerns within some care home services but not exclusively. Two of the four LSIs investigations undertaken within the three months (June-August 2021) have been triggered by assessed information from the Care Inspectorate. One LSI was determined after a concern from the Covid Response Team. This period evidenced an increase from the previous quarter during which time there was one active LSI.

There is a theme in that the impact of Covid, and associated staffing challenges have contributed to systemic failings in these care settings. Nominated Officers are mindful of the significant level of pressure across the whole sector and balance this with any risk or actual harm to residents in order to support quick, but sustained improvements. It is fair to note that the true impact of the past 18 months on staff and resident health and wellbeing is only now being realised.

Care at Home (CAH)

Overview and Status Update:

Currently this is the most critically fragile area of the health and social care system for adult social care.

NHSH commissions 13,000 hours per week of care at home services from 20 independent sector care at home providers, supporting 1600 service users across Highland.

The sector has grown over the last 12 months, delivering a further 1,000 hours per week of care.
There are a number of significant issues affecting all care at home providers at present, these being around staff recruitment and retention, which is linked to level of pay, working patterns and the lack of certainty regarding the number of hours of employment.

Other significant issues relate to burnout, visit timing pressures and requests to work more hours to cover staff shortages and increased service demand, which are issues also affecting our in house care at home and enablement services.

Immediate action is required to be able to stabilise current provision, and to ensure a solid foundation from which to grow capacity and NHSH has been working with independent sector colleagues to address these significant challenges.

Ongoing dialogue with commissioned care at home services continues as we try to stabilise service provision. An action and recovery plan has been agreed with the sector, which sets out supportive measures and mitigating actions being progressed in partnership with the

sector, with a view to stabilising provision, building resilience; and thereafter growing / release capacity and improving efficiency / processes.

A number of these actions are intended to retain existing staff by enabling better pay, terms and conditions to be offered, and to also attract new staff, to assist, in due course, to grow capacity.

It is highly likely there will be an increased cost pressure to achieving service stability. The recent ministerial announcement on 5 October 2021, supports the NHSH direction of travel already in motion, and recognises the current care-at-home issues are being experienced across Scotland. At the time of writing, the detail associated with this announcement is not currently available.

The Scottish Government has confirmed care at home stability and capacity as a priority area, due to the critical impact on wider health and social care services where there is insufficient or interrupted care at home service delivery and have requested increased oversight of this area.

As at the time of writing this report, there are significant service challenges in terms of the delivery of commissioned care at home although the Covid Response Team referred to above has where possible, supported staffing shortages when these have arisen. There is still significant unmet need in areas and acute staffing issues, in some specific localities such as Grantown-on-Spey, Nethybridge, Ullapool, Nairn, Mid and East Ross and Lochaber, that the action plan above, also seeks to address.

Across Highland, unmet need is still an issue and the sector is finding further growth more difficult due to severe recruitment challenges that are currently facing all providers. This current issue is consistent with the picture at a national level but does need to be balanced against the significant additional growth seen during the pandemic. It is a multi-faceted changing situation, and NHS Highland will continue to seek to engage collaboratively with providers as we work to building sustainable care at home services.

Commissioned Services Overview:

The winter planning requirements of the Scottish Government set out a number of required actions of boards and Health and Social Care Partnerships which are intended to address some of these issues. There are complex interdependencies and there is the potential to create further strain on already fragile areas, with additional recruitment to one area potentially impacting on another.

Discussions are ongoing with care home and care at home providers in particular, to mitigate impact.

ASC Fees Group role / remit:

Following the last meeting of the Highland Health and Social Care Committee work has been ongoing to revise the role and remit for the ASC Fees Group to provide the assurance sought by the Committee with the sign off route being the HHSCC. The only caveat to this is that there needs to be an agreed process in place in order to mitigate any delays if an urgent decision is required. An update will be provided to the next meeting of the Committee.

