NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**2 March 2022**
Title:	**HHSCC Finance Report – Month 10 2021/2022**
Responsible Executive/Non-Executive:	**Louise Bussell, Chief Officer, Highland Community**
Report Author:	**Elaine Ward, Deputy Director of Finance**

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- Annual Operation Plan

This aligns to the following NHSScotland quality ambition:

- Effective

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence • Improving health • Keeping you safe • Innovating our care		**Partners in Care** • Working in partnership • Listening and responding • Communicating well	√
A Great Place to Work • Growing talent • Leading by example • Being inclusive • Learning from experience • Improving wellbeing		**Safe and Sustainable** • Protecting our environment • In control • Well run	 √ √
Other (please explain below)			

2 Report summary

2.1 Situation

This report is presented to enable discussion on the Highland Health & Social Care Partnership financial position at Month 10 2021/2022 (January).

2.2 Background

NHS Highland submitted a balanced financial plan to Scottish Government for the 2021/2022 financial year in March 2021 and this plan was approved by the Board in May 2021. A savings requirement of £32.900m was identified to deliver balance in year £3.000m of this being related to Adult Social Care. This report summarises the Highland Health & Social Care Partnership financial position at Month 10, provides a forecast through to the end of the financial year and highlights the current savings position.

2.3 Assessment

For the period to end January 2022 (Month 10) an overspend of £0.846m is reported. This overspend is forecast to decrease to £0.192m by the end of the financial year. Scottish Government have confirmed that all NHS Boards will receive a funding package to deliver in year financial balance for 2021/2022.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Full		Substantial		Moderate	√
Limited		None		Not yet assessed	

3 Impact Analysis

3.1 Quality/ Patient Care

Achievement of a balanced financial position for 2021/2022 was predicated on achievement of savings of £32.900m. The impact of quality of care and delivery of services is assessed at an individual scheme level using a Quality Impact Assessment tool. All savings are assessed using a QIA which can be accessed from the Programme Management Office.

3.2 Workforce

There is both a direct and indirect link between the financial position and staff resourcing and health and wellbeing. Through utilisation of the Quality Impact Assessment tool the impact of savings on these areas is assessed.

3.3 Financial

At the end of Month 10 2021/2022 (January) a year to date overspend of £0.846m is reported within the Highland Health & Social Care Partnership and it is forecast that this will decrease to £0.192m by 31 March 2022. Scottish Government have confirmed that a funding package will be available to bring NHS Highland, and other Boards, into in year financial balance by 31 March 2022.

3.4 Risk Assessment/Management

Confirmation of the funding package referenced in paragraph 2.3 mitigates the risk of non-delivery of a balanced financial position for 2021/2022.

3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because it is not applicable

3.6 Other impacts

None

3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage both internal and external stakeholders where appropriate through the following meetings:

- Executive Directors Group – via monthly updates and exception reporting
- Financial Recovery Board held weekly
- Quarterly financial reporting to Scottish Government

3.8 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.

-

4 Recommendation

- **Discussion** – Examine and consider the implications of a matter.

4.1 List of appendices

The following appendices are included with this report:

- Appendix No 1 – HHSCP Service Financial Breakdown at Month 10 (January 2022)

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1. NHS Highland – Period 10

1.1 For the ten months to the end of January 2022 NHS Highland has overspent against the year to date budget by £10.972m and is forecasting an overspend of £16.294m at financial year end. Recent correspondence from Scottish Government has confirmed *"support will be provided to NHS Boards and Integration Authorities to deliver breakeven on a non-repayable basis, providing there is appropriate review and control at Board level."* – on this basis a breakeven position is being reported at financial year end. At the point of writing this report confirmation of the level of further covid funding is still awaited. Discussions with Scottish Government on flexible use of funding, including the potential for return of funding to be reprovided next year, are ongoing.

1.2 The year end forecast includes anticipated slippage of £10.690m 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 31 January

Current Plan £m	Summary Funding & Expenditure	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
1,044.597	**Total Funding**	826.594	826.594	-	1,044.597	-
	Expenditure					
416.952	HHSCP	345.081	345.926	(0.846)	417.144	(0.192)
248.955	Acute Services	207.637	210.231	(2.593)	254.300	(5.345)
156.743	Support Services	92.058	92.055	0.003	156.810	(0.067)
(10.690)	Savings Workstreams & Central NR Ta	(7.702)	0.000	(7.702)	0.000	(10.690)
811.960	**Sub Total**	**637.074**	**648.212**	**(11.138)**	**828.254**	**(16.294)**
232.638	Argyll & Bute	189.520	189.354	0.166	232.638	-
1,044.597	**Total Expenditure**	**826.594**	**837.566**	**(10.972)**	**1,060.892**	**(16.294)**
	Surplus/(Deficit) Mth 10			**(10.972)**	**16.294**	**(16.294)**
	Funding Support from SG to deliver breakeven					**16.294**
	Forecast year end position					-

2 HHSCP – Period 10

2.1 The HHSCP is reporting an overspend of £0.846m at the end of Period 10 with a year end overspend of £0.192m forecast. This is an improved position from that reported to the committee at the end of month 8 reflecting additional vacancies and application of Winter ASC funding.

2.2 When savings and income are taken into account the overall position forecast at financial year end is an underspend of £0.658m.

2.3 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 10 (January 2022)

Current Plan £m's	Detail	Position to Date: Plan to Date £m's	Position to Date: Actual to Date £m's	Position to Date: Variance to Date £m's	Forecast Outturn: Forecast Outturn £m's	Forecast Outturn: Var from Curr Plan £m's
229.894	NH Communities	190.588	192.534	(1.946)	230.373	(0.479)
41.694	Mental Health Services	34.468	34.386	0.082	42.512	(0.818)
138.364	Primary Care	114.484	114.345	0.140	138.169	0.195
7.000	ASC Other	5.540	4.661	0.879	6.090	0.910
416.952	**Total HHSCP**	**345.081**	**345.926**	**(0.846)**	**417.144**	**(0.192)**
	Costs held in Support Services					
(3.000)	PMO Workstreams (excl housekeeping)	**(2.500)**	**(0.932)**	(1.568)	**(3.000)**	-
(15.508)	ASC Income	**(13.015)**	**(13.825)**	0.810	**(16.358)**	0.850
398.444	**Total HHSCP and ASC Income/Covid**	**329.566**	**331.169**	**(1.604)**	**397.786**	**0.658**

Table 3 - HHSCP Financial Position at Month 10 (January 2022) –split across Health & Adult Social Care

Current Plan £m's	Detail	Position to Date: Plan to Date £m's	Position to Date: Actual to Date £m's	Position to Date: Variance to Date £m's	Forecast Outturn: Forecast Outturn £m's	Forecast Outturn: Var from Curr Plan £m's
(3.000)	PMO Workstreams (excl housekeeping)	(2.500)	(0.932)	(1.568)	(3.000)	-
251.781	Health	207.934	207.272	0.662	250.660	1.121
149.663	Social Work	124.131	124.829	(0.698)	150.127	(0.464)
398.444	**Total HHSCP & Covid/ASC Income**	**329.566**	**331.169**	**(1.604)**	**397.786**	**0.658**

2.4 Two main factors continue to drive this position – the previously identified pressure associated with the FME services and additional Care at Home packages.

2.5 Within North Highland Communities the year to date overspend is made up of an underspend in Health of £0.851m – due to ongoing vacancies - and an overspend of £2.797 within Adult Social Care – as a result of additional Care at Home packages and overspends in younger adult packages. The underspend within Health is forecast to increase to £1.886m by year end with the overspend in Adult Social Care forecast to reduce to £2.364m over the same period. This is a prudent position with further work ongoing to match elements of this overspend to funding within the ASC winter package.

2.6 The position within Mental Health reflects ongoing vacancies within Adult Mental Health, Community Mental Health Teams and Learning Disabilities – YTD underspend of £0.478m

moving to an overspend of £0.073m. The forecast position at year end assumes recruitment ongoing over the period.

2.7 Within Drug & Alcohol the FME Service is forecasting an overspend of £1.190m by year end and is the main driver for the overspend within this area. Locums will continue to be used to deliver this service through to the end of the financial year.

2.8 An overspend of £0.140m is currently reported within Primary Care with this forecast to increase slightly to £0.195m by year end.

2.9 Within ASC Other the year to date underspend of £0.254m and the forecast underspend of £0.313m are being driven by vacant posts.

2.10 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 10 is summarised in Table 4 below:

Table 4 – ASC Savings

No of schemes	Unadjusted	Risk Adjusted
	£m	£m
29	3.295	3.291

4 2022/2023 Budget

4.1 Discussions on ASC funding for 2022/2023 are continuing.

4.2 Before taking account of additional allocations for 2022/2023 a funding gap of £13.300m had been identified. A savings programme of £3.000m will be developed with the balance of the gap being funded from slippage on winter funding from 2021/2022 and additional

funding anticipated in 2022/2023. The split of funding will be finalised post financial year end once an out-turn position has been finalised.

4.2 This is a single year solution for 2022/2023 with further discussion required to agree a sustainable solution for 2023/2024 and beyond.

5 Recommendation

- Highland Health & Social Care Committee members are invited to discuss the contents of the Month 10 Finance Report.

Appendix 1

HHSCP Service Financial Breakdown at Month 10 (January 2022)

North Highland Communities

Current Plan £m's	Detail	Plan to Date £m's	Actual to Date £m's	Variance to Date £m's	Forecast Outturn £m's	Var from Curr Plan £m's
62.833	Inverness & Nairn	52.356	53.411	(1.055)	64.886	(2.053)
46.770	Ross shire & B&S	38.939	38.905	0.034	46.705	0.065
40.515	Caithness & Sutherland	33.780	33.538	0.242	40.272	0.243
48.963	Lochaber, SL & WR	40.386	40.069	0.316	48.352	0.611
18.632	Management	14.984	17.125	(2.141)	18.612	0.020
4.301	Community Other	3.587	3.383	0.204	4.122	0.179
1.624	ASC Other	1.354	1.100	0.254	1.312	0.313
6.257	Hosted Services	5.202	5.003	0.199	6.112	0.145
229.894	Total NH Communities	190.588	192.534	(1.946)	230.373	(0.479)
80.667	**Health**	**66.371**	**65.520**	**0.851**	**78.781**	**1.886**
149.227	**ASC**	**124.217**	**127.014**	**(2.797)**	**151.591**	**(2.364)**

Mental Health Services

Current Plan £m's	Detail	Position to Date: Plan to Date £m's	Position to Date: Actual to Date £m's	Position to Date: Variance to Date £m's	Forecast Outturn: Forecast Outturn £m's	Forecast Outturn: Var from Curr Plan £m's
	Mental Health Services					
21.280	Adult Mental Health	17.464	17.367	0.096	21.308	(0.028)
10.966	CMHT	9.155	8.774	0.382	11.012	(0.045)
5.026	LD	4.157	3.742	0.416	4.738	0.288
4.422	D&A	3.692	4.504	(0.812)	5.456	(1.034)
41.694	Total Mental Health Services	34.468	34.386	0.082	42.513	(0.818)
32.750	**Health**	**27.079**	**27.408**	**(0.328)**	**33.709**	**(0.958)**
8.944	**ASC**	**7.389**	**6.979**	**0.410**	**8.804**	**0.141**

