



Together We Care  
with you, for you



# North Highland Health and Social Care Partnership Performance and Quality Report

30 August 2023

The North Highland Health and Social Care Partnership Performance Framework is a set of performance indicators used to monitor progress and evidence the effectiveness of the services that North Highland provides as aligned with the Annual Delivery Plan. The performance indicators should primarily be reported to the Health and Social Care Committee for scrutiny, assurance and review. A subset of these indicators will then be incorporated in the Board Integrated Performance and Quality Report.

# North Highland Health & Social Care Partnership

In order to standardise the production and interpretation a common format is being introduced for all dashboards within NHS Highland. There is a need to establish targets for improvement measures and these will be developed for incorporation into the Annual Delivery Plan for NHS Highland.

It is **recommended** that:

- Committee consider and review the agreed Performance Framework **identifying any areas requiring further information or inclusion** in future reports.
- Committee to note that although the continued focus is on Adult Social Care data, additional data on DHDs and Mental Health is included.



# Development

In line with the NHS Highland IPQR, it is intended for this developing report to be more inclusive of the wider Partnership requirements and to further develop indicators in agreement with the Community Services Directorate, Adult Social Care SLT, and HHSCC members that will align with the new 'Together We Care' Strategy and the Annual Delivery Plan objectives.

A Development sessions was held with committee in September 2022 where the format of the report and ASC indicators were discussed in detail with discussion on possible indicators to be included in future reports.

## **Content:**

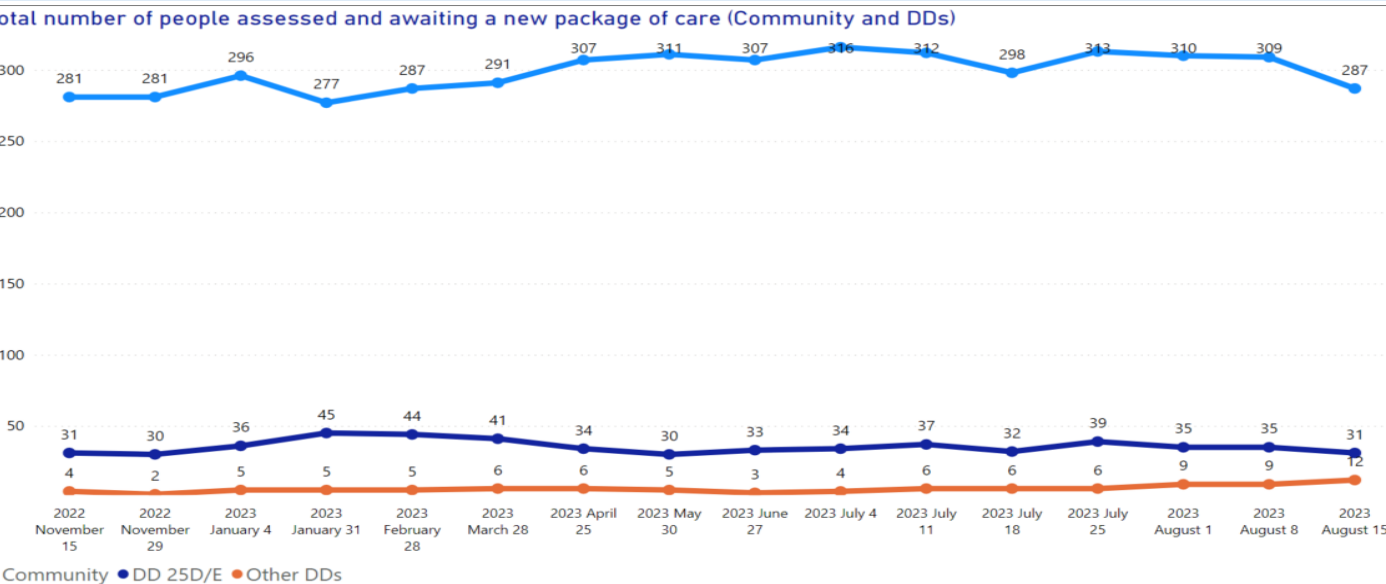
- Care-at-Home and Care Homes – slides, 4-7 & 8-9
- Delayed Discharge – slides 10-11
- Self Directed Support/Carer Short Breaks – slides 12-14
- Adult Protection included – slide 15
- Mental Health Psychological Therapies and Community Mental Health Services – slides 16-17
- North Highland Drug & Alcohol Recovery Services – slide 18
- Non MMI Non Reportable Specialties Waitlists – slides 19 & 20
- National Integration and relevant Ministerial indicators – to be reported as an annual inclusion

# Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

**Priority 2** - Embed a place approach to Home Based Care & Support and care homes so that proactive care is provided tailored to the needs of the individual  
**Priority 9A, 9B, 9C** – Work together with H & SC partners by delivering care and support together that puts our population, families and carers experience at the heart



## North Highland Care at Home – Unmet need



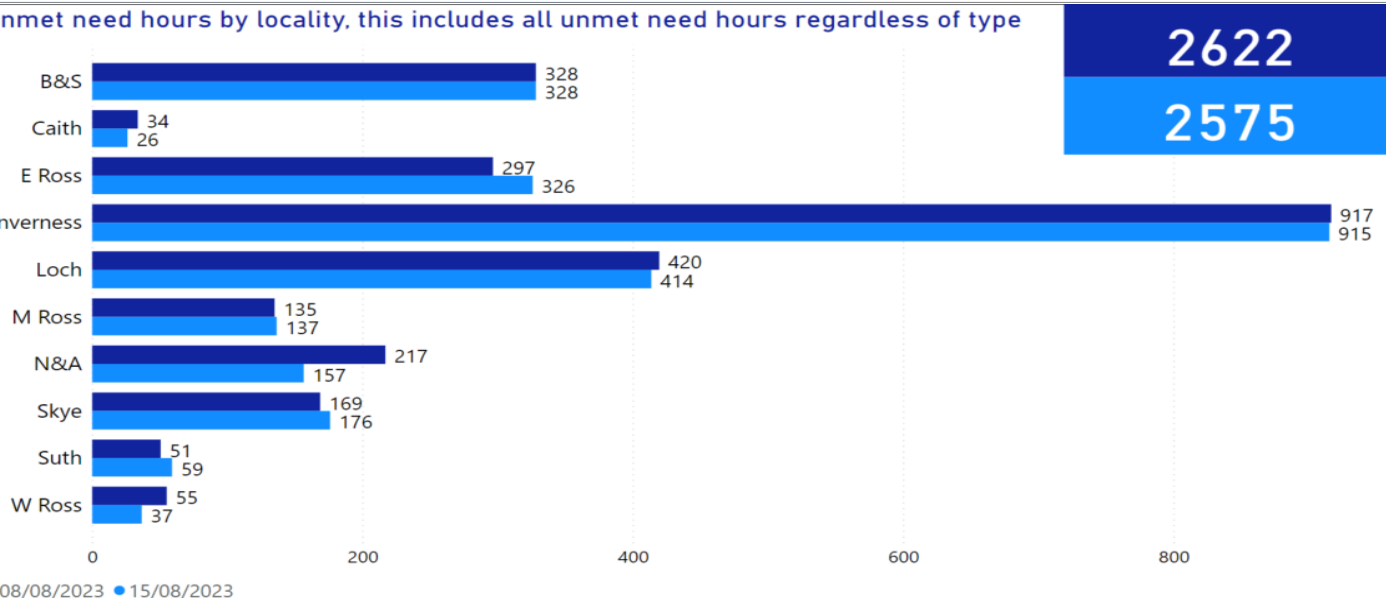
Currently provided weekly as part of the Public Health Scotland (PHS) weekly return.

Graph 1 - All North Highland hospital DHD's are included which shows those assessed as requiring CAH in either a hospital, or at home.

- Community - 310 awaiting a care at home service
- DHDs – 34 awaiting a care at home service
- DHDs – 9 awaiting a service for other coded DHDs (complexity)

This data is published by PHS and weekly returns from CAH officers are provided to allow for validation and analysis.

Graph 2 – Care at Home (District level) - the total number of weekly hours of unmet need for those above and includes hours required for people in receipt of a service with required additional hours.



Despite significant ongoing organisational and provider effort to improve flow, the overall unmet need for CAH continues to be in excess of 2600 planned hours per week.

**Update 16/08/2023**

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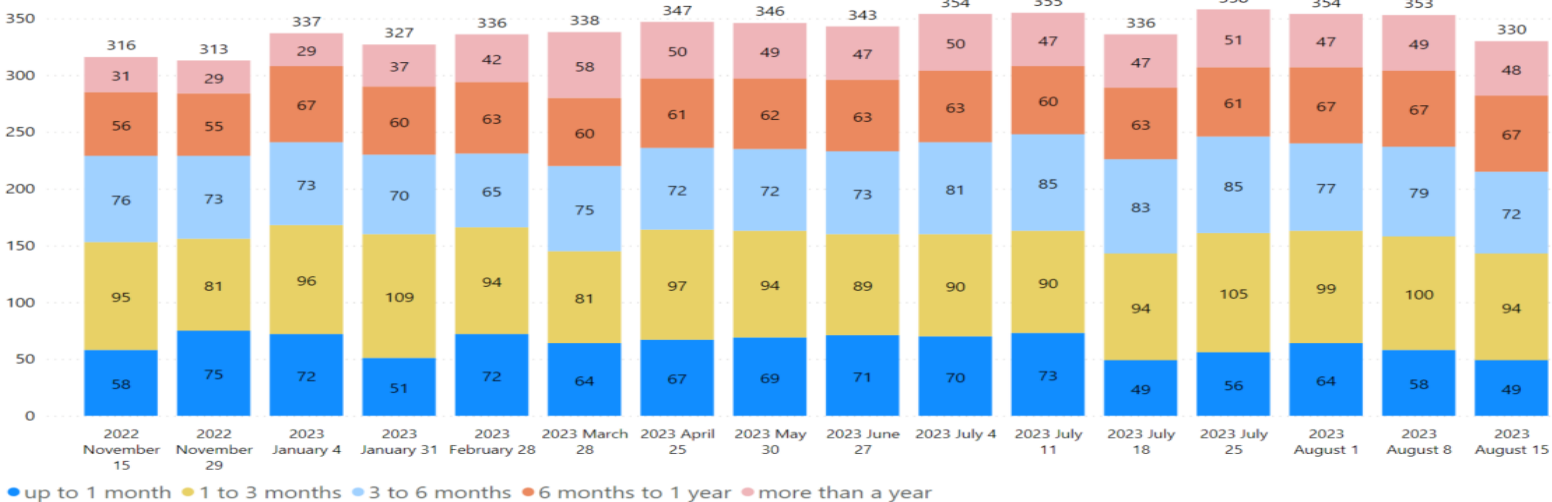
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## North Highland Care at Home – Unmet need

Care at Home waiting list for new service, by length of wait

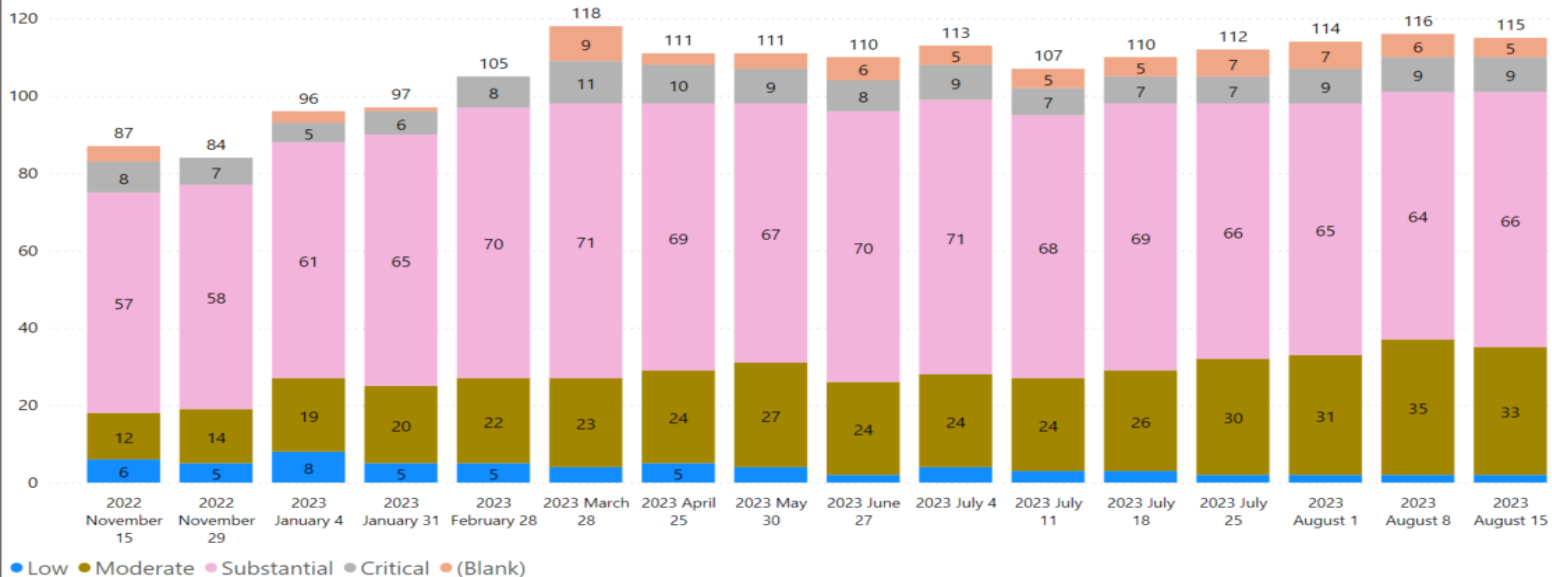


Graph 1- All North Highland unmet need for care at home, including waiting times

Up to 1 month – 49  
 1 to 3 months – 94  
 3 to 6 months – 72  
 6 to 12 months – 67  
 More than a year - 48

This data is published by PHS and weekly returns from CAH officers.