Winter Planning for Health and Social Care 2021:

On the 8th October, a letter from Donna Bell, Director of Mental Wellbeing and Social Care was received by providers to support the recent ministerial announcement of an additional £300m recurring investment. This is intended to protect Health and Social Care Services over the winter period and to provide longer term improvement in service capacity across our health and social care systems.

Further clarity is awaited on the proposed suite of new measures, and the actions required of health boards in partnership with integration authorities and Local Authorities. Additionally, specific information on the funding apportionment for NHS Highland will be provided to Directors of Finance and Chief Finance Officers in the coming days.

Planning with NHS Highland is progressing well in terms of addressing current and anticipated winter pressures.

Mutual Aid Deployment:

The Covid Response Team, established in May 2020 to provide mutual aid to care homes impacted by Covid, had, in recent weeks up until 4 October 2021 redirected all staffing resource to outbreak sites. Currently, the team are supporting 3 care homes and an inhouse care at home service in Skye. Due to the number of outbreaks and wider impact of Covid on staff sickness and self-isolation requirements, the Covid Response Team has c not always been able to meet all requests for mutual aid. There has therefore been a further recruitment exercise and 5 additional members of staff appointed to the team.

The intention remains to develop the Covid Response Team to continue to support care services in a more planned way by developing a roadmap to aid recovery and build resilience. This work will be developed with partners.

Short Breaks/Respite Care Services:

Respite services have not resumed other than in stand-alone services or where, following risk assessment involving Public Health, it is assessed as an urgent requirement. We continue to offer non-residential support as an alternative to residential respite for some people. Updated guidance has been received from Scottish Government with further clarity awaited.

Due to the period of increased prevalence of Covid-19 within our communities and the recent outbreaks within a number of our care homes, we have not resumed pre-pandemic services and continue to risk assess every request for residential respite whilst also taking advice from colleagues in Public Health. We continue to provide residential short breaks for those people who, following risk assessment, are deemed to urgently require it.

Given the ongoing challenges and known pressures on carers, we are currently reviewing how we meet the requirement for residential respite in the future.

Day Care Older Peoples Services:

Day care provision has resumed in stand-alone services although it is important as previously reported to committee to note that this can look quite different to what it did prior to the onset of the pandemic with a much more blended approach to meeting outcomes which includes more sessional activities and a mix of in-reach and out-reach support. Community Teams are working alongside supported people, carers and support providers to

ensure person-centred practice and individualised support solutions as we navigate our way forward.

Two in-house stand-alone services for older adults have not yet resumed due to a combination of physical distancing challenges and reduced requirement for day care places. One commissioned stand-alone service has also not yet remobilised but the provider continues to provide outreach support as discussions continue with NHS Highland regarding the future requirements for the service. Community Teams are working alongside supported people, carers and support providers to ensure person-centred practice and individualised support solutions as we navigate our way forward.

NHS Remobilisation for Adult Social Care:

Adult Social Care have been invited as part of NHS Highland's, Remobilise, Redesign and Recovery plan to contribute to the NHS Highland Remobilisation Plan for the period from Oct 2021 to Mar 2022 which is due to be submitted shortly. An overarching service aim of this plan is to promote the wellbeing of adults with care support needs through the development of sustainable, flexible and resilient services.

There are a number of additional challenges, these are not exhaustive, but are highlighted for information:

- Significant management and operational resource continues to be in place to support the Care Home and Care at Home sectors.

- Significant winter pressures will put other demands on Care Home and Care at Home services to resolve hospital pressures.

- Significant level of vacancies within the care sector at time of publication. Placement acceptance from providers has slowed significantly.

- Since lockdown, the Care Home sector has become vulnerable in Highland, which we are closely monitoring. Remobilisation will not necessarily return to previous placement levels during this financial year.

- To optimise flow there is a co-dependency between services, with a requirement to develop a "whole system" balance across all service areas.

- Focus on providing care in the adult's home as part of Care at Home commissioning plans and growing sector with sustainable and resilient services.