Primary Care

Current Plan £m's	Detail	Position to Date: Plan to Date £m's	Position to Date: Actual to Date £m's	Position to Date: Variance to Date £m's	Forecast Outturn: Forecast Outturn £m's	Forecast Outturn: Var from Curr Plan £m's
	Primary Care					
22.282	Dental	18.304	17.557	0.748	21.421	0.860
50.886	GMS	42.477	42.758	(0.282)	51.055	(0.170)
57.383	GPS	47.804	48.239	(0.435)	57.902	(0.519)
5.127	GOS	4.098	4.109	(0.012)	5.144	(0.017)
2.686	Primary Care Management	1.802	1.681	0.120	2.646	0.040
138.364	Total Primary Care	114.484	114.345	0.140	138.169	0.195

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 12 January 2022 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
Deidre MacKay, Board Non-Executive Director – Vice Chair
Tim Allison, Director of Public Health
Louise Bussell, Chief Officer
Cllr Isabelle Campbell, Highland Council
Cllr David Fraser, Highland Council
Frances Gordon, Interim Finance Manager (substitute for Elaine Ward)
Philip Macrae, Board Non-Executive Director
Cllr Linda Munro, Highland Council
Gerry O'Brien, Board Non-Executive Director
Julie Petch, Nurse Lead
Michael Simpson, Public/Patient Representative
Wendy Smith, Carer Representative
Simon Steer, Director of Adult Social Care
Michelle Stevenson, Public/Patient Representative
Ian Thomson, Area Clinical Forum Representative
Neil Wright, Lead Doctor (GP)
Mhairi Wylie, Third Sector Representative

In Attendance:
Elspeth Caithness, Employee Director
Becs Barker, Operations Manager: Involvement, Quality and Innovation, Carr Gomm
Rhiannon Boydell, Head of Service, Community Directorate
Stephen Chase, Committee Administrator
Tara French, Head of Strategy and Transformation, HHSCP
Arlene Johnstone, Head of Service, Health and Social Care
Tracy Ligema, Communications Manager
Donellen Mackenzie, Area Manager, South and Mid Highland Operational Unit
Jo McBain, Deputy Director for Allied Health Professionals
Joanne McCoy, Board Non-Executive Director
Neil McNamara, CD for Mental Health, Learning Disability & Drug and Alcohol Recovery Services
Mike Winter, Senior Medical Advisor

Apologies:
Paul Davidson, Catriona Sinclair, and Elaine Ward.

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

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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.

L Munro noted that she would arrive late to the meeting and declared by email ahead of the meeting a financial interest in Self-Directed Support in case the subject arose in discussion.

The Chair welcomed members and all attendees to the meeting and noted that new member of the Board, Joanne McCoy was attending for information but would be formally appointed as a member of the committee by the Board at their next meeting at the end of January.

2 FINANCE

2.1 Year to Date Financial Position 2021/2022 [pp.1-6]

F Gordon was on hand in lieu of the Deputy Director of Finance to receive questions on the paper which had been circulated prior to the meeting.

L Bussell noted that several discussions had been had with Highland Council for the future direction of workstreams to achieve Adult Social Care savings. There has been some challenge around how NHS Highland and the Council work together on transformation work and cost savings and efficiencies. A proposal to refocus this work for 2022/23 will be submitted to the February Joint Monitoring Committee.
The savings gap for next year has been identified as around £13.5m with discussions on-going with the Council and SG to secure a similar arrangement as this year to cover this gap.

In discussion, the following points were addressed:

F Gordon gave high assurance to the committee that funding from Scottish Government would be forthcoming to support the forecast year end variance of £0.314m for the HHSCP. Award letters have been received from Scottish Government.

With reference to p.5 of the report, the variance in the Community Mental Health Team budget position was noted and it was asked if this was due to vacancies being filled. It was answered that the overspend was mainly due to Adult Social Care packages which had seen some increase in long term costs. Increased recruitment has played a small part. More detail was requested in future reports to separate out primary reasons for the overspend such as recruitment costs.

With reference to a query regarding who has responsibility for overspends in delivering the Police Custody Service, it was confirmed that this is a statutory service that health boards had taken on service and financial responsibility for following the reorganisation of the Police Service in Scotland. The service covers specialist medical and psychological support for victims of crime and for persons held in police custody. Due to the statutory requirement for forensic medical examination only trained specialists can undertake this work and in the absence of a permanent appointment this work is carried out by agency locums incurring additional costs for NHS Highland. A business case is currently in preparation to address the overspend. A new facility is now partially up and running at Raigmore Hospital. Once the service has agreed a final budget NHS Highland will seek permanent recruitment for the role. It was suggested that the name for the service was now not appropriate for the area of work it now covers in terms of public understanding and access.

The Chair noted that assurance had previously been given that the pressures for 2022/23 would be covered, however with a business case to be submitted to the Investment Group this places doubt on the previous assurance. It was answered that delays around the establishing of the facility for the service at Raigmore Hospital had meant that the detail of

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the business case was also held up. The likelihood of recruiting on a substantive basis once a business case has been agreed was thought to be positive.

Regarding section 4 of the paper on additional money for ASC Winter Funding it was asked what the process is for agreeing how the money is spent. It was answered that Scottish Government allocates these monies for specific purposes and to provide additional capacity to that already in the system, even where budget deficits exist.

There will be a struggle to make use of funds for interim care beds due to ¾ of care homes being closed to admission due to COVID. As regards the national ask for increased capacity within Care at Home this will also be challenging to deliver due to recruitment difficulties. However, work is already going on to bring forward initiatives to spend the additional funds. For example, it had been decided to bring in the new pay rates for social care staff now to further incentivise recruitment. Further work is underway to see how best NHS Highland can support providers actively examining areas of vulnerability, enhancing the multidisciplinary offer, and supporting delayed discharge. Systems wide leadership meetings have taken place to determine target areas using the principal of Enhanced Community Services but with the understanding that some funds must be used to support social work.

The Chair requested that the next Chief Officer's report address how the impact of the additional funds and associated changes to services will be evaluated.

After discussion, the Committee:	
- **Noted** and **considered** the NHS Highland financial position at the end of Period 8 and the projection to year end.	
- **Noted** the progress on the delivery of ASC savings.	
- **Noted** the intention to agree with the Council a different approach to addressing the gap in funding of ASC at the JMC in February.	

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Assurance Report from Meeting held on 3 November 2021 [pp.7-16]

The draft Assurance Report from the meeting of the Committee held on 3 November 2021 was circulated prior to the meeting.

The minutes were approved as an accurate reflection of the meeting.

The Chair advised of the following proposed updates to the Rolling Action Plan:

- The Terms of Reference for the ASC Fees Group require further conversations with the Director of Finance before it can be approved.
- It was agreed to take the Careers in Social Care item off the plan.

After discussion, the Committee:	
• **Approved** the Assurance Report and **noted** the updates to the Rolling Action plan.	
• **Agreed** to remove the Careers in Social Care item from the plan.	
- **Noted** that the Terms of Reference for the ASC Fees Group require further conversations with the Director of Finance before it can be approved.	

3.2 Matters Arising From Last Meeting

There were no matters arising.

3.3 Mental Health Services Assurance Report [pp.17-45]

A Johnstone introduced the assurance report on the Interim Mental Health Services Strategy circulated ahead of the meeting; N McNamara and M Winter were on hand for questions. All the challenges highlighted in the report from December 2020 remained and services had

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been further impacted by the pandemic. Some improvements had progressed including the introduction of the Mental Health Assessment Unit providing 24/7 cover for emergency and unscheduled care. The combination of existing pressures and the pandemic were unprecedented and detailed Action Plans were put in place prioritising measures to ensure safe care for patients and staff. These were available on request from A Johnstone. NHS Highland had deployed additional support to the service. M Winter has been appointed as Senior Clinical Advisor and an Associate Nurse Director for Mental Health, a Director of Psychology, and an Interim Deputy Medical Director have also recently been appointed.

During discussion, the following points and questions were raised:

It was asked what Highland-wide support there was for children and teenagers, for example the Choices project in Lochaber. Children and Young People (defined as under 18s or under 25s for vulnerable young people such as care experienced young people) are outwith the Mental Health team's specific remit but are operationally managed by Acute Services and in partnership with Highland Council.

It was noted that any Mental Health Strategy needs to begin from year 0 upwards regardless of who delivers the work and that a joined-up approach is required for patients including a better dialogue between services. Other concerns noted were the lack of a dedicated service for children who have experienced sexual abuse. Further information was requested regarding additional investment in Highland for children's and young people's mental health.
It was agreed with the Chief Officer that more detail would be provided concerning CAMHS and Mental health support for teenagers.

In response to a query about the need for further investment and progress on digital enablement of service improvements A Johnstone indicated that regular meetings with the Head of e-health have been scheduled.

Regarding what overall level of assurance the Committee could take from the report about progress of actions to address the critical risks highlighted in the report. M Winter responded from his initial impressions in post that the service is moving in the right direction towards improved access and assessing best use of existing resources and he was satisfied that safe and efficient care is being provided.

The importance of joined up working with the Third Sector was considered a notable absence from the report, as Third Sector organisations often deal with people who are unable to or waiting to receive services from the NHS. The continued use of the term 'professional' in relation to those in the employment of the NHS overlooked the dedicated work of staff employed in the Third Sector. The suggestion of 'clinical' as a descriptor was offered. The need to foster stronger relations with the Third Sector was acknowledged.

- In terms of strategy development, a period of scoping is underway to reach out and engage with organisations. The importance of strong linkages between a Highland Community Planning Partnership strategy and the strategy for mental health services was acknowledged.

- With regards to governance of the improvement plans, the process for monitoring the action plans involves fortnightly and monthly meetings with individual services accountable to executive directors involved in the plans. Eventually, monitoring will be provided by the Mental Health Oversight Board. This has been delayed by the Covid response but the intention is still for this to progress soon. The remit will cover Highland and Argyll and Bute with an oversight and assurance role to evaluate decisions made by the services.

Given the degree of challenge facing the service, it was agreed that a further update come to the committee in six months and that there would be clear links made with Child and Lifespan workstreams.

The Committee:	
- **Noted** the report.	

- **Agreed** that the Improvement Plans mentioned in the paper can be made available on request from A Johnstone.	
- **Agreed** that a further update come to the committee in six months and that there would be clear links made with Child and Lifespan workstreams.	