Care at Home waiting list for new service (those waiting 6 months and over), by level of need



Graph 2 – Further breakdown of those waiting longer than 6 months by current waiting list criteria.

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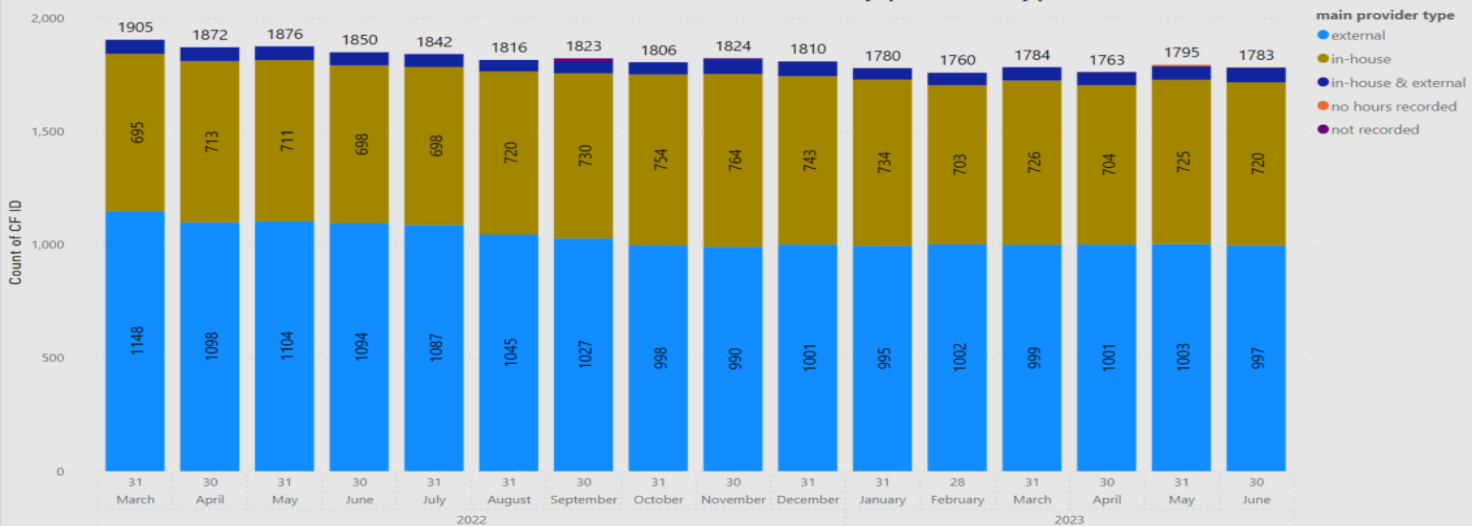
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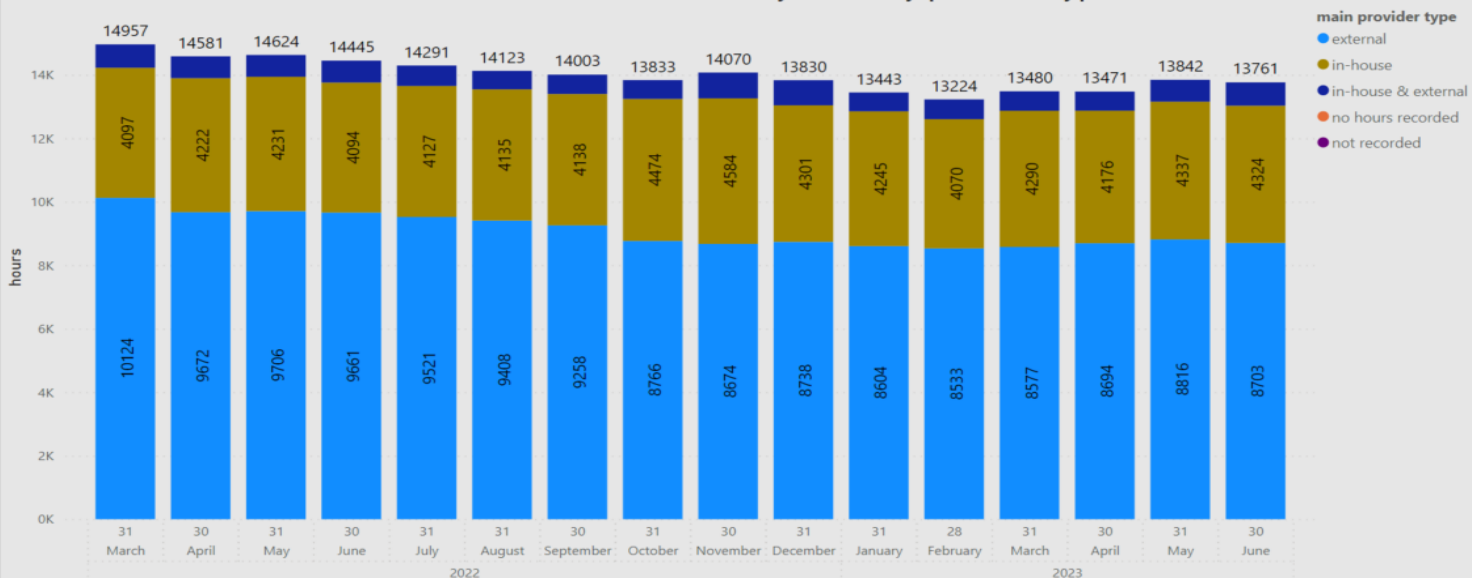


## North Highland Care at Home

Care at Home - count of clients by provider type



Care at Home - sum of weekly hours by provider type



## Care at Home

Overall numbers continue to fall after a period of sustained reductions during 2021 and 2022 although in recent months, we are seeing some small signs of growth. NHS Highland and external care providers continue to operate in a pressured environment

We have not seen growth in external care at home and low levels of recruitment and the loss of experienced care staff continue to be the primary concern expressed by providers in our frequent and open discussions.

The impact of service provision on flow within the wider health and social care system is significant, and this needs to be recognised as part of the approach to, and solutions around, addressing care at home capacity.

A specific programmed area of work is established to co-create and co-develop a medium-term care at home delivery vision and supporting commissioning approach. A short life working group has now met 4 times since with care providers to work on co-produced tangible solutions.

The programme seeks to deliver the following **five key objectives**:

- Maximise provision through processes, training and technology
- Enable market and delivery stability
- Create, sustain and grow capacity
- Recognise, value and promote the paid carer workforce
- Improve affordability

Update 16/08/2023

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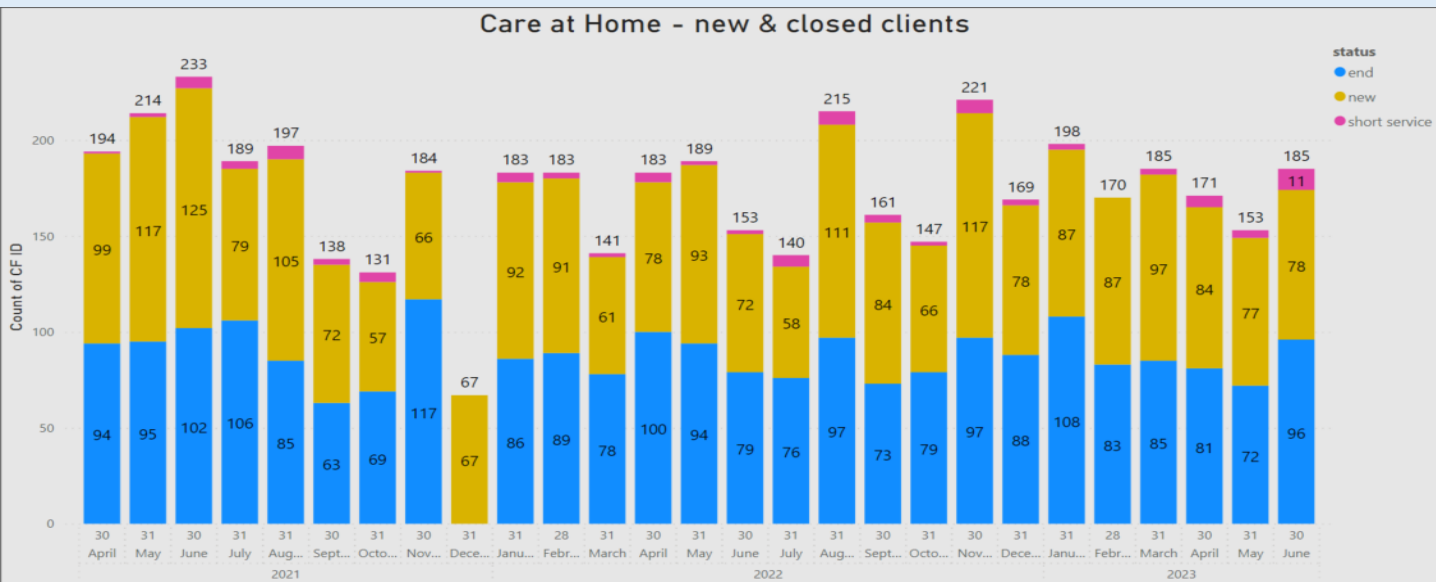
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## North Highland Care at Home

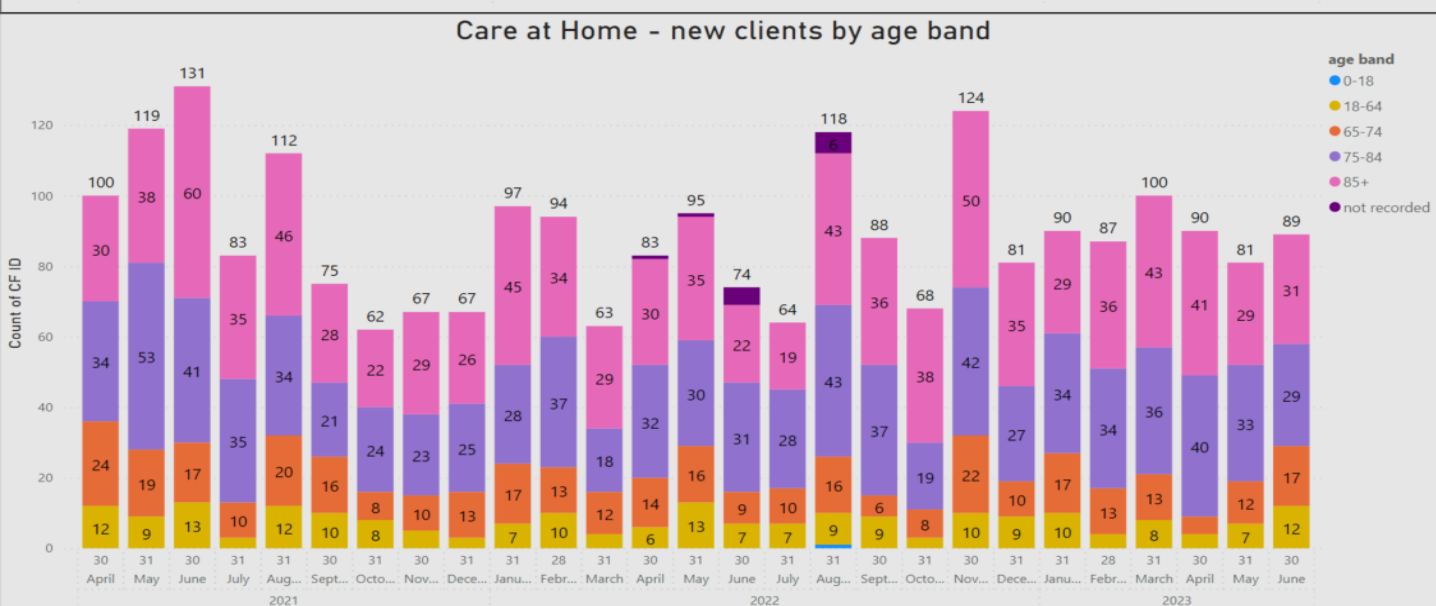
## Care at Home – New & Closed Packages



Graph 1 – Shows the number of new and closed packages per month.