- A demonstrable shift was observed during the pandemic from Care Home placements to Care at Home delivery with additional hours being commissioned from our external partners.

- Recruitment challenges in the Care at Home sector – creating inequity across the area and service delivery challenges.

Carers:

Work is underway in Highland to develop a 'carer programme' aimed at meeting our duties under the Carers Act. This is evolving and will include providing services to mitigate the

impact of Covid, and as described below, the streamlined use of funds to be used flexibly to meet urgent demand.

Currently, work is underway to ensure the extra resource identified for carers is distributed to those most in need of a short break by way of a simple and streamlined business process. Initially this resource will be accessible as an SDS option 1 or 2 and will complement existing 'traditional' Option 3 routes. Uptake will be monitored, and the need for – and viability of - commissioning additional dedicated residential respite will be kept under close review. This new flexible initiative went live during September 2021.

Finally, there is a recognition that the "carer's voice" is not well enough articulated within our decision-making processes. Work is underway to describe a new model for the Carer voice to shape and inform decision-making alongside the need for greater community engagement and inclusion. Any model needs to support diversity of views and to support carer and community participation.

Self-Directed Support Strategy (SDS):

NHS Highland, The Highland Council and a range of partners have now concluded a significant consultation exercise which has gathered the views of people who need support - and those involved in its provision - about how we should deliver Self-directed support into the future.

Responses received (via survey and focus group routes) from around 200 individuals suggests there is broad agreement with the values, approach and priorities we have outlined: people describing the importance and detail of what being 'person-centred' means, and the importance of skilled listening as part of a 'good conversation' between professionals and those wanting support. However, we have also heard clearly about the need for much greater flexibility in our processes to allow the creation of those 'person-centred' solutions, and the provision of good quality information to support increased choice and control, particularly to help identify sources of support within local communities.

Work continues with our Reference Group to ensure we draft a new SDS strategy which reflects both the aspirations and ambitions of those who need support (including users and carers), and yet situates our approach firmly within current financial realities.

Provider Sustainability/Financial Support to Sector:

This programme is facilitated by the Scottish Government in recognition of the significant cost and staff resource pressures on the social care sector as a result of the pandemic, which provides for reasonable funding requirements to be supported. As of October 21, £5.044m and some 709 applications have been assessed and paid to providers who have had their claims approved through the agreed governance process. The costs for these claims are recovered from the Scottish Government

An extension to the current scheme, with some minor changes, has been confirmed and providers can continue to claim for eligible costs until March 2022.

A National Care Service for Scotland:

This consultation sets out Scottish Government proposals to improve the way social care is delivered in Scotland. The consultation period opened on 9 August 2021 with the deadline for receipt of consultation responses now extended to 2 November 2021.

Staff across a variety of services has fed into national on-line discussions as well as to discuss events locally between and within job families. In addition to the option for individual responses, awareness raising focused discussions has been held by a variety of partner agencies with a range of stakeholders including people with lived experience, carers and third sector provider organisations

Social Work Services Workforce:

There are 13 teams based within the district integrated teams within Highland. There are 2 Social Work teams in the Mental Health Directorate, covering South and Mid area: Transitions (18-25 years) and Community Mental Health (18-65 years). Adult Social Care Leadership Team hosts the Adult Care Review Team, a team of Social Workers that chair all Adult Protection work and lead the statutory review of complex cases in Highland.

The social work workforce is a relatively small component of the broader ASC workforce. There are around 90 Social Workers and 30 Referral Assessment Officers. They are tasked with undertaking a range of statutory duties, respecting the human rights of individuals and their Carers, supporting people to manage risks in a person centred way to meet their outcomes and work towards self-determination.

The social work profession experiences many recruitment challenges that are mirrored in other professional groups. With a small workforce the impact of any vacancies is acutely felt across the service. There has been a recent successful programme of work to enable social work posts to be advertised with the support of Highland Council on recruitment platforms that Social Workers access nationally.