3.4 Self-Directed Support Strategy [pp.46-57]

I Thomson and B Barker gave an overview of the work around the planned Strategy process and timeline.

- It was acknowledged that there is a need for a strategy to refresh the Self-Directed Support ethos, address the eligibility criteria, to act more preventatively and assist clients in shaping their own care.
- Feedback from social workers is that their work has become increasingly mechanistic without sufficient flexibility to help users shape their support.
- The Feeley Report noted SDS as progressive but not proportionately implemented across health boards.
- The aim is that going forward strategy should not focus only on individual needs but also address collective needs and shared resources.
- A broad-based alliance is required to reinvigorate the implementation of SDS.

B Barker (Community Contacts) described how a reference group of Third Sector, carer, Highland Council and NHS partners met to determine what SDS meant for people in Highland. The group sought to design a way to engage with communities to hear their views on issues such as person-centredness (care requirements), equality (living as active citizens), priorities (such as independent living), and the needs of carers, offering meaningful choice and control. A key focus was to find ways to support community-led approaches. The group also examined ways of monitoring activity and evaluating positive change for users, their supporters and staff, and how to provide support in a timely fashion.

The responses favoured a move away from assessment given in terms of tasks or time and towards more creative approaches. Ten priority actions were determined (the how of putting together an implementation plan) and a Strategy Implementation Group will be formed. It was suggested that this group could report on progress to HHSCC. It was also suggested that better conduits need to be developed such as carers unions to continue the conversation and inform the strategy and ensure stronger participation.

The following questions and points were addressed during discussion:

- The importance of active listening as part of a relationship-based practice was emphasised, albeit this will have resource implications as good listening takes time.
- Enabling people to shape their own support, even if this involves some time without supports, to promote independence.
- In relation to any common themes amongst the responses which did not agree with some of the proposals, an example was the language of the Independent Living Movement, which uses the term ‘disabled’. However, some people viewed this as disempowering. Another example was around taking a rights-based approach to service provision.
- Definitions for the terms ‘community’, ‘community-led’, and ‘community leaders’ were sought in relation to the paper Community led services refers to low level supports that might be provided by friends, family and local community groups, including Third Sector organisations. It was acknowledged that ‘community’ is not a panacea and that communities need support and resource; intelligence and networking is an important factor in providing this. The aim is to find the best support for the individual in each case drawing upon existing networks and developing those in vulnerable areas. It was acknowledged that community resilience and levels of community led support is variable across the area. However, community led support can often be a richer experience than formal services. The importance of everyone working together to support individuals was

emphasised with the guiding principle being what is the best support for an individual at a point in time.

The Chair expressed thanks to everyone involved in developing the draft strategy and the Chief Officer offered support from the SLT to move to the next stage. The Chair also suggested that implementation of the strategy would have financial implications for the partnership and therefore strong links with other transformation workstreams and the strategy work to be led by T French would be essential. Following suggestions from the Chair the Committee agreed:

- A Clark, I Thomson and L Bussell will discuss when to bring back updates on progress with the Implementation Plan including any matters requiring further approval.
- A future paper examining mechanisms for engagement to be brought to the committee, including how the Community Directorate will implement the new NHS Highland engagement strategy and framework.

After discussion, the Committee:	
The Committee: - **Approved** the draft Strategy (appendix 2).	
– **Agreed** that A Clark, I Thomson and L Bussell will discuss when to bring back an update to the committee on progress with the Implementation Plan including any matters requiring further approval by the Committee.	
– **Agreed** that a future paper examining mechanisms for engagement will be brought to the committee including implementation of the NHS Highland engagement strategy and framework across the Community Directorate.	

3.5 Chief Officer's Report [pp.69-82]

The Chair asked the Chief Officer to provide an overview of the current impact of the Omicron Covid variant.

- NHS Highland has not, as yet, reached the numbers of staff absences some other boards have experienced. However, the pressures are still being felt on the service with 100 NHS Highland staff alone off work isolating in the last week.
- Hospital admissions with COVID have remained relatively low. The hotspots have been in Care at Home, and Care Homes (49 have closed to admissions, down from a high of 57) and this has had a knock-on effect across the system.
- All staff teams are 'going the extra mile' to keep service running. Only a small number of services have been stepped down as many are still essential. Day Centres have reduced footfall due to the requirement to distance.
- The number of people with Covid in the staff group has fallen over the last three days
- A Resource Centre has been set up to link up with Highland Council to address wider systems pressures and address areas of need, although all partners are experiencing similar pressures
- As of Monday 10th January, 85% of people 18+ have received the vaccination across Highland and Argyll and Bute.
- The Director of Public Health noted that vaccination take up has been very good with over 80s have 95% coverage, and over 70s at 90% which is adding to overall protection
- Staffing pressures will continue to be an issue over the next two to three weeks. There are signs of improvement but the numbers of infections are still very large.
- The WHO level of concern for spread of infectious diseases is 5% of positive cases in the community; the current level in Highland is 25%.

In discussion,

- G O'Brien expressed interest in the actions arising from the Mental Welfare Commission report on Adults with Incapacity issues and requested a report to a future committee in relation to all aspects of Adults with Incapacity issues.

DRAFT

- The Head of ASC confirmed that a paper was likely to be ready for the April committee on ASC issues, bearing in mind current staffing pressures.
- The Chair sought clarity on the reference to letters of support sent to patients and carers about systems pressures (p.71). The CO confirmed that this largely involved a change to times of care packages rather than reductions in service. Since the paper some reduction has been necessary and family members have been called upon to cover the shortfall However clear expectations have been set that changes have to be risk assessed so that no one 'falls through the net'. The teams are clear about where gaps in care may exist and are making absolutely every effort to keep services running. Whilst the pressure on services is unprecedented so is the effort being made by staff in all services, which is placing an even greater burden on both staff and families.
- The Chair asked whether the health and wellbeing support accessible to healthcare staff are also available to social care staff. S Steer noted that discussion with providers is on-going around support needed. However, the levels of exhaustion are significant and with no end in sight to the pandemic many have been leaving the care sector for alternative employment.
- Councillor Linda Munro expressed confidence that services are doing everything that can possibly be done. A key issue is learning for the future and essential to this is recognising the role of Personal Assistants and addressing their support needs in our future strategy.
- It was proposed that the committee acknowledge the efforts of staff somehow.
- M Winter noted that he had met with Janet Davidson from Chaplaincy and highlighted its non-denominational support work for staff feeling isolated or under pressure at home or at work.

After consideration of the report and discussion, the Committee:	
- **NOTED** the report.	
- **Agreed** that L Bussell will convey the Committee's thanks to all staff in NHS Highland's weekly bulletin.	
– **Agreed** that a paper be produced examining all aspects of services in relation to Adults with Incapacity.	

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 [p.83]

The revised work plan was circulated ahead of the meeting.

- A draft workplan for 2022-23 will be considered at the March meeting. The Chair invited points for inclusion in the workplan to be considered ahead of the meeting.
- A paper on Learning Disability services is scheduled for the March meeting. The CO will double check that this is on track to be provided.
- The Annual Report on Care Home Oversight will appear at the April meeting.

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

6 AOCB

None.

7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 2nd March 2022** at **1pm** on a virtual basis.

The Meeting closed at 3.27 pm

DRAFT

HIGHLAND HEALTH & SOCIAL CARE GOVERNANCE COMMITTEE

Action Point Summary from 12th January 2022 Committee Meeting

Agenda Item	Description	For action by:	Status
3.3	Mental Health Report: Report in 6 months on Mental Health Strategy	Arlene Johnstone/Louise Bussell	June/August meeting
3.3	Mental Health Report: Follow up on Children and Young People operational and in Acute work and partnership with Council	Louise Bussell	June/August meeting
3.4	SDS Strategy: SDS Strategy Implementation Group to report to HHSCC. Timetable and content of future reports to Committee to be agreed.	Ian Thomson/Louise Bussell/Ann Clark	Future Strategy update to Committee
3.4	SDS Strategy: Future paper on mechanisms for engagement within Community Directorate and implementation of NHSH engagement framework(	Louise Bussell/ Tara French	Under consideration
3.5	CO Report: April report on AWI issues in ASC (deadline currently thought reasonable, though there are staff issues)	Simon Steer/Louise Bussell	April meeting
5.1	Committee Workplan: Members invited to consider items for the 2022/23 Workplan.	All members	March meeting
5.1	Committee Workplan: Paper on Learning Disability Services.	Louise Bussell	March meeting

Highland Health and Social Care Committee
March 2022
Agenda Item 3.4

HIGHLAND LEARNING DISABILITY SERVICES UPDATE

Report by Arlene Johnstone, Interim Head of Mental Health, Learning Disabilities & Drug and Alcohol Recovery Services & Dr Neil McNamara, Clinical Director on behalf of Louise Bussell, Chief Officer, Highland Health and Social Care Partnership

The Committee is asked to:

- Note the ongoing strategy development work.
- Support the establishment an Employment Transformation Programme that will work in partnership with key stakeholders and shift resource from "traditional" support provision to finding opportunities for jobs and supporting people with a learning disability in places of employment.
- Note the recommendations from the Coming Home Implementation Report (Feb 22) and support NHS Highland's involvement in the national work.

1. INTRODUCTION

1.1 This paper provides an update and summary of the current provision of health and social care to individuals with a learning disability in North Highland.

2. KEY DRIVERS

2.1 The Scottish Government published the ***Learning / Intellectual Disability and Autism: Transformation Plan*** in March 2021. This plan brings together the aspirations detailed in the Keys to Life (2013) and the Scottish Strategy for Autism (2011) and "*sets out to ensure that progress is made in transforming Scotland for autistic people and people with learning/intellectual disabilities."* https://www.gov.scot/publications/learning-intellectual-disability-autism-towards-transformation/

2.2 The purpose of the plan is to "*shape supports, services and attitudes to ensure that the human rights of autistic people and people with learning / intellectual disabilities are respected and protected and that they are empowered to live their lives, **the same as everyone else***."

2.3 The plan identifies 31 Actions, detailed in Appendix 1.

2.4 NHS Highland staff actively participate in Scottish Government led initiatives to action the plan:

Action 17: "The Scottish Government is also working with Healthcare Improvement Scotland (iHub) and H&SCPs on a learning/intellectual disability collaborative to maximise partnership working on community led solutions to new models of day support for people with learning/intellectual disabilities." NHS Highland successfully bid to participate in this work – Highland Day Centre Managers, Advocacy and Third Sector partners participated in the working groups.

Action 5: "*… SLWG set up to improve delayed discharge and reduce inappropriate out of area placements for people with complex needs. The findings of this work will be reported on and published in the near future and mechanisms will be put in place to deliver on its recommendations."* Arlene Johnstone, Head of Service represented Social Work Scotland on the SLWG.