Please note that available capacity to provide care-at-home to new service users is particularly challenging due to staffing related pressures in both in house and commissioned external services.

Graph 2 – Shows the number of **new** care at home service users split by age band over the same period.



Update 16/08/2023

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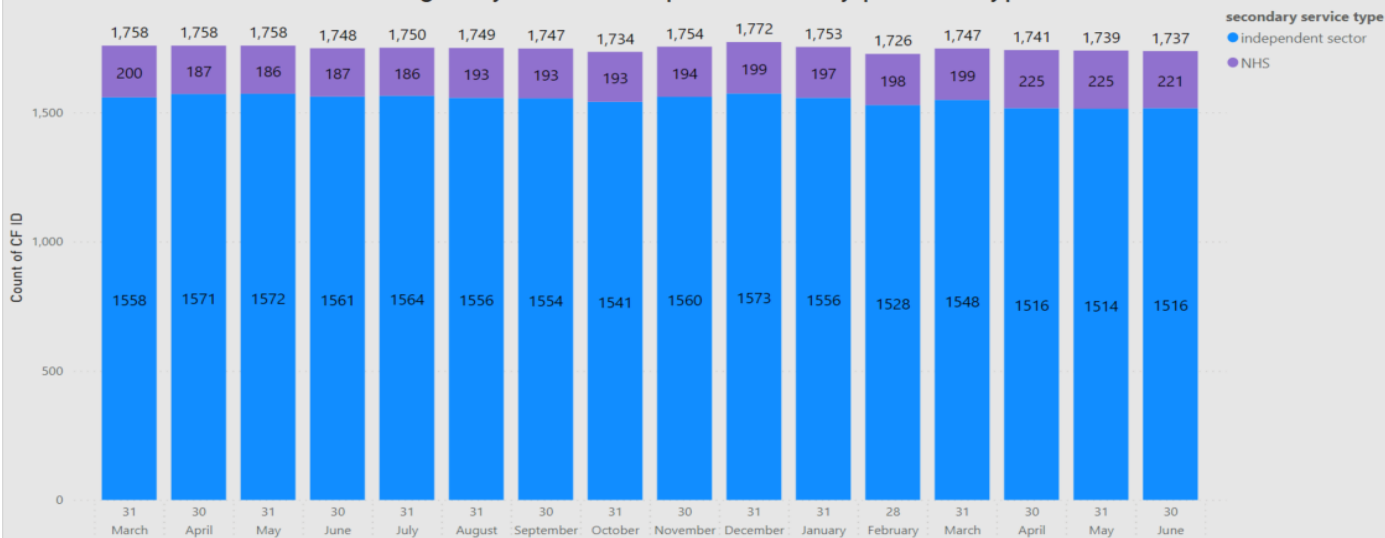
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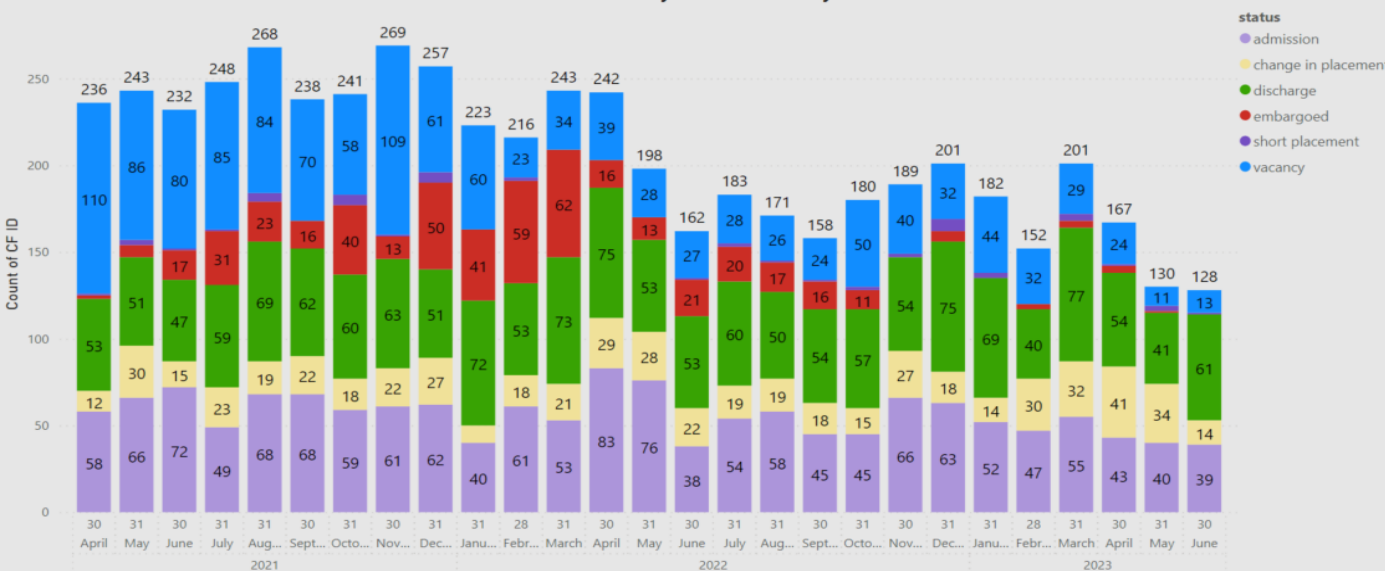


## North Highland Care Homes

Long-stay Care Home placements by provider type



Care Homes by Bed Activity Status



## North Highland Care Homes

From March 2022 to date, there has been significant sustainability turbulence within the independent sector care home market within North Highland related to operating on a smaller scale, and also the challenges associated with more rural operation - recruiting and retaining staff in these localities, securing and relying on agency use, and the lack of available accommodation which compounds the challenges.

A further compounding factor of this turbulence relates to the current National Care Home Contract (NCHC) – this is insufficient to cover activity costs and particularly disadvantages Highland as the NCHC rate is predicated on a fully occupied 50 bed care home – in Highland only 8 of the 47 independent sector care homes are over this size.

In-house care homes and some independent care home providers are experiencing significant staffing resource shortages.

Since March 2022, there have been 5 concluded independent sector care home closures with a combined loss of 141 beds. Also, during this period, the partnership acquired a care home in administration to prevent the closure of this facility and a further loss of bed provision. 2 small care homes have closed although one is on a temporary basis and a further closure is underway in Mallaig. All of these closures are in small rural and remote communities.

This reduced bed availability is having an impact on the wider health and social care system, and in particular the ability to discharge patients timely from hospital settings.



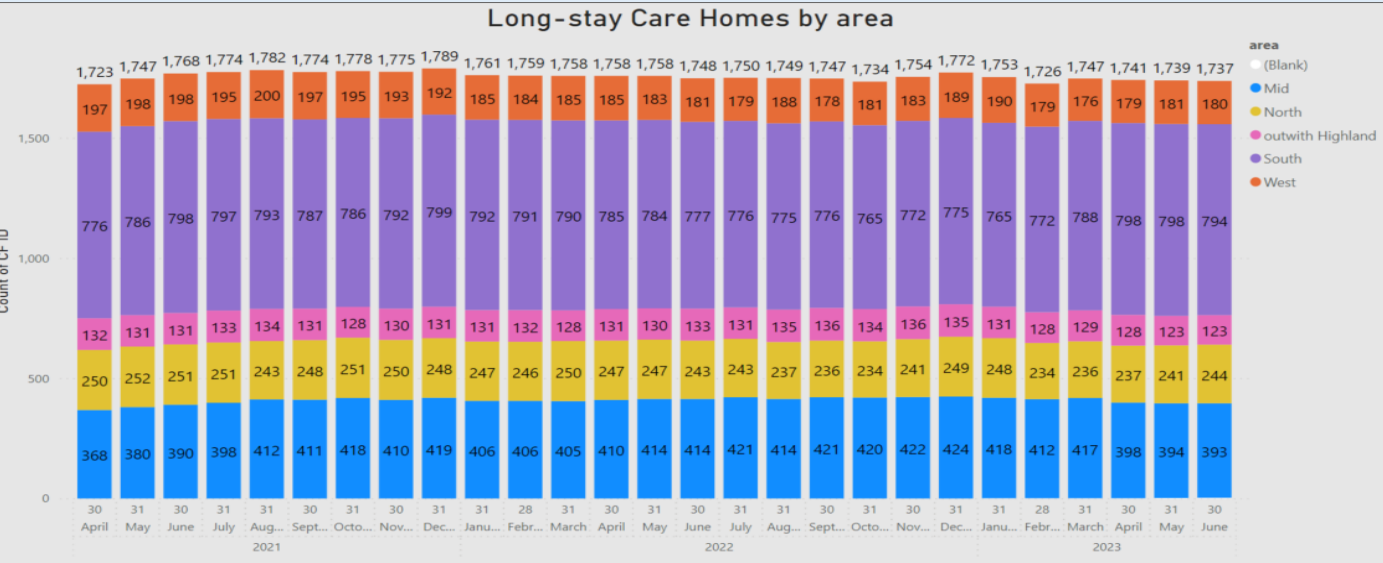
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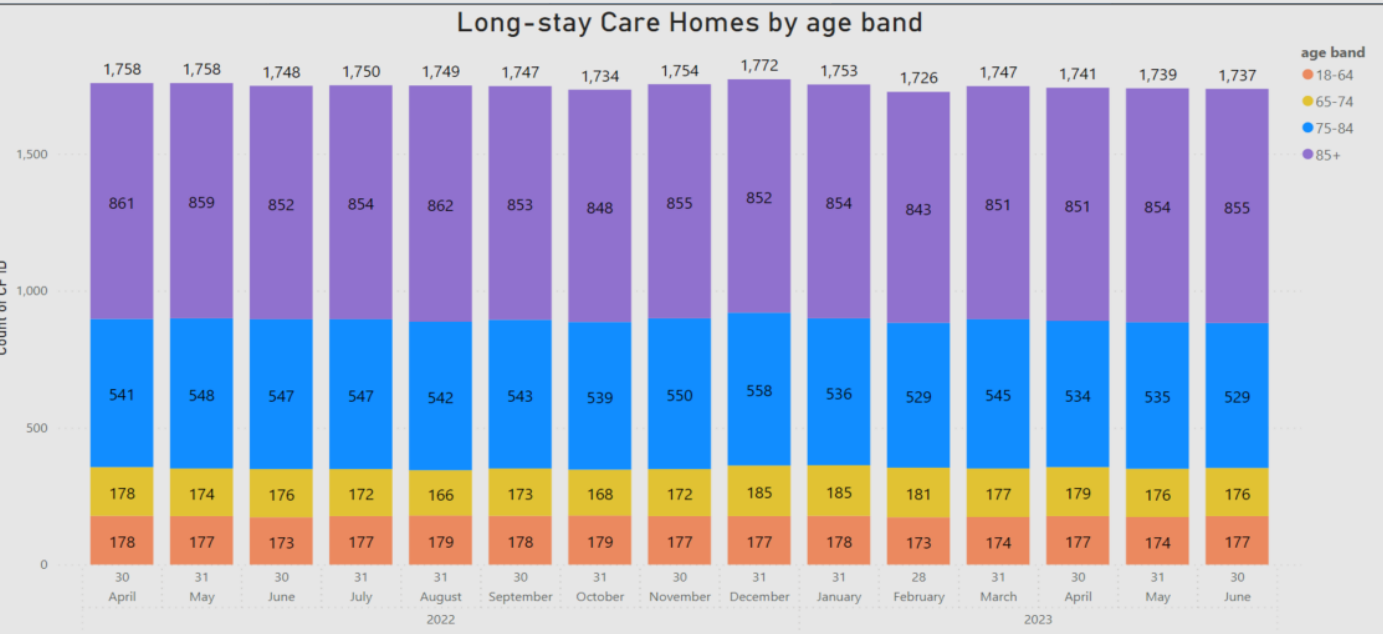
## North Highland Care Homes



## North Highland Care Homes

These graphs provide an overview of the **occupied** long term care beds during the month for both external and NHS managed care homes by providing a breakdown by Area and those placed out of area, but funded by North Highland.