There is an ongoing difficulty with recruitment to many areas, particularly in the North and West, with broader considerations for applicants around housing and work life balance when living in the rural area they work in.

In addition to the pressures around recruitment there is no recognised national workforce tool for Social Workers. The demand for social work services is increasing; this includes work in relation to Adult Protection, Adults with Incapacity and Carers. The impact of the last 18 months has meant that the service has had to flex its limited resource to provide appropriate support in the absence of respite and other shared support services.

The ASC Leadership team are undertaking a workforce and workload analysis. Social work waiting lists in most areas tell us that demand outweighs supply; the analysis will provide assessment of the key areas to assist with workforce planning into the future. However, as this is not complete, social work team establishments are not resourced to allow the needs of the service and the public to be met. Managers are constantly balancing risk to ensure priority allocation.

In addition to the standard work of the social work service, the teams have responded and completed the Scottish Government priority request to undertake 1700 care home reviews. There are a number to be completed for those living in out of area placements where the local authority in which they reside have not been in a position to complete these. In Highland, a review was offered to every resident regardless of the placing authority.

The workforce is being supported through the Agenda for Change process to ensure that they are working to the same terms and conditions as their colleagues in NHSH. This work for all colleagues in ASC commenced in August 2018 but completion of it was delayed due

to the pandemic. It is encouraging that the project plan is now agreed and underway to support people with this transition timeously.

Social work services support other services with patient flow, and as with their community work there are statutory considerations and requirements that must be met to ensure that individuals are discharged from hospital safely and in line with their human rights and legal status. There has been a recent recruitment of a Senior Practitioner with a specialism in Adults with Incapacity legislation who will start to develop consistent pathways and appropriate considerations to ensure that NHS Highland is meeting all their legal requirements. At the time of writing, recruitment is also underway for a second Senior Practitioner to support Hospital Discharge in the broader sense. While Social Workers are often allocated to work with those who require social care support on discharge from hospital it is recognised that the specialism in advising hospital colleagues on appropriate options is not always readily available.

A key priority for the ASC leadership team in supporting the social work service is to review documentation used by Social Workers (and other professional colleagues) along with reviewing systems and support processes. The delivery of social work services is broadly consistent, but there are various models of management that will be reviewed to ensure that the service is as robust as it is required to be to continue to build a strong service for the future.

Adult Support and Protection in Highland

As referenced above, there has been an increased incidence of Large Scale Investigations and Adult Protection cases and there has been a 297% increase in Investigations during the last 3 years.

Data on ASP Referrals and Investigations:

- There were 636 Referrals received/recorded by Social Work Teams in year 2020/21 (National dataset return). This represents a 21% increase on the previous year's figures (525).

- These Referrals translated into 211 ASP Investigations; therefore a third of Referrals resulted in Investigations (an Investigation involves the appointment of a Council Officer to assess the risks of harm to the identified individual).

- The completion of 211 Investigations represents a 60% increase on the previous year's figures (127)

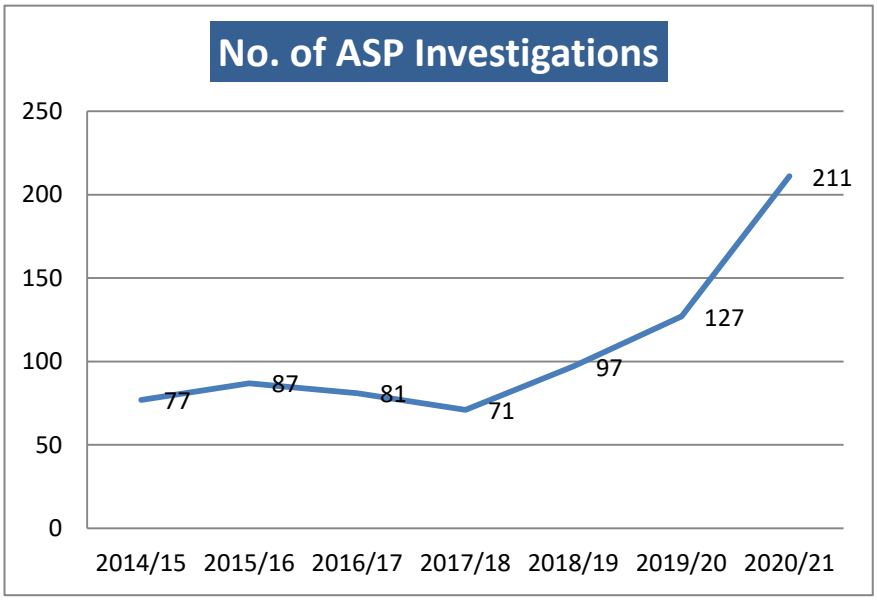
The client groups who were the subject of an Investigation in 2020/21 are as below:

Client groups	Number of investigations by client groups
Dementia	28
Mental health problem	30
Learning disability	39
Physical disability	11
Infirmity due to Age	4
Substance misuse	14
Other	85

Total	**211**

Trend on ASP Investigations completed:

The figure for Investigations for 2017/18 was 71. There has been a 297% increase in Investigations across the subsequent 3 years.



Large Scale Investigation (LSI) Activity:

- LSI Activity is not captured within the National dataset; it is therefore additional to the activity recorded above.
- LSI activity focuses where there are identified concerns within service settings
- At time of writing there are the circumstances of 122 individuals being investigated due to concerns that they may be or are being harmed due to service failings.
- Adult Protection concern relating to residents in care homes has remained consistently high during the previous 3 months.

Summary

Key issues from the first 6 months of 2021-2022 and anticipated pressures for the remaining period of 2021-2022 noted as follows:

Key Messages	**Anticipated Forward Pressures/ Issues**
April 2021 to September 2021	October 2021 to March 2022
ASC delivering on required cost improvement actions for 2021-2022.	Significant and recurrent savings required from 2022, including transformation, which will require to impact on the shape of future service delivery.
Ongoing staffing challenges experienced across in house and commissioned	Intensified staffing challenges and market and service instability.

services	
High level of care homes closed to admissions due to Covid positives or symptomatic staff and resident. Impact on resident welfare and from isolating, restricted visiting and wider system bed availability.	Continued and intensified pressures. Increasing number of care home closures due to other issues with similar Covid presentation (eg "normal" flu and winter colds) and continued impact on available beds and wider health care system.
Increased number of ASP and LSI issues arising due to staffing challenges in service delivery, impacting on service user experience.	Increased potential for service user experience to be impacted by staffing challenges, service instability and potential for short notice service closures.
Scottish Government continued focus on quality assurance audits and individual service reviews.	Continued and expanded oversight, to also focus on care at home.
Ongoing sector dialogue, support and provision of mutual aid.	Increased demand on NHSH for delivery of mutual aid [and potential inability to meet demand].

8. 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 – 25th October 2021

Confirmation received from EDG – 25th October 2021

9. Recommendation

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

HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE WORKPLAN

Highland Health and Social Care Committee Planner to 31 March 2022

Standing Items for every HHSC Committee meeting

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

HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE WORKPLAN	
DEVELOPMENT SESSION: 'NHS Highland Forward Strategy' 8 December 2021 at 11.00 am	
JANUARY 2022	
• Mental Health Services Strategy	
• Learning Disability Redesign/Strategy	
• Highland Alcohol and Drugs Partnership Annual Report	
• Community Activity – Resourcing Support for Community Partnerships	
• Community Services response to Social Mitigation Plan (provisional only)	
DEVELOPMENT SESSION 9TH February 2022	
MARCH 2022	

• NHS Highland Forward Strategy/Annual Operational Plan	
• Carers Strategy	
• Risk Register	
• Annual Report on Care Home Oversight Board	
• Annual Assurance Report and Committee Self-Assessment	
• Committee Work Plan 2021/2022	