2.5 In 2018 the Health & Social Care Committee provided support to progress a Highland Learning Disability Strategy. This work has now been incorporated into the NHS Highland Strategy Development Work and will be included in the strategies as described in the table below:

All Highland, Across the Lifespan, Mental Health & Wellbeing Strategy	
Responsible:	Chief Exec NHSH, Chief Exec Highland Council & Police Scotland
North Highland Mental Health & Learning Disability Service Strategy	
Responsible:	Louise Bussell: Chief Officer NHSH, Dr Tara French: Head of Strategy NHSH
Mental Health & Learning Disability Improvement & Transformation Plans	
Responsible:	Arlene Johnstone, Head of Mental Health, Learning Disability & Drug & Alcohol Recovery Services.

Engagement work has begun and people with a Learning Disability will be supported by People First, Spirit Advocacy to ensure they are included in all strategy development.

It is anticipated that the strategy will be in draft form, for further consultation, by September 2022.

3. HIGHLAND DATA

3.1 The Scottish Learning Disability Observatory (**https://www.sldo.ac.uk**) identified from the Scottish Census in 2011 that 0.5% of people in Scotland have learning disabilities.

3.2 In 2020, to ensure regular contact with people with a learning disability throughout the pandemic an exercise was conducted by health and social care professionals to identify individuals known to NHS Highland specialist Learning Disability services or social work teams. This identified 1038 people with a learning disability known to services.

3.3 The Highland Learning Disability Service compromises support across both Health & Social Care:

- Team of 20 Community Learning Disability Nurses
- Epilepsy Specialist Nurse
- Specialist AHP team – SLT, OT, Physiotherapy, Dietitian, Clinical Psychology
- 2 Consultant Psychiatrists
- Willows In-patient Nursing Staff Team – 6 Assessment & Treatment beds in New Craigs
- 4 in-house Building Based Day Services: Inverness, Invergordon, Fort William, Thurso
- 12 Commissioned or grant funded day services across Highland
- 2 in-house housing support services: Inverness & Portree
- Commissioned Social Care Support from Independent Support Providers in individuals own homes.
- Housing solutions in cluster arrangements, shared living, or isolated tenancies.
- Social Work Transition team

4. COVID RESPONSE

4.1 The Learning Disability Service responded quickly to the Covid pandemic and introduced a variety of different methods of attempting to ensure that health and social care professionals remained in contact with people with a learning disability throughout the pandemic. It was identified that some of these measures were very effective and some continue to date:

- Contact a Learning Disability Professional Phone Line – established and manned 7 days a week. Although no longer advertised it has passed to the New Craigs team and calls will be answered by a Learning Disability Nurse.
- NHS Highland Learning Disabilities Facebook page updated regularly with Easy Read Information etc. Less active engagement in recent months (due to recent resignation of member of staff, plan in place to ensure regular updates and engagement in future).
- Online activity sessions initiated. This was very successful and continues to be offered amongst the range of different support options.
- Highland LD Services You Tube channel with activity ideas, exercises and relaxation videos. Data shows that some individuals continue to access the channel.
- RED People meetings to provide advice to professionals or support providers as they identify people with a RED rag status. This has continued as a daily meeting and allows an immediate operational response to individuals in crisis. Daily Huddle for Support Providers & Specialist Care Homes (LD & MH) across Highland. Currently Monday – Friday. Continues as a weekly meeting.

- Day Centres significantly reduced provision (ie one / two people using building as a base to meet personal care needs or manage challenging behaviours). Staff redeployed to deliver support in people's own homes or other roles.

4.2 The support to providers and changes to commissioning Learning Disability services in Highland were summarised in an I-hub insight piece, published on the national site in 2020. **PowerPoint Presentation (ihub.scot)**

4.3 The Community Learning Disability Nurse team provided vaccinations to individuals in an accessible clinic in the Corbett Centre and to those with complex needs in their own homes. They continue to work in partnership with the central vaccination team to ensure vaccines are accessible to all.

5. DAY SERVICES

5.1 Agreement for the transformation of "traditional building based" day services was agreed by the Health & Social Care Committee in March and September 2018. Progress to new models was led slowly (to ensure alternative options were established and transitions were carefully planned and person centred). The onset of the pandemic significantly impacted upon this work and the focus shifted to the provision of support to individuals in their own homes.

5.2 In 2021 Highland participated in Healthcare Improvement Scotland Transformational Redesign Project: New Models for Learning Disability Support Collaborative. In-house resource centre managers, advocacy organisations, third sector providers and support providers all participated in the collaborative to support the design and redesign of models for the provision of support in Highland.

5.3 As Highland shifts to "living with Covid", day services have evaluated the provision of support during Covid and are ensuring the most effective elements are included in the provision of support moving forward. There has been regular contact, both informally over the telephone and in the review process, with supported people and their carers throughout the pandemic and this feedback has informed the development of the virtual activity programme.

In December of 2021, people who received support from day services across Highland, and their carers, were invited to complete a short questionnaire asking them about their experiences since the onset of the current pandemic. It should be noted that there was limited response to questionnaires (29) and that additional engagement methods with stakeholders should be utilised to provide robust evaluation moving forward.

The following evaluation is based on the returned questionnaires:

- **Virtual and online groups** were generally viewed positively by supported persons. It was unclear from the returns the views of carers. Staff delivering virtual groups, have noted that on the whole carers generally leave supported

persons alone to participate in virtual activities, wherever possible. This may indicate these activities allow for some short term respite from their caring responsibilities.

- **Provision of face to face support in own homes**. Although there was clear unhappiness regarding suspension of day services, questionnaires confirmed that day service staff had continued to provide support to individuals throughout the pandemic. Responses confirmed that supported persons were receiving support in a place they felt safe, primarily their own homes and that this support had been positive for most individuals who had been in receipt of more 1:1 support, allowing them time to work on individual care and support needs such as bespoke physiotherapy routines, gaining skills such as cooking in their own homes etc.
- **Additional support**. From the twenty nine responses available, twenty one confirmed that they had received additional support from a range of paid providers and only six recorded they had required additional support from families.

5.4 It is recognised that NHS Highland assets include buildings with specialist equipment (eg sensory rooms, touch screen computers, safe space) and staff with additional training to meet the needs of individuals with profound and multiple learning disabilities, complex autism and behaviours perceived as challenging. These assets have been maximised and space in buildings is now offered to a more focused group of people than in 2018 (many individuals are supported by their own familiar support team in the building). NHS Highland resource centre staff are facilitating online group activities (open to a wider range of people than pre-pandemic), supporting people in community settings and teaching people skills in their own homes.

Daily Support numbers	Summer 2019	January 2022
Thor House	10	7
Montrose Centre	14	8
Tigh na Drochaid	6	2
Corbett Centre	25	7 + 9 with own support
Isobel Rhind Centre	51	35 + 1 with own support

5.5 Commissioned day support services have mostly re-established positively since the pandemic: 12 commissioned LD & MH day services have remobilised, 2 very small organisations have chosen not to due to environmental and personal factors. We continue to meet with Made In Tain to explore alternative options to enable remobilisation.

5.6 The ***Learning / Intellectual Disability and Autism: Transformation Plan*** clearly states that its purpose is to ensure the people with a learning disability are "*empowered to live their lives, the same as everyone else*." Actions 20 and 21 identify the aspirations to halve the employment gap and ensure progress.

Previous consultation events in Highland have evidenced that people with a Learning Disability in Highland would like to be in employment and they require support to achieve this.
The NHS Highland Learning Disability Service is seeking support to establish an Employment Transformation Programme that will work in partnership with key stakeholders and shift resource from "traditional" support provision to finding opportunities for jobs and supporting people with a learning disability in places of employment.

6. INDIVIDUALS WITH COMPLEX NEEDS that are DELAYED IN HOSPITAL or in OUT OF AREA PLACEMENTS

6.1 "Coming Home Implementation: A report from the working group on complex care and delayed discharge" was published by the Scottish Government on 21st Feb 2022. The full report can be read here: Coming Home Implementation: report from the Working Group on Complex Care and Delayed Discharge - gov.scot (www.gov.scot)

Recommendations include:

- A dynamic support register should be developed into a tool for national use
- A national support panel should be established in order to provide support and oversight of the dynamic support register
- A national peer support network should be established to facilitate people coming together to learn and share best practice
- Further work should be undertaken to explore the issues in relation to people with enduring mental health conditions who are subject to delayed discharge from hospital

The report also clearly states "by March 2024 we expect to have seen out of area residential placements and inappropriate hospital stays greatly reduced, to the point that out of area residential placements are only made through individual or family choice and people are only in hospital for as long as they require assessment and treatment".

6.2 NHS Highland currently has placed 10 individuals with a Learning Disability and or Autism diagnosis in hospitals out with Highland. 6 of these patients are receiving care at sites in Scotland and 4 further afield in England.

6.3 27 individuals with a Learning disability or Autism are placed in a range of residential settings out of our local authority area. 20 people are in Scotland, 6 in England and 1 in Northern Ireland.

6.4 To ensure that NHS Highland meet the aim of further reducing out of area placements we will establish a Short Life Working Group to establish how Highland will participate in the national work and agree the actions required.

Learning / Intellectual Disability and Autism: Transformation Plan: Summary of Actions

Action No:	HUMAN RIGHTS
1	The Scottish Government is clear that the needs of autistic people and people with learning/intellectual disabilities and their carers are to be actively considered as part of the ongoing independent review of the Mental Health Act. This legislative reform work will help inform the shape of our future legislation.
2	The Scottish Government will explore further the proposals for a commission or commissioner to help protect people's rights.
	BOTH LEARNING/INTELLECTUAL DISABILITY AND AUTISM
3	The delivery of the Mental Health Transition and Recovery Plan will support improvement in population–level mental health services. We will explore how these services can better meet the needs of autistic people and people with a learning/intellectual disability.
6	We will pilot a Nurse/AHP Consultant for Autism and learning/intellectual disabilities (learning from best practice from Alzheimer's Scotland Nurse Consultants) aimed at improving both mental health and hospital care of autistic people and people with learning/intellectual disabilities.
10	We and our partners have established a Gender Based Violence Steering Group and will develop an action plan to reduce incidence of violence and empower women with learning/intellectual disabilities and autistic women to have safe and loving relationships.
12	We will explore establishing: **A -** mandatory autism training for all NHS staff. **B -** mandatory learning/intellectual disability training for all NHS staff.
15	The Scottish Government will ensure that people with lived experience are listened to and better supported to initiate and influence programmes and initiatives which will impact on their lives. We want to ensure that those voices are part of discussions from the outset. This will include helping to support engagement with the issues set out in the review of adult social care, the Social Renewal Advisory Board and National Taskforce on Human Rights. This provides opportunities to ensure that social care reform and the transformation of social care services are focussed on reducing inequalities and better meet the needs of our population.
16	The Scottish Government continues to work with Inspiring Scotland 'Support in the Right Direction' and other partners to ensure that more autistic people and people with learning/intellectual disabilities access their rights under the Social Work (Self Directed Support) (Scotland) Act 2013 to direct their own support.
17	In May 2020, the Scottish Government, Social Work Scotland and COSLA produced COVID-19: Guidance on Self-Directed Support Option 1 and Option 2. The guidance is for Local Authority and Health and Social Care Partnership staff who assess, approve and administer social work and social care and support (including carer support), and approve Self-directed Support (SDS) budgets and is relevant only for the duration of the COVID-19 pandemic period.It aims to support local social care systems and services to continue to respond appropriately and flexibly, to enable service users to meet their outcomes during the pandemic.We will work with partners and individuals to understand the impact of this change. The Scottish Government is also working with Healthcare Improvement Scotland (iHub) and H&SCPs on a learning/intellectual disability collaborative to maximise partnership working on community led solutions to new models of day support for people with learning/intellectual disabilities.