- South: 794 occupied beds
- Mid: 393 occupied beds
- North: 244 occupied beds
- West: 180 occupied beds
- Out of Area: 123 occupied beds



In addition a further breakdown is provided by the current age of those service users for North Highland only, **showing 49%** are currently over the age of 85 in both residential and nursing care settings.

**Update 16/08/2023**

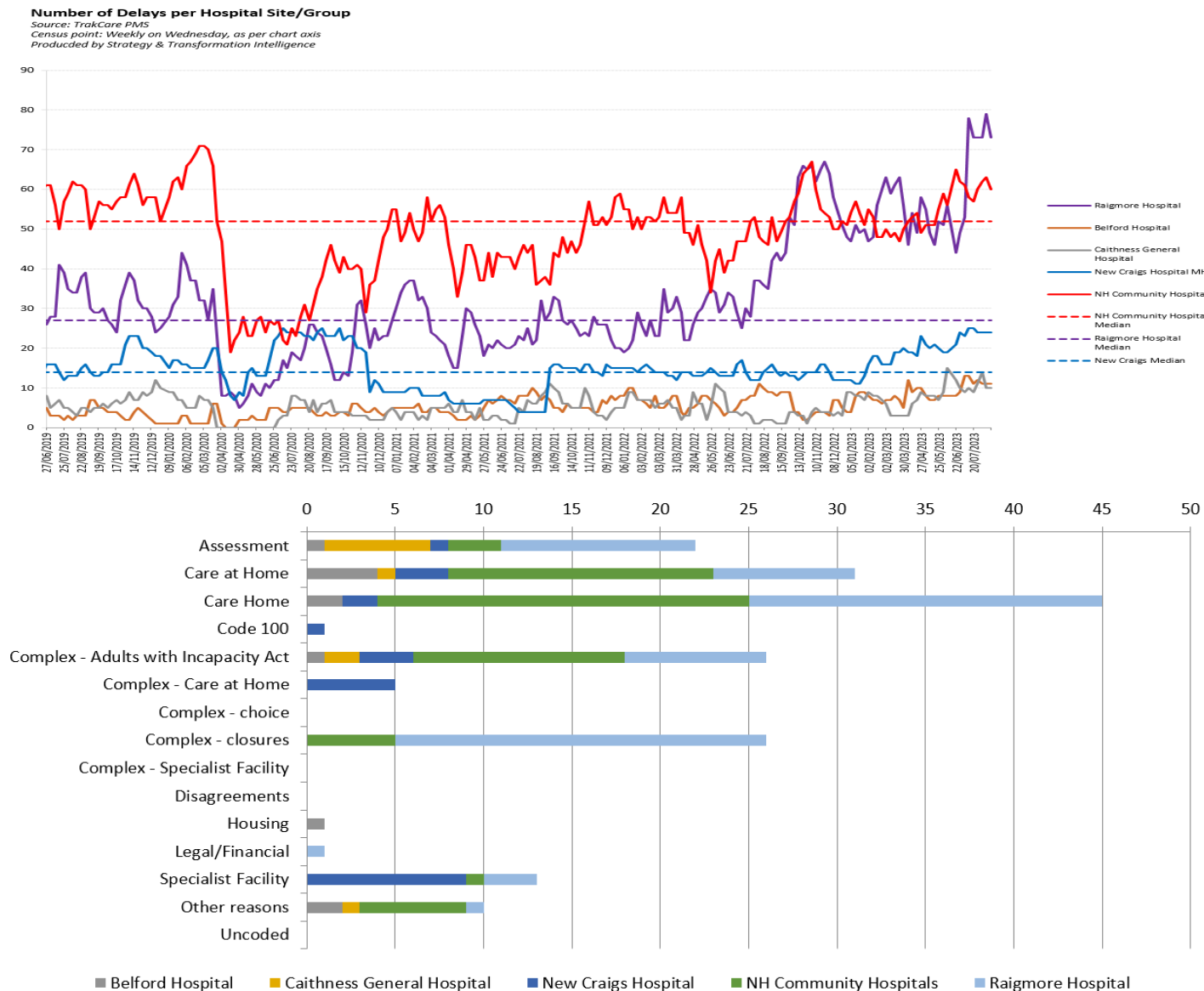
# Strategic Objective 11 – Respond Well

**Priority 3** - Work to minimise the length of time that hospital based care is required. We will work with you, your family, and carers to adopt a “home is best” approach

**Priority 11C** – Ensure that our services are responsive to our population’s needs by adopting a “home is best” approach



## North Highland DDs



## Performance Overview North Highland

**Update:** 181 delayed discharges @ 16/08/2023 with 26 of those code 9 (complex-AWI), 31 awaiting social care arrangements to return home (care at home/adaptations), 22 awaiting assessment and 45 awaiting care home placement.

The graphs show the trend for total delayed discharges for North Highland and the reason for those awaiting discharge shown at a hospital level.

- Delayed discharges remain a concern. Hospital flow has undoubtedly been impacted by the latest independent sector care home closure (35 beds) and a total loss of 140 care home beds within the last year.
- The Discharge without Delay Delivery Group continues to focus on strengthening community pull activity, implementation of planned date of discharge across all hospital sites and daily oversight and planning for all people who are delayed, in addition to facilitating timely discharge of patients before they become delayed.
- Daily MDT Decision-Making Teams within each District also focus on preventative support for people in the community to avoid inappropriate hospital admissions.
- Additional areas of focus include a review of care at home provision to ensure most efficient and effective use of limited resources and the development of wrap-around models of care.
- Cross system working and adopting a whole system approach remains key to ensuring the success of this work.

**Update 16/08/2023**

## Strategic Objective 3 Outcome 11 – Respond Well & Care Well (Delayed Discharges)

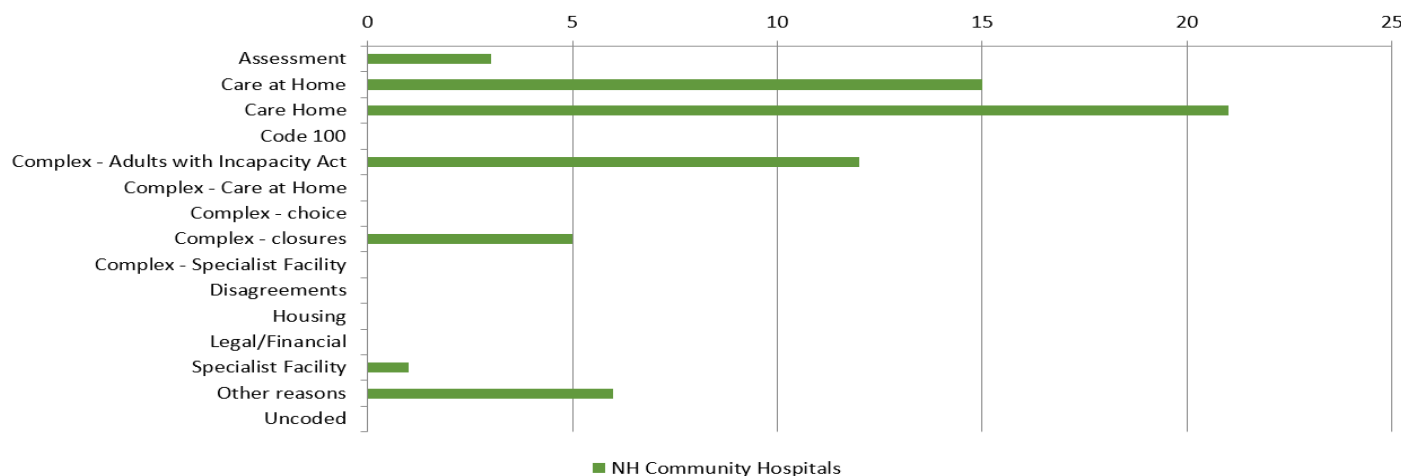
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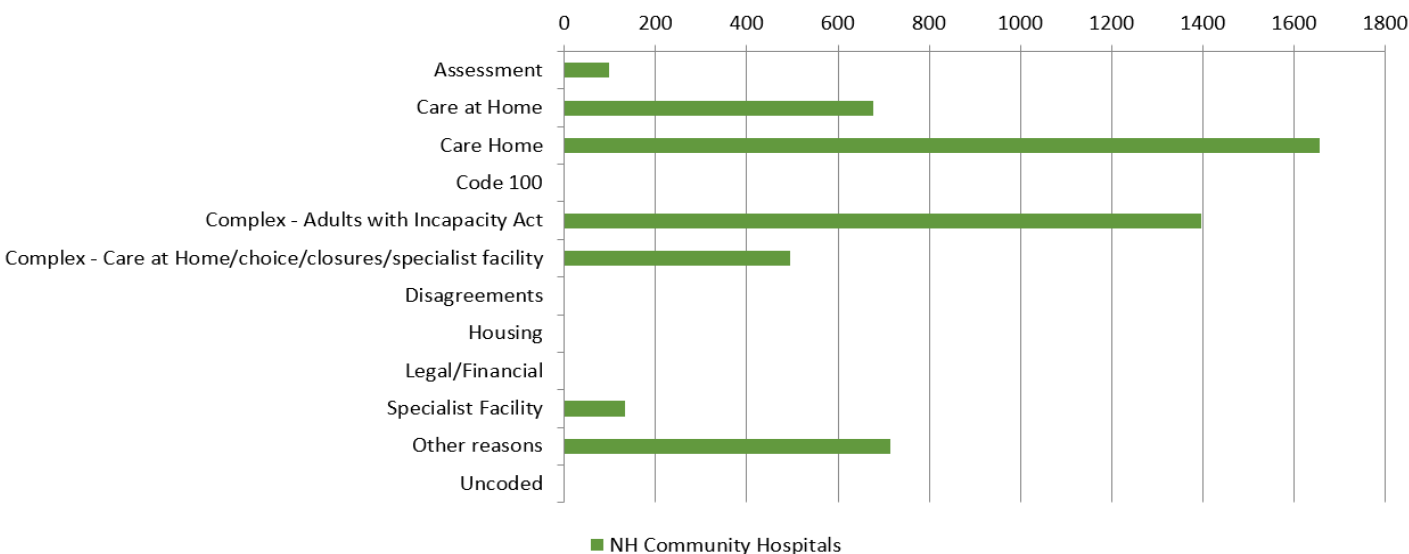


### North Highland Community Hospitals DDs

**NH Community Hospitals 16/08/2023 by Reason**



**NH Community Hospitals - Bed Days By Reason**



### Performance Overview North Highland

There is no national target for delayed discharges but we aim to ensure we get our population cared for in the right place at the right time.

*Of the 181 delayed discharges at 16/08/2023, 63 are in North Highland Community Hospitals, an increase of 1 on the May reported position. 24 are in New Craigs hospital (+5 on May position) and the remaining 94 are delayed in acute hospitals.*

*All teams are focused on ensuring patients are discharged home as early as possible. Daily oversight and collective problem-solving is a key feature of DMT meetings in each of the Districts. These meetings also have oversight of those patients who are subject to AWI process to ensure focus and monitor progress.*

*Ongoing challenges with reduced care at home and care home capacity continue to impact throughout all of North Highland area.*