18	The Scottish Government has launched a national carers marketing campaign to help more people recognise when they are in a caring role and to access the support available under the Carers (Scotland) Act 2016. We will help make sure that people know about this support.
19	The Scottish Government will explore asset based community development models to create better outcomes for autistic people and/or people who have learning/intellectual disabilities and their family carers.
20	The Scottish Government will continue to work towards our ambition to at least halve the disability employment gap as stated in A Fairer Scotland for Disabled People and **A Fairer Scotland for Disabled People: Employment Action Plan.**
21	The Scottish Government will ensure that the voices of autistic people and people with learning/intellectual disabilities are heard and a meaningful and important part of the decision making in the review of supported employment provision across Scotland. Supported Employment plays an important part in helping people into work who would otherwise struggle to gain employment in the open labour market. As such, it is a model that can make an important contribution to the ambition to at least halve the disability employment gap in Scotland, and will be more important than ever as part of our COVID-19 recovery efforts. The review is taking place in the first quarter of 2021 with the final report due in the summer of 2021.
22	The Scottish Government and COSLA will work with partners to support the implementation of the action plan on the recommendations of the Additional Support for Learning Review,**,** improving educational experiences and outcomes for all children and young people who need support with their learning.
24	We will build better learning/intellectual disability understanding by promoting the Talking about Learning Disability resources through the General Teaching Council and Association of Directors of Education in Scotland.
25	The Scottish Government will work to develop meaningful Additional Support for Learning outcome measures which capture indicators of the achievements and progress of autistic children and/or children who have learning/intellectual disabilities beyond solely academic and destination data.
26	The Scottish Government will produce new standalone guidance on the use of physical intervention and seclusion in Scotland's schools. This will provide a clear human rights based policy on physical intervention and seclusion and will be presented as part of the Included, Engaged and Involved suite of guidance. We will also introduce a standard data set and oversee subsequent implementation, including a review one year from publication of the revised guidance to ensure its effectiveness.
27	As part of our joint action plan in response to the Additional Support for Learning implementation review, we will explore how to support more parents to have access to the information, skills, support and advocacy they need to be active and equal participants in their child's education.
28	A - We will improve digital access for people with learning/intellectual disabilities so that they can stay connected to their friends, family, and communities. B - We will improve digital access for autistic people so that they can stay connected to their friends, family, and communities.
31	In partnership with Inspiring Scotland and the Scottish Commission for people with Learning Disabilities (SCLD), we will encourage people with lived experience to participate in a Future Leaders Programme to empower people to be active and involved in their own community. We also want to support self-advocacy initiatives like the National Involvement Network, autistic led charities and organisations, People First and the People's Assembly.

32	The Scottish Government will take specific action to engage with autistic people and also people with a learning/intellectual disability from Black, Asian and Minority Ethnic Communities to hear about their experiences and identify how we can best support and work with them.
	LEARNING/INTELLECTUAL DISABILITY
4	We will promote the Mental Health resources being developed by PAMIS to better support people with Profound and multiple learning disability (PMLD) to explore their emotions and a resource developed by Glasgow University to better support people with learning/intellectual disabilities to cope with anxiety.
5	We will ensure that the recommendations of the Coming Home Report are fully considered in the implementation of the work of the SLWG set up to improve delayed discharge and reduce inappropriate out of area placements for people with complex needs. The findings of this work will be reported on and published in the near future and mechanisms will be put in place to deliver on its recommendations.
7	We will work with the Scottish Learning Disability Observatory to further understand health inequalities and to identify specific predictors of mortality and actions that will improve health outcomes for people with learning/intellectual disabilities of all ages.
8	The Scottish Government, Aberdeenshire Health & Social Care Partnership and partners will take forward a pilot of health checks for people with learning/intellectual disabilities to address health inequalities and early deaths.
9	The Scottish Government and partners including NHS Boards, the Scottish Commission for people with Learning Disability and the Scottish Learning Disability Observatory will deliver improvements in data collection and access to data to improve the visibility of these populations and consider the development of a Key Performance Indicator to monitor improvements.
29	In partnership with the Scottish Commission for people with Learning Disabilities (SCLD) and People First we will build on the Covid-19 experience of providing access to accessible information. This will include using SCLD's website as an accessible information hub and linking into Disability Equality Scotland's Inclusive Communication Hub.
	AUTISM
11	We will continue to work with the National Autism Improvement Team (NAIT) to support autism and ADHD diagnostic services through improvement practice and explore with Healthcare Improvement Scotland (HIS) the development of a Key Performance Indicator to monitor diagnostic services across Scotland.
13	As committed to in the Programme for Government we will deliver a 6 month pilot national post diagnostic support service for autistic people from December 2020. We will work collaboratively with national autism charities, autistic led charities and organisations and evaluate the outcomes of the pilot post May 2021.
14	We will explore the barriers to autistic people living a healthier life.
23	We will action the Deputy First Minister's Working Group Implementation Plan following the**Not Included, Not Engaged, Not involved Report.**This will include building better autism understanding in Initial Teacher Education, working with the General Teaching Council Scotland and Universities to develop training resources and deliver training in autism to all trainee teachers.
30	We want to empower people to have their voices heard as active citizens. Our new autism campaign **– Different minds. One Scotland. –** is part of trying to change the way that autistic people are understood and was built on early and successful involvement from autistic people. We will continue our work on this.

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**2nd March 2022**
Title:	**Children and Young People Performance Reporting**
Responsible Executive/Non-Executive: Chief Officer HHSCP	**Louise Bussell**
Report Author:	**Sally Amor Child Health Commissioner/Public Health Specialist**

1 Purpose

This is presented to the Board for:

Discussion
Assurance

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence • Improving health		**Partners in Care** • Working in partnership	
A Great Place to Work • Learning from experience • Improving wellbeing		**Safe and Sustainable** • In control • Well run	

Other (please explain below) Whole system working for children and young people across Acute Services, HHSCP and commissioned services children and young people (Highland Council).			

2 Report summary

2.1 Situation

There is interest in understanding the performance of children and young people's health services provided by Acute Services, HHSCP and Highland Council. This informs a whole system approach to understanding and responding to health and health care need through preventive approaches that maximise health potential across life while providing assurance over service delivery and associated risks and pressures.

A refreshed reporting approach is proposed that brings the performance measures in the current Balanced Score Card (children and young people: health) into the one report. This was developed to support the Lead Agency performance arrangements, in 2012. It is recognised that there is a need to review and refresh the measures and this will take place alongside the Digital Road Map exercise that is being developed. (see all measures in Appendix One)

The propose reporting format reflects the role of the Child Health Commissioner to bring professional leadership and strategic oversight across the system of care for infants, children and young people's health and health services across of all NHS Highland.

By being clear of the risks and pressures across the HHSCP, Acute Services and Highland Council service managers can work together to improve access, flow, and avoid waste and variation. In addition, when there is clarity over the strengths and vulnerabilities across the children's health system this informs wider discussion with integrated services partners in the education and social care services, and the police and justice and third/independent sectors. This maximises collective endeavour to improve outcomes and wellbeing for children and young people.

In this first report in this new format, performance data is considered in relation to primary immunisation (Primary Care, HHSCP), infant feeding (Acute Services, HHSCP, Highland Council), the 27-30 month health visitor contact

(health visitors, Highland Council), and child and adolescent mental health waiting times to treatment (primary mental health workers, Highland council Phoenix Team, Acute Services). The commentary includes performance to national or Highland performance targets with consideration of associated risks with regard to the workforce and financial pressures.

The HHSCP Committee are invited to:

1. Discuss the format of the refreshed approach to reporting on children and young people's health services in north Highland. .
2. Discuss the performance measures and commentary as detailed in the report.
3. Make a decision on the format and approach as detailed going ahead on a quarterly basis and to advise if this will cover all measures in the Balanced Score Card over a twelve month period, or that the full suite of measures being reported on a quarterly cycle.

2.2 Background

With the development of the Lead Agency model in north Highland, Highland Council assumed responsibility and accountability for the delivery of health visiting, school nursing, specialist nurses (care experienced children and young people, addictions and learning disability), child protection advisor roles, primary mental health workers, and allied health professionals(speech and language, occupational therapy, dietetics and physiotherapy). Acute Services have responsibility and accountable for acute and community paediatrics and nursing, surgery, acute physiotherapy, and Tier 3/4 child and adolescent mental health services and the HHSCP has responsibility and accountability for elements of health care through GP and primary care settings.

Children and young people with a range of physical and mental health needs will move between the HHSCP, Acute Services and Highland Council health services as their health needs indicate. Teams and services are tasked with ensuring coordinated and seamless care to ensure that individuals needs are assessed are seen in a timely manner, by the most appropriate clinician with onward referral to regional or national services as indicated. Often this involves shared decision making across services and teams.

While parents and children/young people might not know the differing service responsibilities they are impacted when there are challenges in waiting times, recruitment/retention and managing clinical demand, financial risks and pressures. In a mature system of care, collective decision making will ensure that systems of care are not disproportionally impacted by decisions taken in isolation by one part of the system of care.

There are a wider range of measures in the health balanced score card (Appendix One). The Committee is asked to consider these are to be covered in full over a calendar year, or reporting in full, on a quarterly cycle.

The Balanced Score Card is due to be reviewed and refreshed as part of a wider exercise to develop a Digital Road Map and Balanced Score Card for maternity, neonates and children/young people's health services across Argyll and Bute and north Highland services.

2.3 Assessment

The health of infant's children and young people can be understood as an investment in health as a resource for life. The increased risk of adult illness, disease, disability and health harming behaviours, are now understood to be laid in the pre-conceptual period to three years of age, the first 1001 days. During this time this time, a complex interaction of genes, early relationships and early environments shape and inform subsequent health and health related behaviours. Children who grow up experiencing relational safety with their parents/primary care givers can do well even if they are experiencing insecurity of income, housing and food even as these pressures often exacerbate family distress, increase the risk of abuse and neglect and have an independent impact on learning and wellbeing.

Timely access to preventive health and treatment services, early identification of need and risk with ease of access to the right clinician, assessment and treatment intervention, limits the time a child experiences symptoms that can be debilitating and mean they miss out on peer interactions and schooling. Where there are concerns over growth and development, timely identification, assessment and intervention can ensure children can be supported to achieve their developmental potential while vaccinations reduce the risk of harmful consequences of infectious diseases.

Moving out of a COVID-19 orientated health and social care pattern of service delivery presents opportunities to consider and refresh the way the performance of health services for children and young people are understood by the HHSCP Committee. This is the more important and opportune given that infants, children and young people are recognised to have been significantly impacted by the public health population measures to mitigate and manage the risks of COVID-19 over a two year period (lockdown, self-isolation, school closures). This has led to disruptions to family life/wellbeing, school life/education and learning, friendship/peer interactions and limited opportunities to participate in wider society while access to health care may have been delayed or deferred. Some children, young people and families will have faced particular challenges in not accessing services and support. These effects will have played out despite the

best efforts across all services to support children, young people and families, to keep schools open where possible and to mitigate and manage risk while adjusting to changes in guidance and advice as the pandemic evolved.

Childhood immunisation

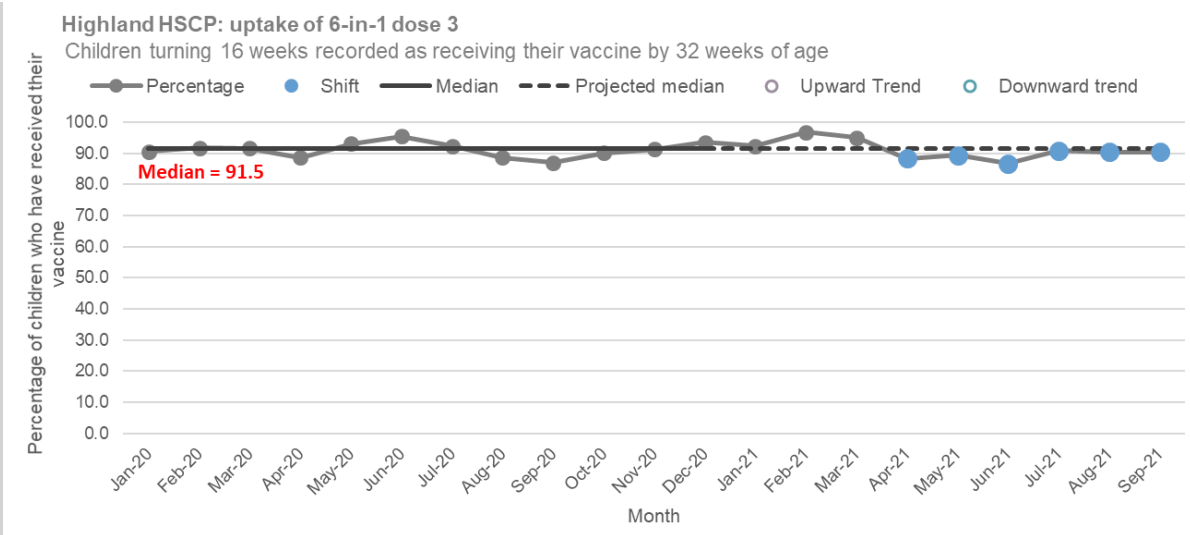
Context

Childhood immunisations seek to protect infants and children from infectious diseases that can have serious health implications and reduce the spread of infection across the wider population. In the HHSCP, primary immunisations are undertaken within primary care. Good uptake of immunisation, with a target proposed by the World Health Organisation (WHO) of 95%, provides reassurance that children are protected and that the risk if wider community spread of infectious diseases is reduced. There are no mandatory requirements for children to be immunised in the UK.

Primary Immunisation: Uptake of third dose 6-in-1 vaccine (offered at 16 weeks of age)

- Pre-school children are offered a total of five immunisation appointments as they reach 8,12 and 16 weeks; 12-13 months, and 3 years and 4 months. Multiple immunisations are offered at each appointment.
- The 6-in-1 vaccination at 16 weeks of age is used to illustrate the end of the first tranche of immunisation given to babies.
- Vaccination uptake at this age has been sustained throughout the course of the pandemic.
- By the time children reach 12 months of age around 95% of children in the Highland HSCP have received 3 doses of 6-in-1 vaccine. (Figure 1)

Figure 1

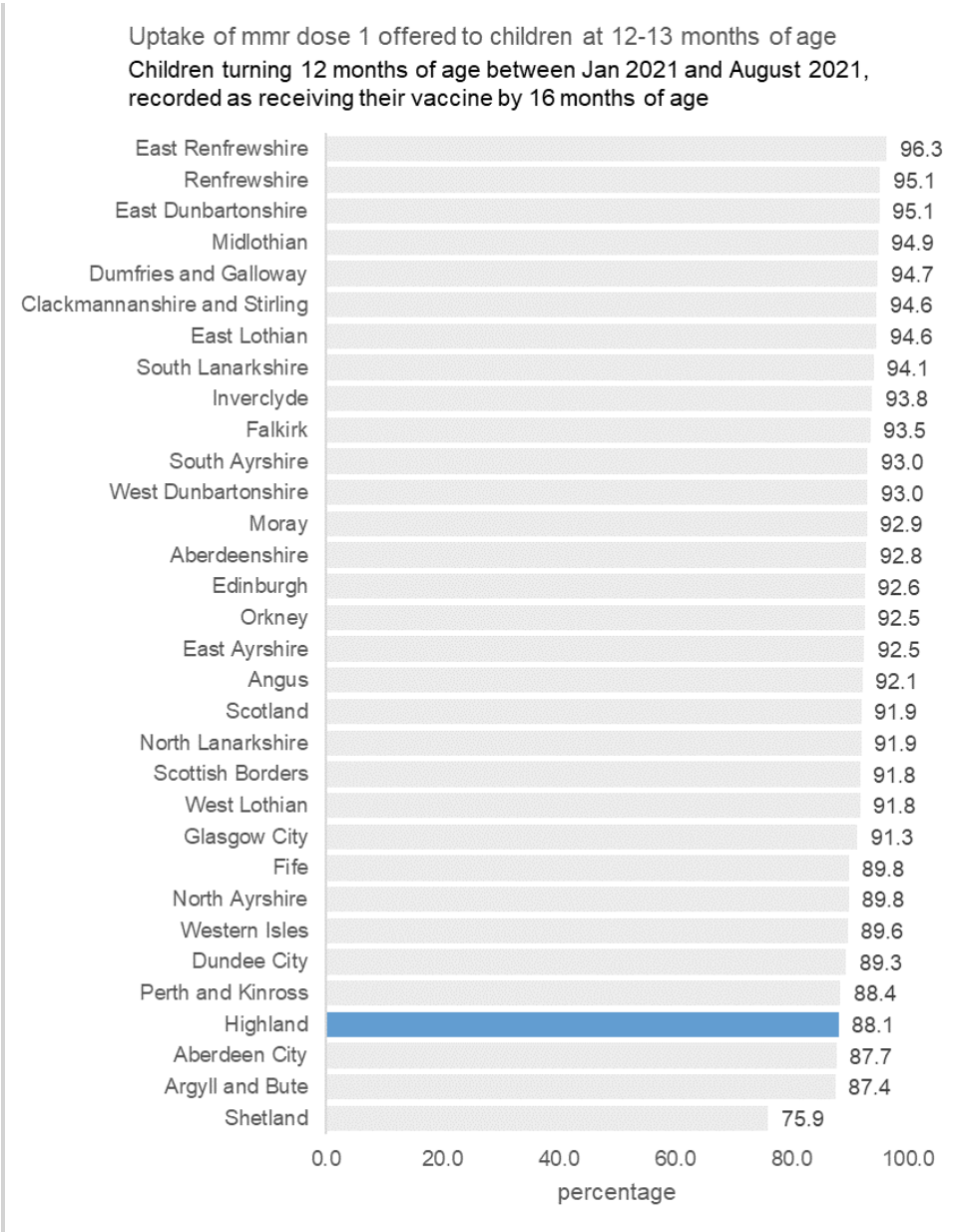


Data source: Pubic Health Scotland, [COVID-19 Wider Impacts on Health Dashboard]

Uptake of MMR1 (normally given at 12-13 months of age)

- The first dose of MMR vaccine is offered between 12-13 months old and the second dose at 3 years and 4 months. Although normally given at these times, it can be given at any age if missed.
- Uptake of MMR 1 by 16 months of age is currently at 88% in the Highland HSCP area.
- Vaccine hesitancy for the MMR immunisation can be understood in part as a legacy of the debates over autism risk that have long been systematically refuted while the legacy of mistrust remains,
- MMR vaccination coverage in the Highland HSCP at this age is amongst the lowest in Scotland (Figure 2)