**Update 16/08/2023**

# Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

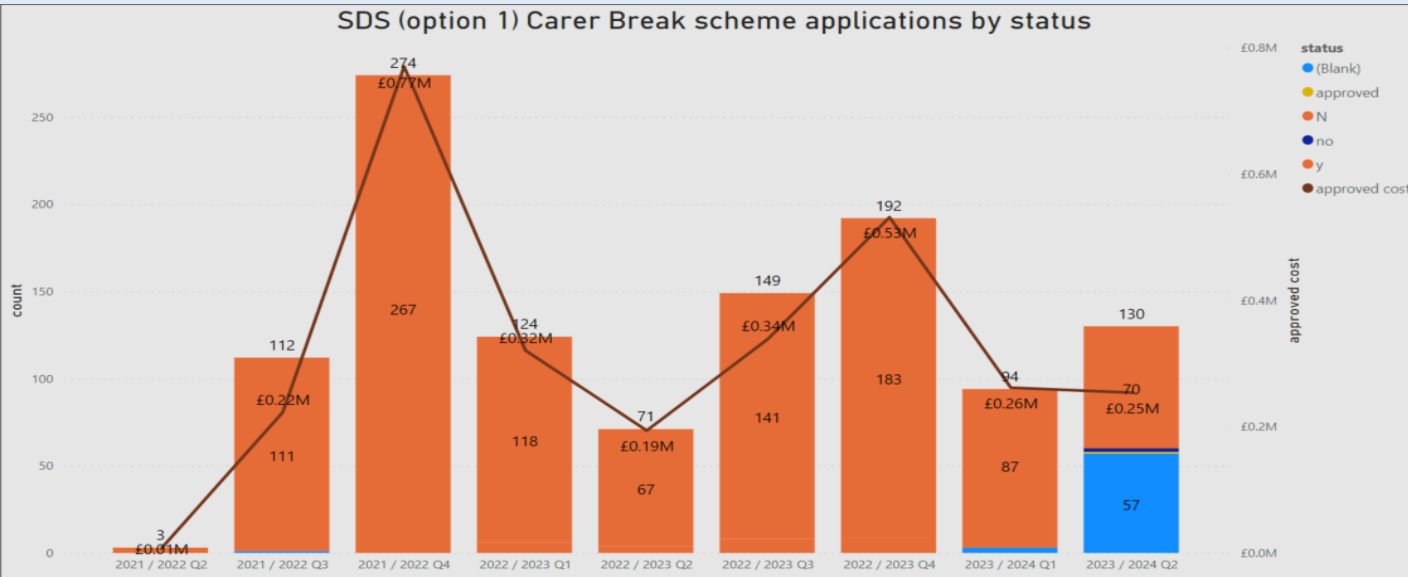
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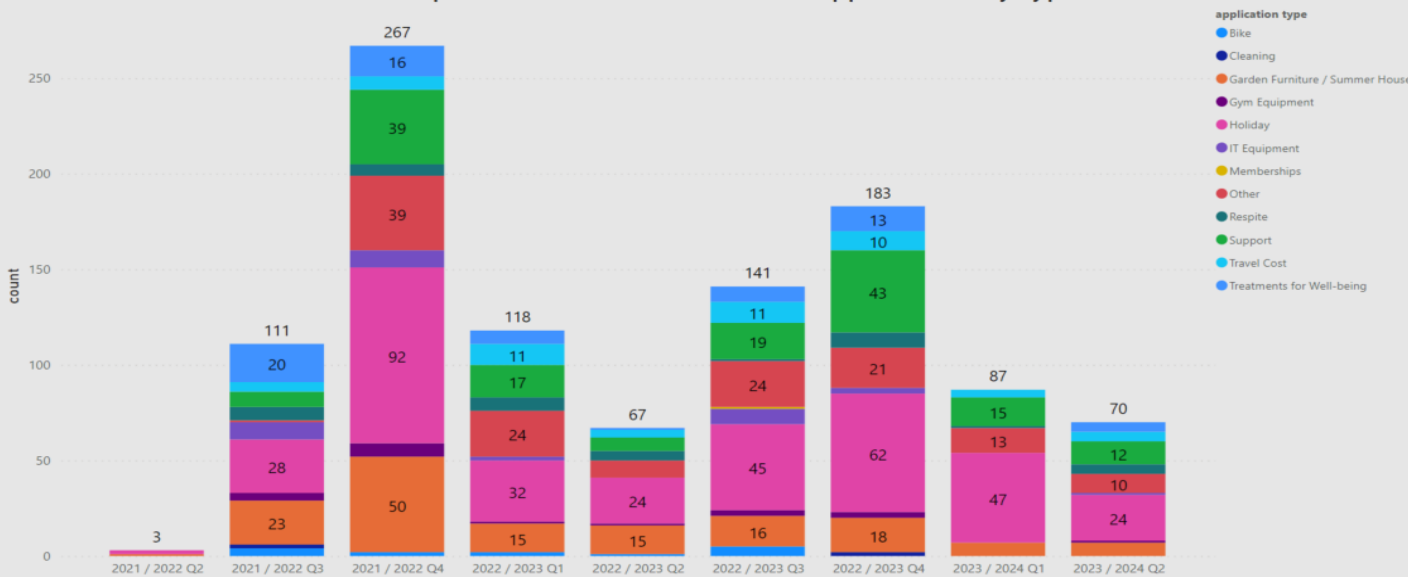


## Carer Breaks – Option 1 (DP)

SDS (option 1) Carer Break scheme applications by status



SDS (option 1) Carer Break scheme applications by type



## SDS Option 1 (Carer Break scheme)

As reported to committee and included in previous Carer Programme update reports, this scheme to support unpaid carers is an integral component of a balanced “carers programme” aimed at meeting our duties under the Carers Act.

It is the aim of NHS Highland to ensure that unpaid carers continue to access a range of services and we are committed to supporting carers, while maintaining our Option 1 short breaks scheme to increase the support to carers to be flexible and personalised to provide them with a necessary break.

The scheme continues to be well received by carers and their families with the number of approved applications starting to increase again during recent months.

NHS Highland has partnered with a number of organisations to host a special event for unpaid carers on Thursday 15th of June.

NHS Highland Carer Support Services as well as many other support organisations such as Connecting Carers, Carr Gomm, and Befrienders Highland will be there to chat and offer support for carers.

The event comes as part of NHS Highland’s celebration of Carers Week (5 – 11 June 2023), an annual campaign raising awareness of caring and highlighting the challenges unpaid carers face.

**Update 06/06/2023**

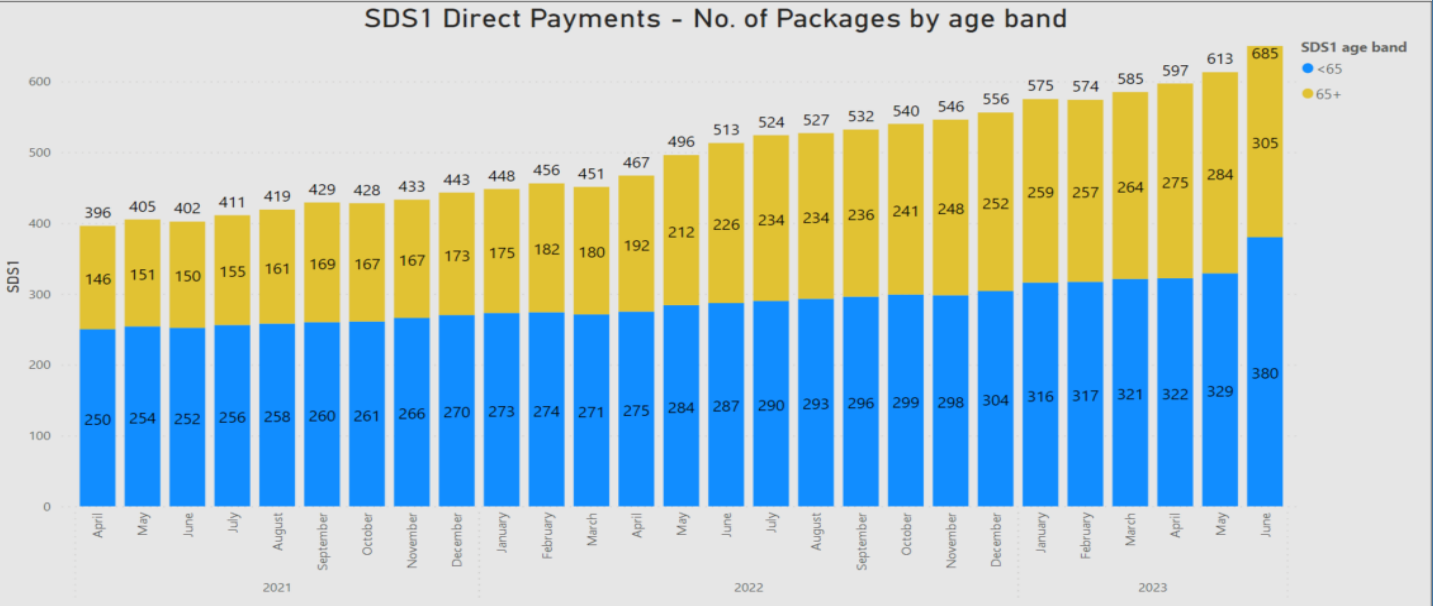
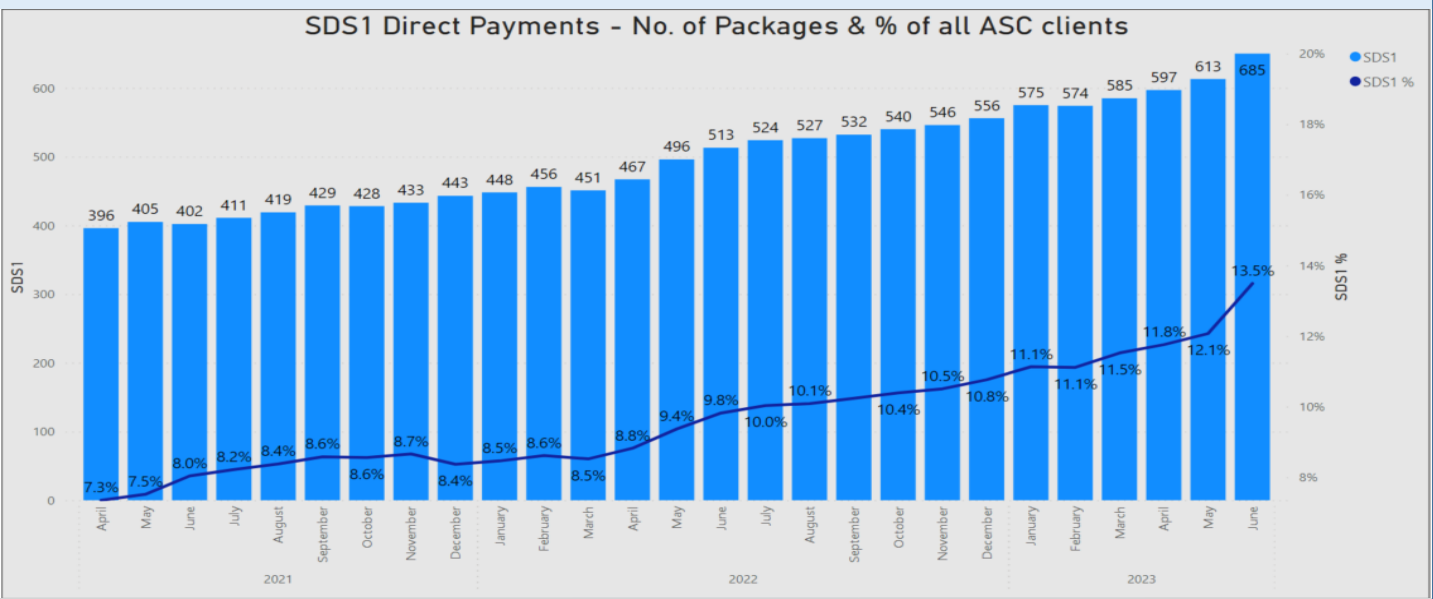
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## Self Directed Support – Option1 (DP)



## SDS Option 1 (Direct Payments)

Sustained growth in Option 1s for younger and older adults in our more remote and rural areas. Significant increase since March 2022 with further sustained growth expected this financial year.

The sustained increase does highlight the unavailability of other care options and a real market shift as we are unable to commission other care services.

We are also aware of more and more Option 1 recipients who are struggling to retain and recruit personal assistants, which demonstrates the resource pressure affecting all aspects of care delivery.

As reported to committee on 28 June 2023, NHS Highland has now agreed to a co-produced hourly rate for Options 1's in partnership with Community Contacts and SDS Peer Support Group by establishing a fair, transparent, and mutually understood personal assistant hourly rate for Option 1s.

NHS Highland is also committed to increasing the level of independent support across all service delivery options and is setting up a priority project with funding available up to £0.200m, to procure independent sources of advice, information and support which are available to all those exploring the help open to them via self-directed support.

This significant cost investment is required to ensure the sustainability of our current Option 1 packages which are still the most cost effective and efficient delivery models which have significantly grown primarily due to the absence of any other traditional delivery and more expensive care models.

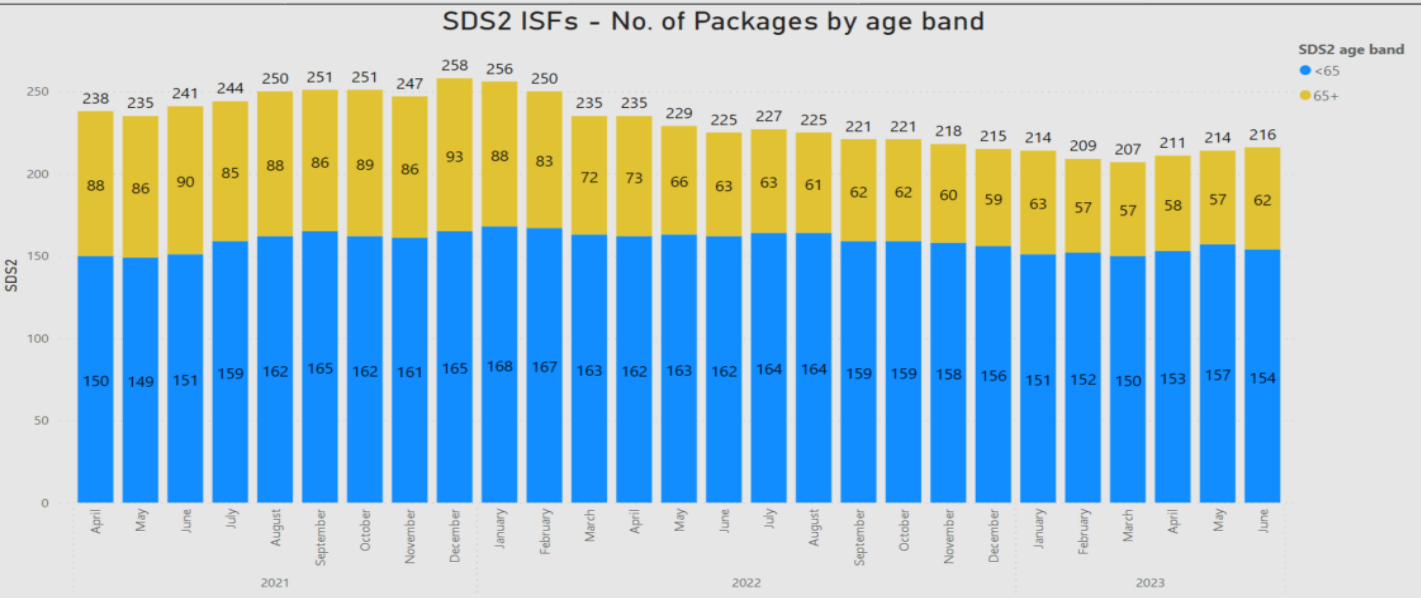
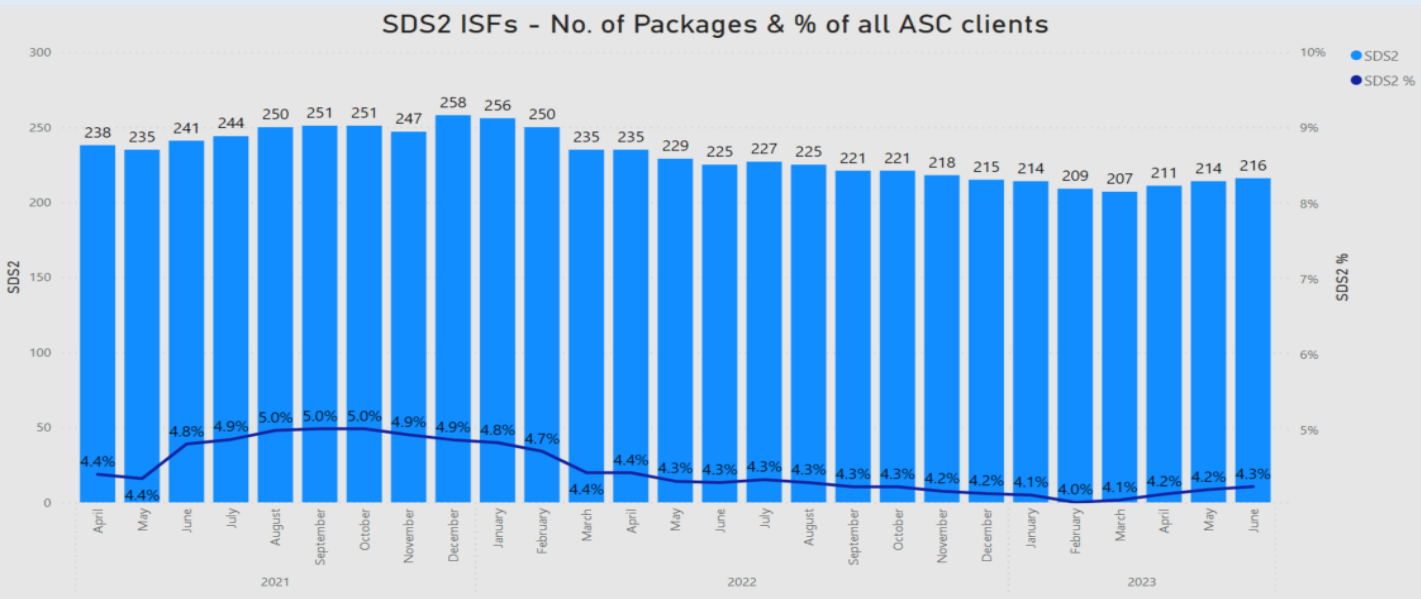
**Update 16/08/2023**

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## Self Directed Support – Option2 (ISF)



## SDS Option 2 (Individual Service Funds)

ISFs continued to reduce during 2022 after a peak of 258 in Dec 2021, although we have seen a stabilising of the position so far in 2023.

Overall number of ISFs split by age band, highlighting resource pressures which is a recurring theme across Health and Social Care.

Our current number of active service users receiving an ISF is 216 as at April 2023 with a projected annual cost of £5.1m.

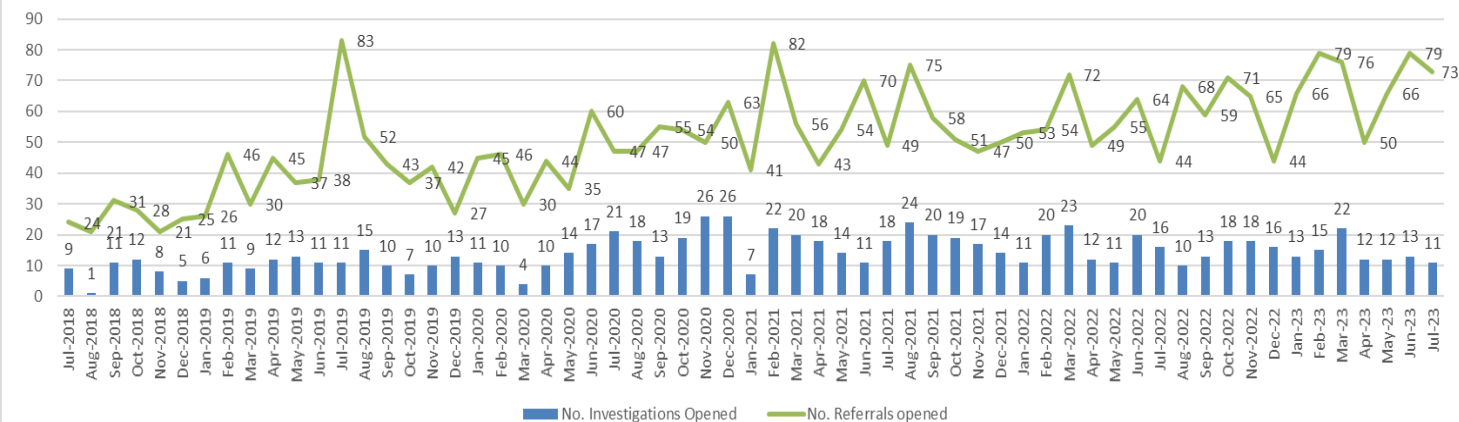
Plans are now in development to better understand and resolve any process barriers to growing the overall number of ISFs.

A restructure of the operation of Option 2's was agreed as a key work stream component within an overall programme for Promoting choice, flexibility and control.

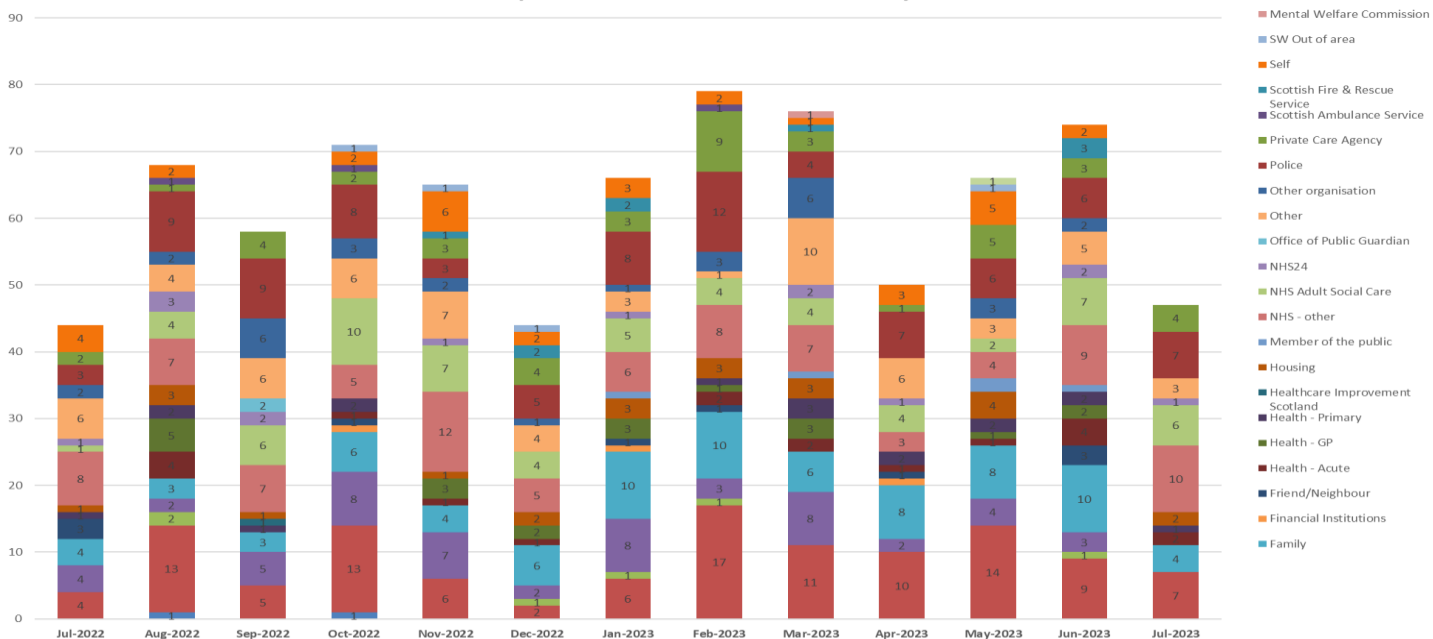
# Strategic Objective 3 Outcome 9 – Care Well (Adult Social care)

## Adult Protection

No. of referrals received v's no. investigations opened



Complete Adult Protection Referrals by Source



## Adult Protection

Currently Adult Protection information is provided as part of an annual return to PHS.

A new National dataset is currently being introduced with guidelines received in January 2023. This will require an amendment to quarterly reporting and some amendment to data collected. These amendments are being progressed.

The number of initial referrals and inquiries received are assessed by Integrated care teams as to whether or not they meet the 3 point test and should progress to an investigation. Referrals do come from multiple sources as shown on the graph, previously the main source was the police however as people have become more aware of Adult Protection the numbers of referrals have increased from other sources.

The number of referrals that progress to a full investigation following the initial inquiry is approximately 25%.