Figure 2

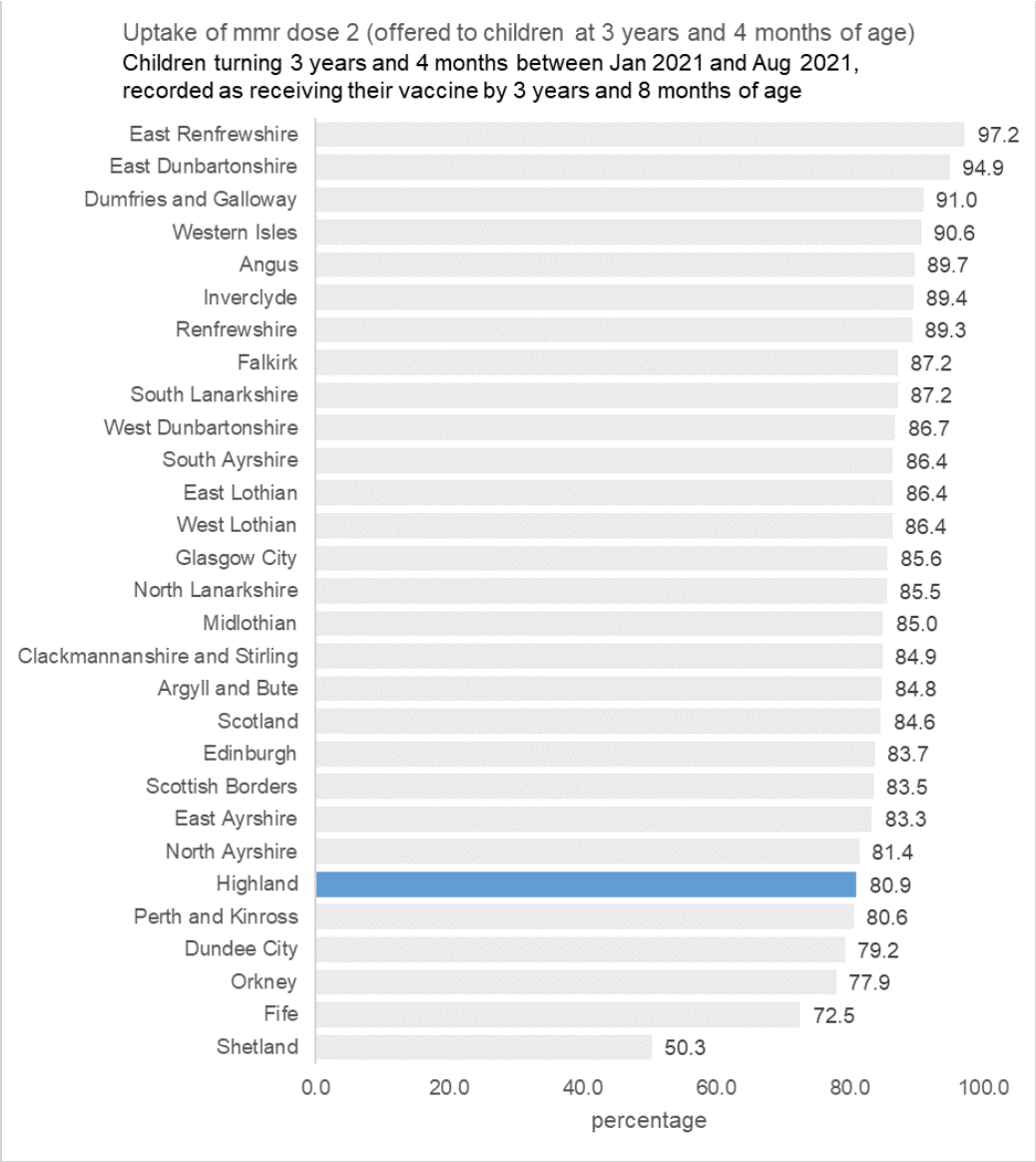


1.Children in NHS Grampian are offered the second dose of MMR vaccine at 4 years of age rather than 3 years 4 months and therefore the three Local Authority areas are not shown.

Uptake of MMR2 (normally given at 3 years and 4 months of age)

- Uptake of MMR 2 by 3 years and 8 months of age is around 81% in the Highland HSCP area (Figure 3).
- Vaccination coverage at this age in the Highland HSCP is amongst the lowest of any area in Scotland (Figure 3).
- The current level of MMR2 vaccination at three years and eight months, mean that 1 in 5 children in the Highland HSCP are not fully protected by this life stage.

Figure 3



1 .Children in NHS Grampian are offered the second dose of MMR vaccine at 4 years of age rather than 3 years 4 months and therefore the three Local Authority areas are not shown.

MMR1 and MMR2

- In the Highland HSCP, the percentage uptake of MMR1 by 16 months of age and MMR2 by 3 years and 8 months of age shows little deviation over time (Figures 4 and 5).
- While the vaccination can be given at any time, a slow start to population uptake will impact on MMR 2 coverage.

Figure 4

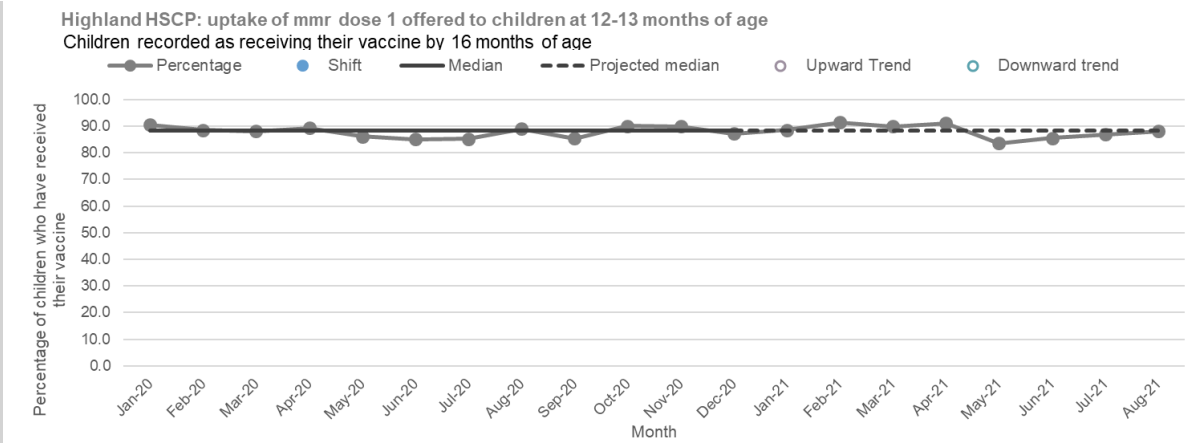
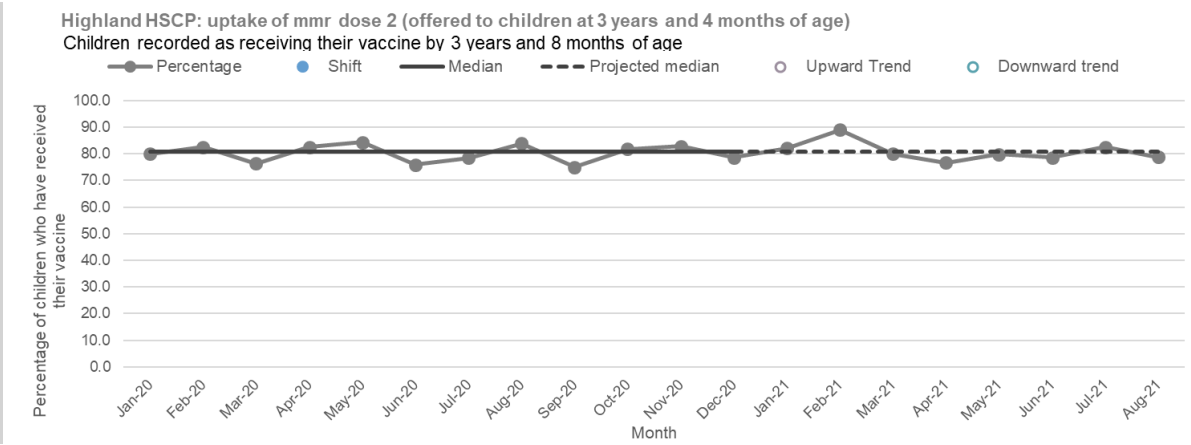


Figure 5



Management of risk

- Good uptake of immunisation reflects confidence in the benefits of immunisations by parents, along with availability of, and access to the vaccination.
- GPs, immunisation teams, paediatricians, midwives and health visitors are tasked with providing timely and reliable information on the benefits of immunisation, in the presence of increasing vaccine hesitancy.
- Conflicting advice from medical professionals is understood to be particularly damaging in reducing vaccine coverage.

- There are a range of training materials and resources to support health professionals in advising parents and encouraging participation in vaccination programmes.
- As more capacity becomes available in the Health Protection Team moving on from the demands of COVID-19 a programme of work to look at improving MMR coverage is planned alongside the work of the Vaccination Transformation Programme.

Breast feeding

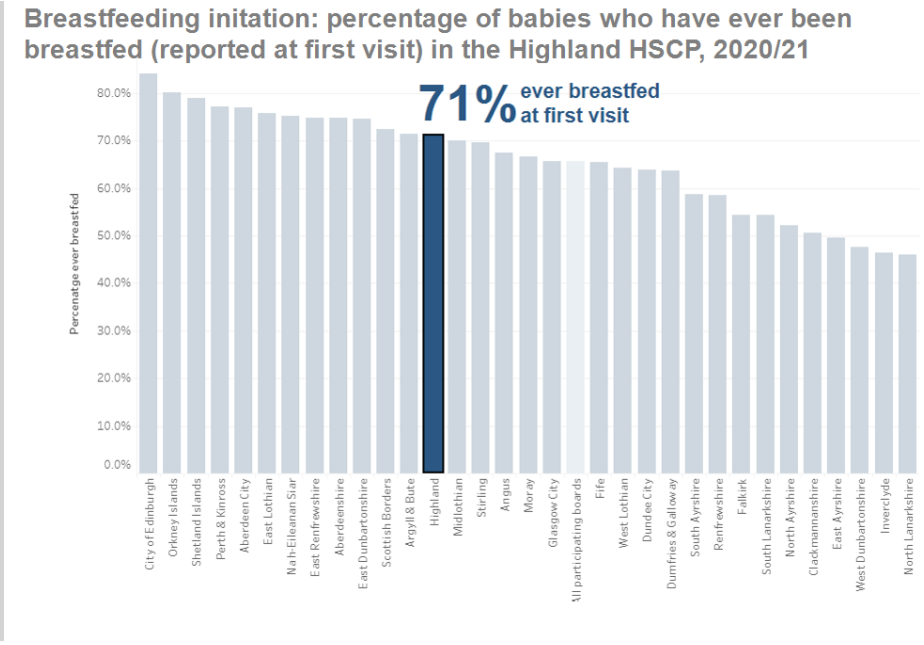
Context

Breast feeding confers many benefits for infants and mothers both short term and across life: healthy growth, reduction in disease, attachment and relationships, cognitive benefits and advantages and physical development. Some of these are effects are understood to be intergenerational. The WHO and Scottish Government recommend that children are exclusively breastfed for the first six months of life while the benefits of breast feeding alongside bottle feeding are now better understood and encouraged. There are many opportunities to promote and support breastfeeding from the school curriculum, to preconception clinics, antenatal and parenting advice and post delivery support in hospital and on the return home. Infant feeding advisors and peer support workers play a key role in supporting the maintenance of breast feeding through the first weeks and months to support the six month goal.

Breastfeeding rates

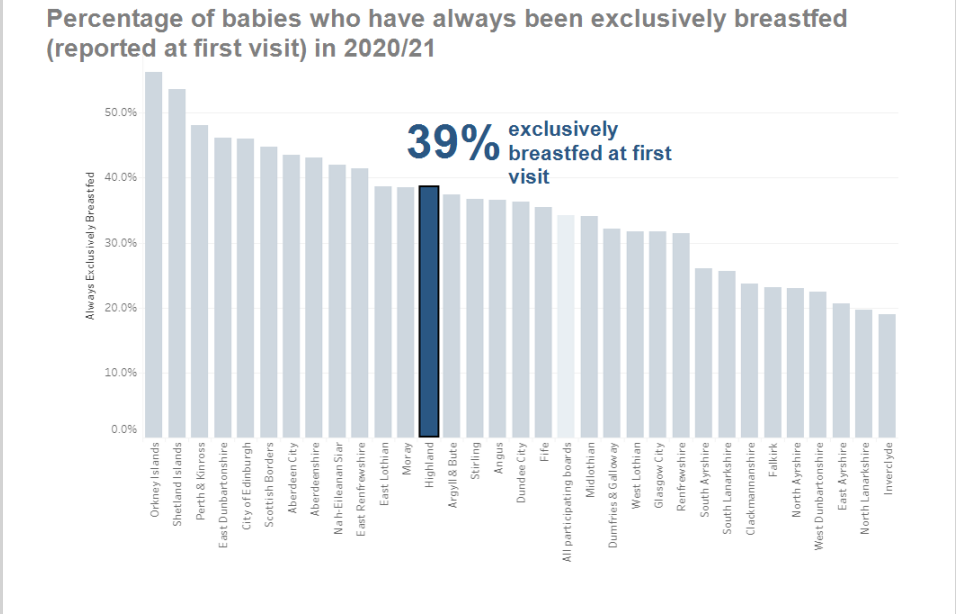
Initiating and supporting breastfeeding in the early weeks through supporting women with skills, advice and support contributes to sustained breast feeding rates.