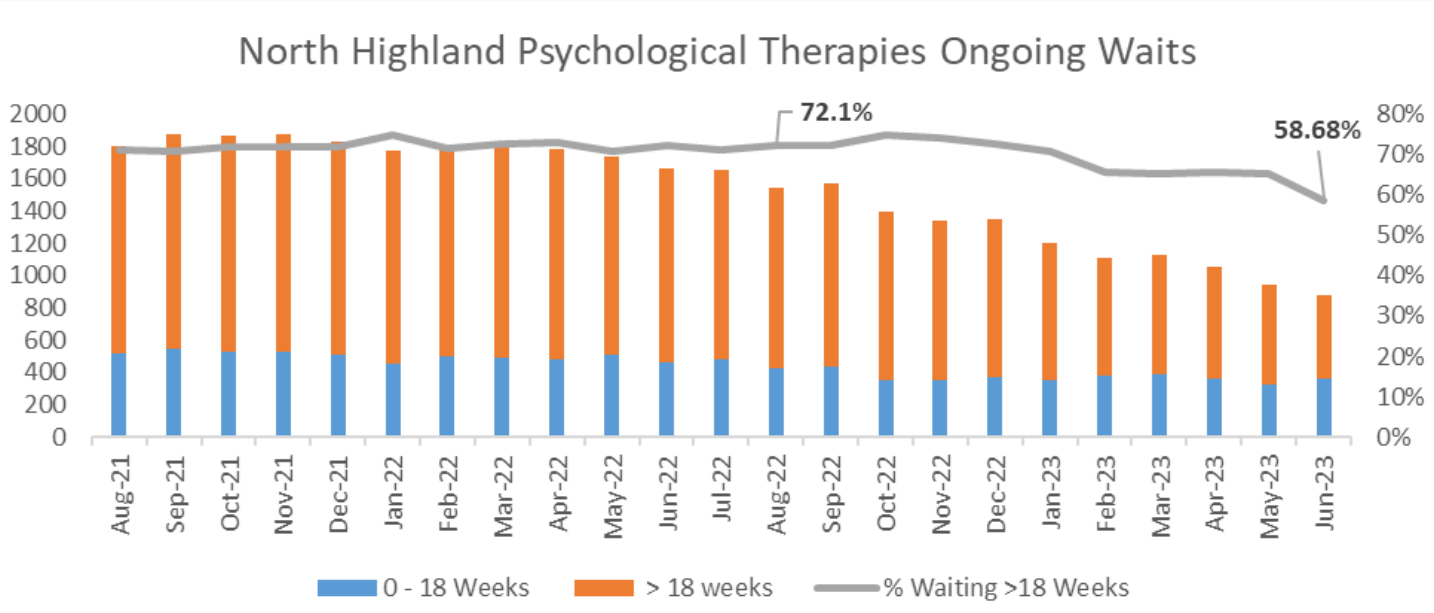
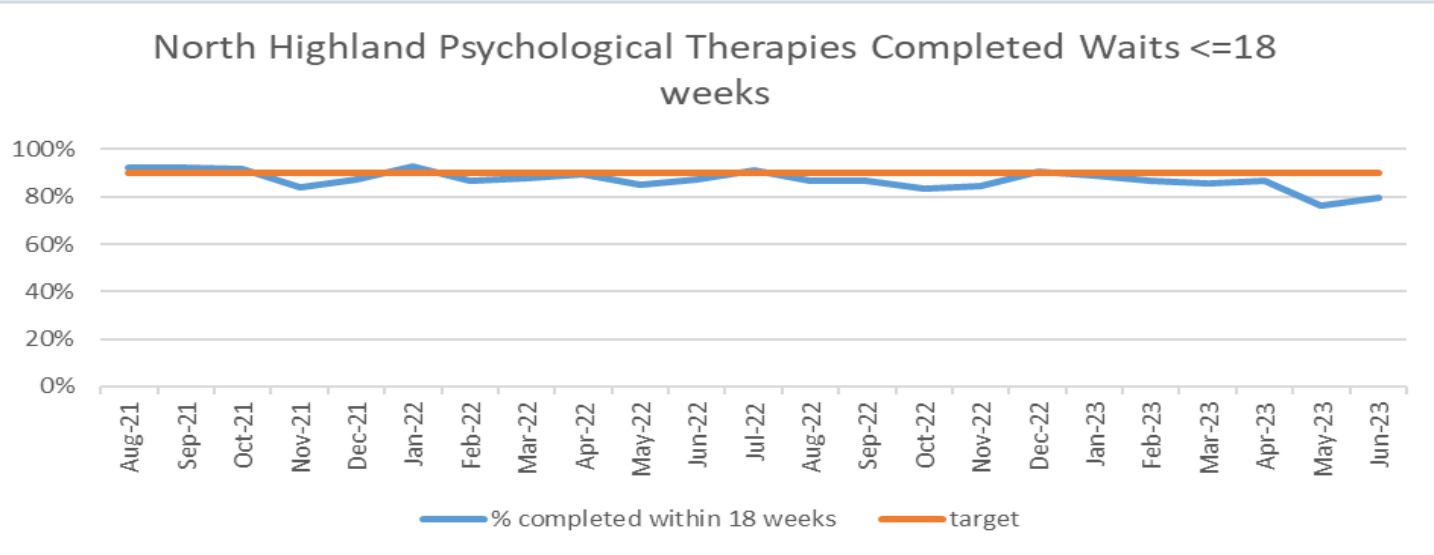
Update 06/06/2023

# Strategic Objective 3 Outcome 10 – Live Well (Psychological Therapies)

Priority 10A,10B,10C - Ensure that both physical and mental health are on an equal footing and reduce stigma by improving access and enabling all our staff in all services to speak about mental health and wellbeing”



## Psychological Therapies North Highland 87% April Performance



## Psychological Therapies Performance Overview - North Highland

The national target: **90% of people commence psychological therapy based treatment within 18 weeks of referral. June 2023: Current performance 79.7%**

As at June 2023:

- 876 of our population waiting to access PT services in North Highland.
- 514 patients are waiting >18 weeks (58.6% breached target) of which 294 have been waiting >1 year.
- Of the 294 waiting >1 year, 15 of those are waiting for North Highland Neuropsychology services, this is a significant reduction, 54 awaiting group therapies and 188 awaiting AMH make up the majority of waits > 1 year,

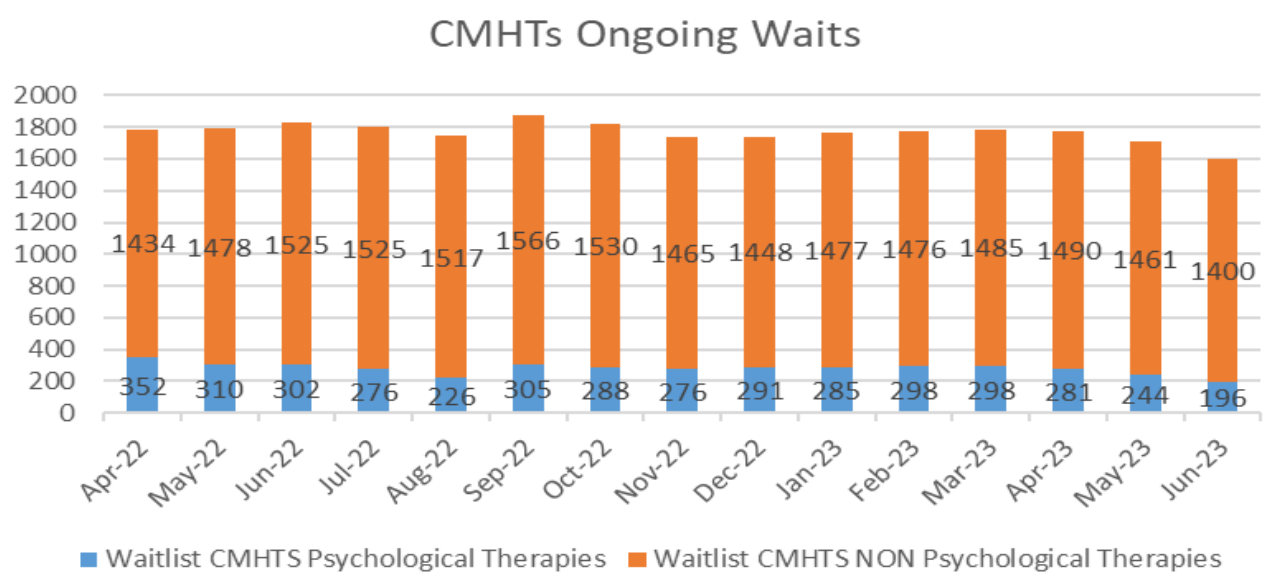
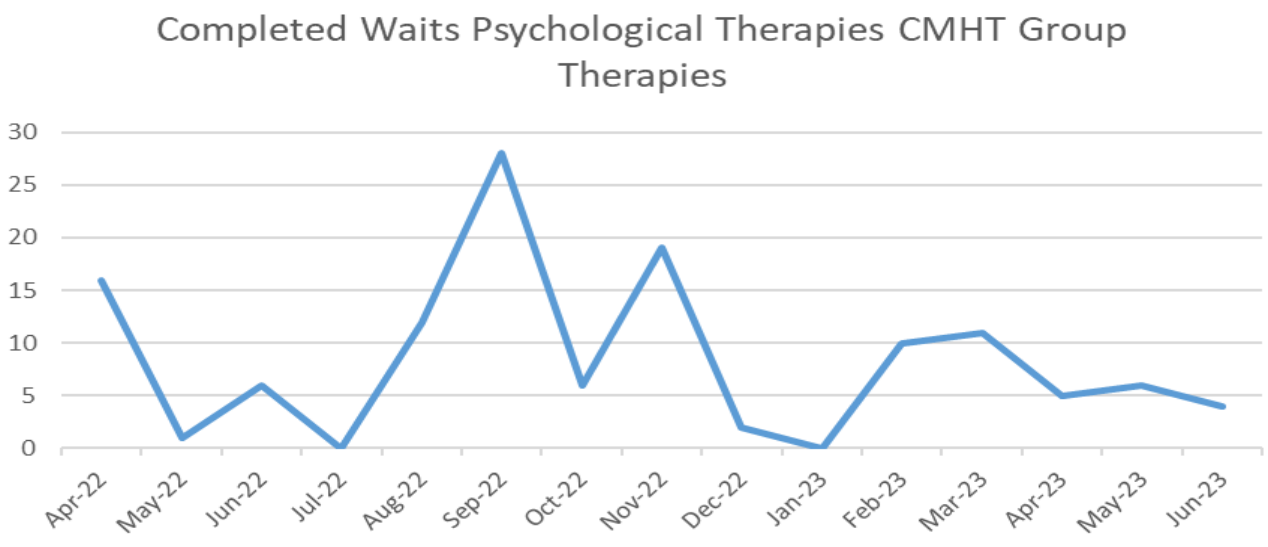
Psychological therapies services have had longstanding challenges with significant waiting times. There are a number of factors that have led to this including a lack of any other route for psychological interventions at an earlier stage.

The development of primary care mental health services will help to fill this gap in provision along with the targeted use of community resources and the development of CMHT colleagues to work with their psychological therapy colleagues. It has also been identified that there is a gap in the provision of Clinical Health Psychology this is currently being addressed by the Board and Director of Psychology.

There will though always be a need for specialist services and the team are working to build a resilient model. The Director of Psychology is working closely with her team to reduce the current backlog and to build for the future. Recruitment and retention is difficult when national recruitment is taking place, however, there has been some success to date and in particular we are developing our neuropsychology service which forms the majority of our current extended waits. The data provided here is already showing improvement overall with clear trajectories agreed with SG as we progress with our implementation plan.



## Community Mental Health Teams



## Community Mental Health Teams

The ongoing waits for CMHTs are not currently reported unless they fit the criteria for psychological therapies such as STEPPS group therapies. The delivery of these group therapies was halted during COVID and the availability of an online method was slow to progress. This has resulted in a significant backlog in this area. There is a shortage in STEPPS trainers within the UK so we are therefore exploring a range of options for increasing NHS Highland STEPPS practitioner capacity.

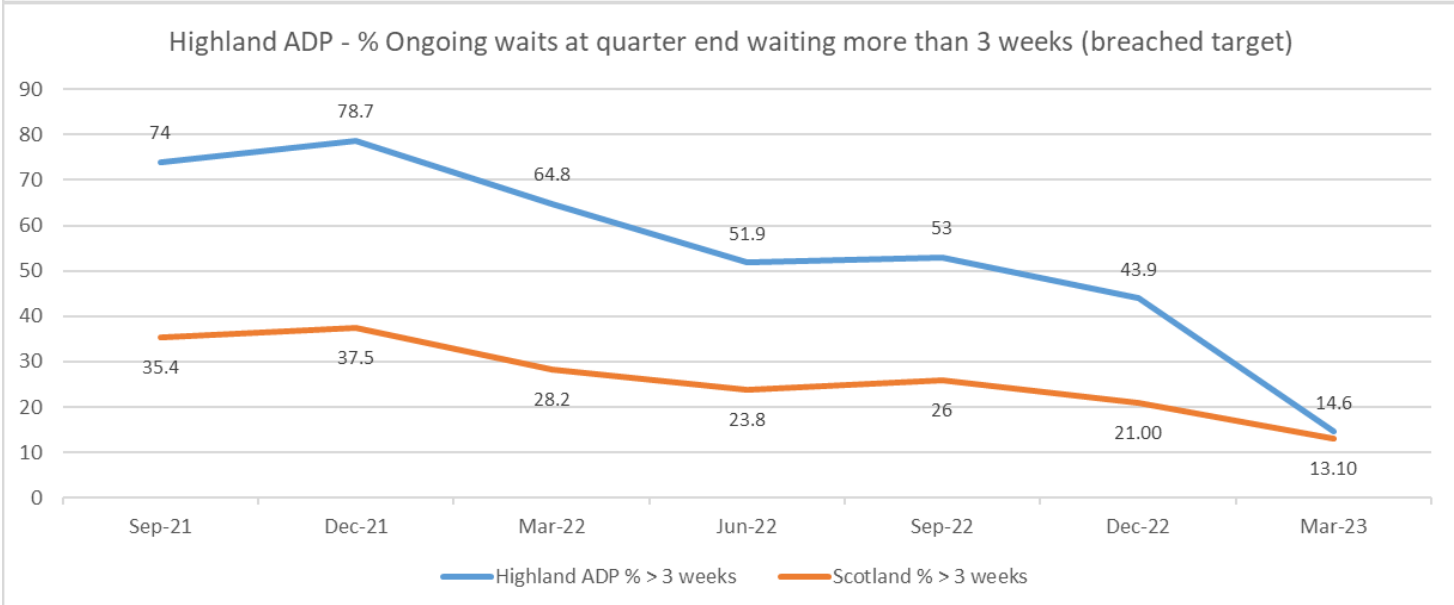
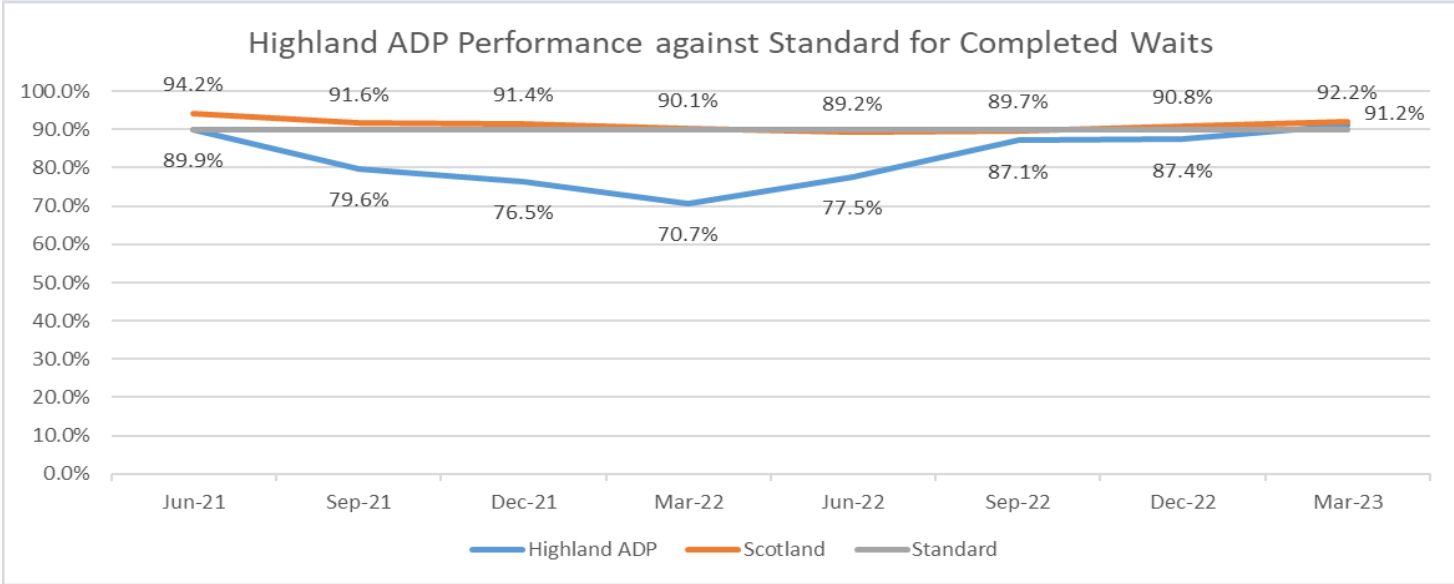
Also, in addition the PD Service are going to lead by example with an on-line STEPPS for patients across NHS Highland. Three people have been identified for the impending training.

Graph 1 – shows the number of completed waits within the CMHT PT patients waiting on group therapies.

Graph 2 – shows the ongoing waits as recorded on PMS for the CMHTs, split between PT group therapies and other patients. Validation work is ongoing around this waitlist as has happened within PT.



## Highland Drug & Alcohol Recovery Services



## North Highland Drug & Alcohol Recovery Services Update PHS Publication March 2023

**North Highland Drug & Alcohol Recovery Service 91.2%, Scotland 92.2%**

### Main points Completed Waits from Publication

No. of referrals to community based services completed in quarter end 31/03/2023	Highland ADP	Scotland
Alcohol	138	
Drug	80	
Co-dependency	10	
<b>Total completed</b>	<b>228</b>	
<= 3 weeks	208	
% of referrals to community based services completed within target in quarter end	Highland ADP	Scotland
% completed <= 3 weeks - Alcohol	87.7%	
% completed <= 3 weeks - Drug	98.8%	
% completed <= 3 weeks - Co-dependency	80.0%	
<b>% completed &lt;= 3 weeks - All</b>	<b>91.2%</b>	<b>92.2%</b>
<b>TARGET</b>	<b>90%</b>	<b>90%</b>
> 3 weeks	8.8%	7.8%

### Main points Ongoing Waits from Publication

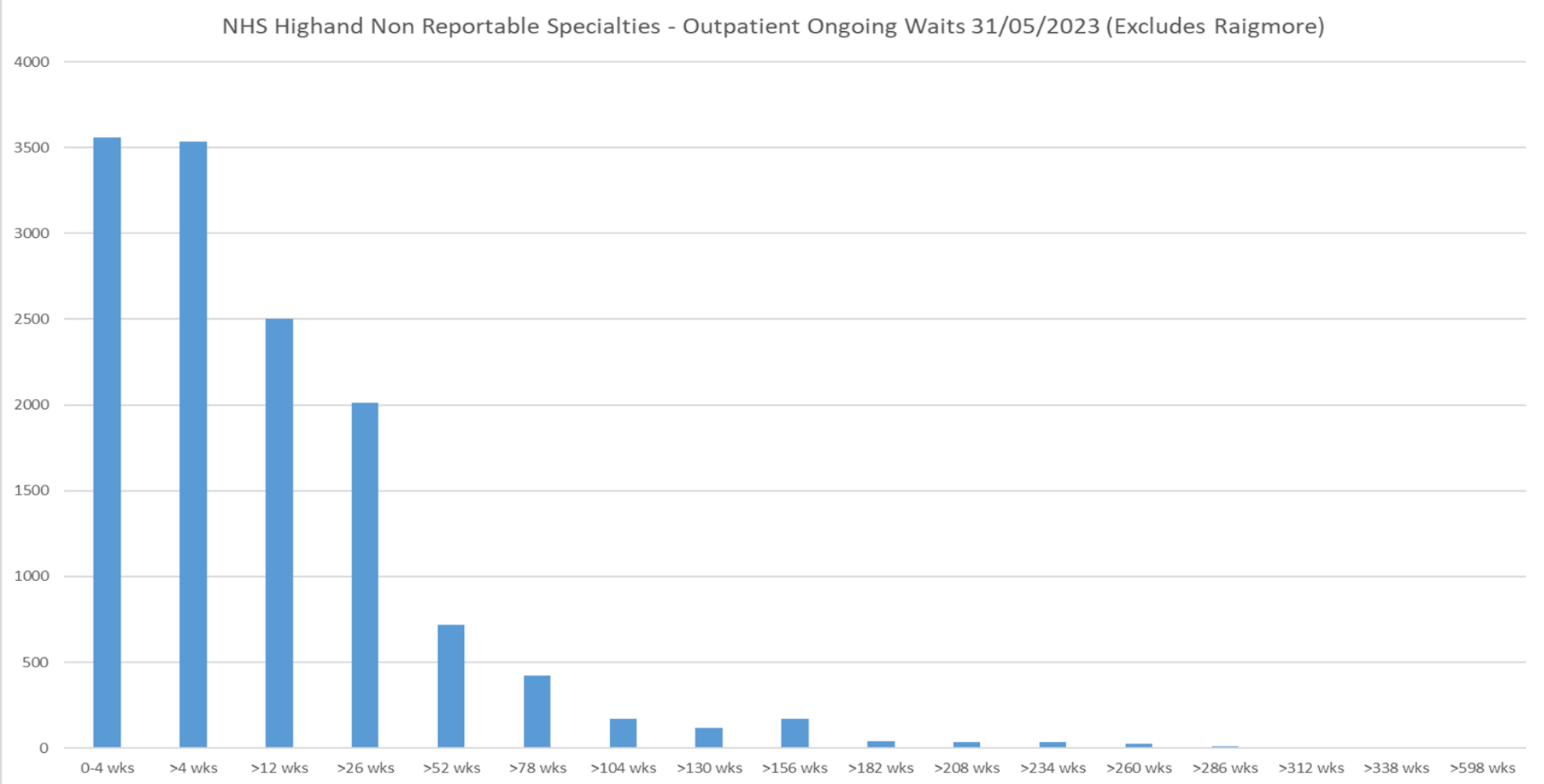
Ongoing referrals to community based services at quarter end 31/03/2023	Highland ADP	Scotland
Alcohol	33	
Drug	13	
Co-dependency	2	
<b>Total ongoing</b>	<b>48</b>	
<= 3 weeks	41	
> 3 weeks	7	
% breached ongoing waits as at quarter end 31/03/2023	Highland ADP	Scotland
% ongoing > 3 weeks - Alcohol	15.2%	13.8%
% ongoing > 3 weeks - Drug	15.4%	14.1%
% ongoing > 3 weeks - Co-dependency	0.0%	7.4%
<b>% ongoing &gt; 3 weeks - All</b>	<b>14.6%</b>	<b>13.1%</b>

Priority areas include identifying areas for improvement using lean methodology and the method for improvement to release capacity in teams to further meet this standard. This work has started in some teams.



# Non Reportable Specialties – Ongoing Waits 29/03/2023

**Total Waiting List – 13,355**  
**Longest Wait > 598 weeks**



This is new data to the service so requires further consideration of what it is showing. We need closer scrutiny in each of the areas in relation to data cleansing, waiting list management, waiting time targets and forward service planning.

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**11/04/2023**

# Current Overview of Community Waitlists

## NHS Highland Non Reportable Specialties - Outpatient Ongoing Waits 31/05/2023 (Excludes Raigmore)

MAIN SPECIALTY	0-4 wks	>4 wks	>12 wks	>26 wks	>52 wks	>78 wks	>104 wks	>130 wks	>156 wks	>182 wks	>208 wks	>234 wks	>260 wks	>286 wks	>312 wks	>338 wks	>598 wks	Total
Aviemore CMHS	17	18	11	20	14	2		4	9									95
Caithness CMHS	49	25	16	53	43	51	16	14	10	12	13	15	14	7	1	1		340
Child and Adolescent Psychiatry	25	27	24	19	2													97
Chiropody	685	484	146	51	1													1367
Clinical Psychology	16	12	17	34	39	40	7	3		1								169
Community Child Health				2														2
Community Dental	5	2	1	1	1				1									11
Community Paediatrics	18	39	51	56	3													167
Dietetics	256	306	246	90	18	17	12	6	1	1	1	1						955
East Ross CMHS	64	51	52	21	22	3												213
Electrocardiography	118	159	208	365	58	5	1		1									915
General Psychiatry	275	344	227	113	54	19	8	1	1	1							1	1044
GP Acute	91	92	42	20	4	1	2											252
Highland Community Mental Health Team	27	33	49	72	49	23	13	3	2	2	2	1	1	1				278
Inverness CMHS	20			5														25
Investigations and Treatment Room			4	1	1				1				1					8
Learning Disability	10	29	28	88	55	34	18	20	15	20	16	18	7	1			2	361
Lochaber CMHS	27	32	21	40	35	47	10	28	17									257
Mental Health Nursing MHN	26	33	52	35	21	13	7	4	1									192
Mid Ross CMHS	23	17	17	48	5													110
Nairn CMHS	17	17	18	25	24	1	3	8	42									155
Obstetric	11	7	2															20
Obstetrics Antenatal	13	2	2	2														19
Occupational Therapy	30	40	3	5	3	5	3		1									90
Ophthalmology - Cataract		3																3
Optometry	89	112	140	136	13	1												491
Orthoptics	26	30	37	14	5													112
Orthotics	62	73	63	44	7													249
Physio Orthopaedic Service	57	32	7															96
Physiotherapy	1224	1265	756	360	65	33	13	6	14				1					3737
Psychiatry of Old Age	150	79	75	40	25	3												372
Psychological Services	103	147	154	160	109	98	52	15	2	2	1	1						844
Psychotherapy							2											2
Skye and West Ross CMHS	26	25	30	93	42	27	3	3	51									300
Social Work				1			1	1	1									4
Sonography		1	1			1												3
<b>Total</b>	<b>3560</b>	<b>3536</b>	<b>2500</b>	<b>2014</b>	<b>718</b>	<b>424</b>	<b>171</b>	<b>117</b>	<b>169</b>	<b>39</b>	<b>33</b>	<b>37</b>	<b>23</b>	<b>9</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>13355</b>

**Total Waiting List – 13,355**  
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