Figure 6



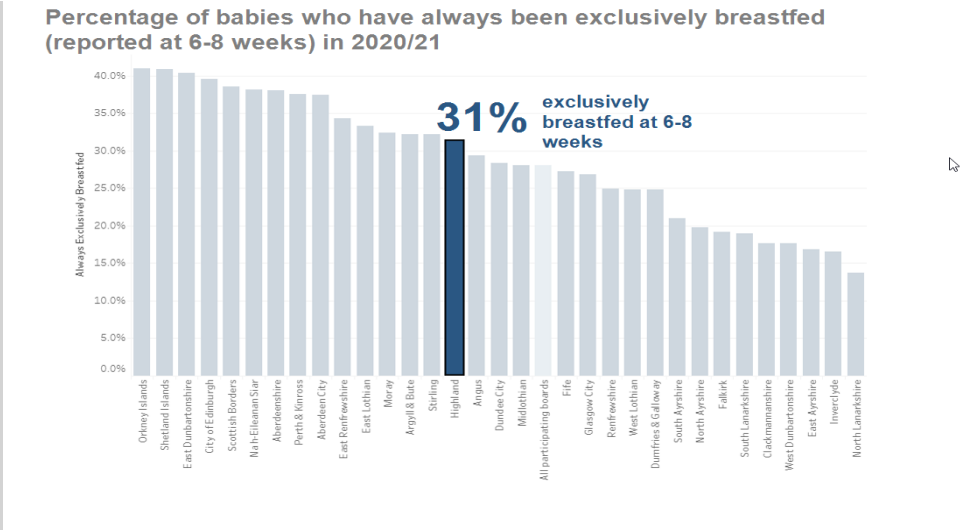
- 7 in 10 babies born in the Highland HSCP in 2020/21 were breastfed for at least some time after their birth (Figure 6).

Figure 7



- 4 in 10 babies were being still being exclusively breastfed at the Health Visitor First Visit (about 10-14 days of age) (Figure 7).

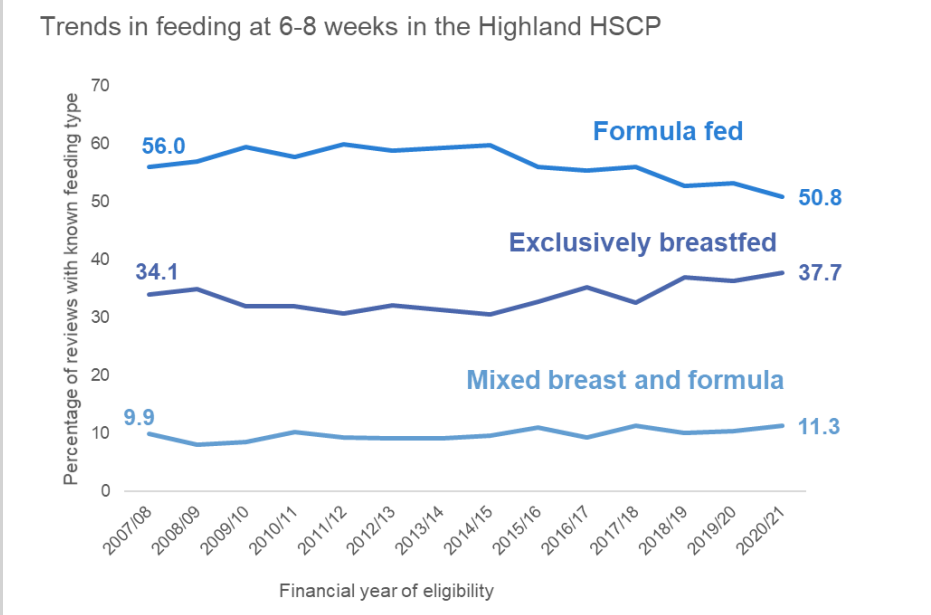
Figure 8



By 6-8 weeks, 31% of babies had always been exclusively breastfed. This figure is unchanged from 2016/17.

However, overall breastfeeding rates have been increasing in the Highland, mainly as a result of an increase in mixed breast and formula feeding (Figure 9).

Figure 9



Related factors for uptake and sustaining breastfeeding include deprivation (Figure 10) and the age of the mother (Figure 11).

Figure 10

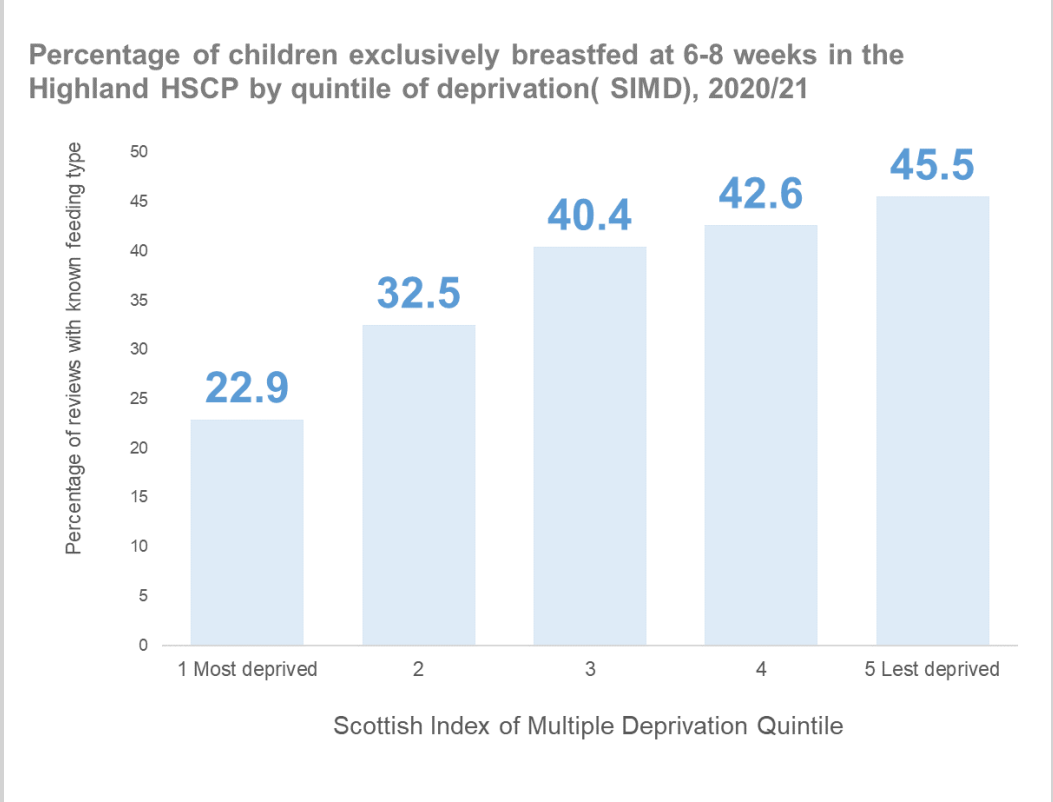
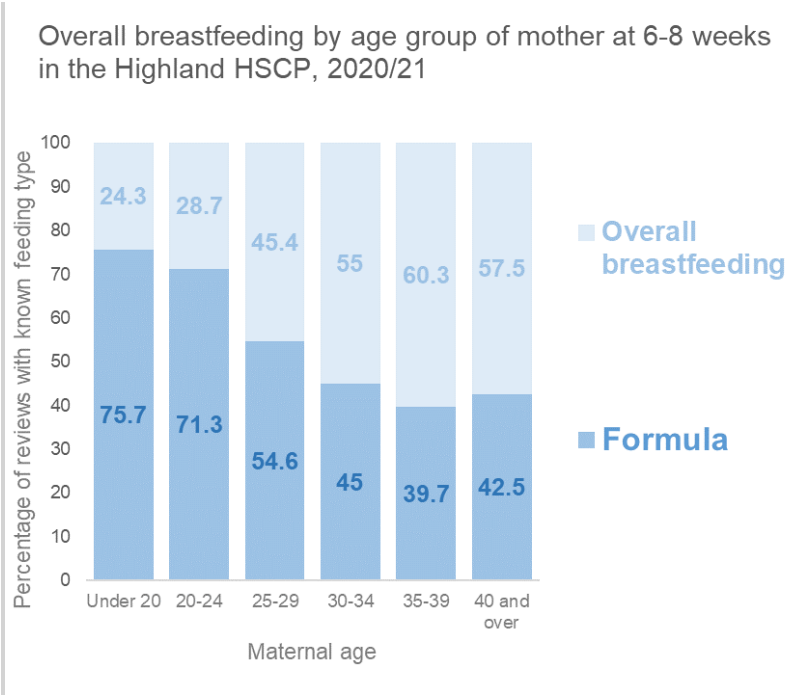


Figure 11



Managing risk

- The cultures, attitudes and practice that support high levels of breastfeeding and the related benefits for infants and mothers require ongoing support and investment across services (maternity, neonatal, paediatric, health visiting, GPs/Primary Care) and teams along with women, families and communities and integrated children and young people's integrated service partners.
- Current investment in staffing and training needs to be sustained or enhanced if Highland wishes to further improve uptake to be a high performer across Scottish local authorities.
- The UNICEF Baby Friendly Initiative is the framework that supports training and practice in maternity, health visiting and early years settings. The necessary resources from health improvement teams to maternity and health visiting need to be available to support ongoing participation in the accreditation process with associated commitment from operational units to provide leadership commitment and to ensure staff have the opportunity to attend training and development and undertake audits.

Child health reviews (surveillance)

Context

Child health reviews incorporate assessment of an infant/child's health, development, and wider wellbeing alongside provision of health promotion advice and parenting support.

Early child development is influenced by both biological factors (such as prematurity) and environmental factors (such as the parent child interactions and parenting capabilities and opportunities for play/fun as well as the impact of household insecurity: income, housing, food). The most impactful time is in the 1001 days from conception to 27 months: laying the foundations for health and wellbeing across the life course with regard to both mental and physical health and wellbeing. Identifying problems with parent infant/child interaction and early child development is important as they are strongly associated with long-term health, educational, and wider social difficulties. Identifying relationship and, or developmental problems early provides the best opportunity to support children and families to improve outcomes.

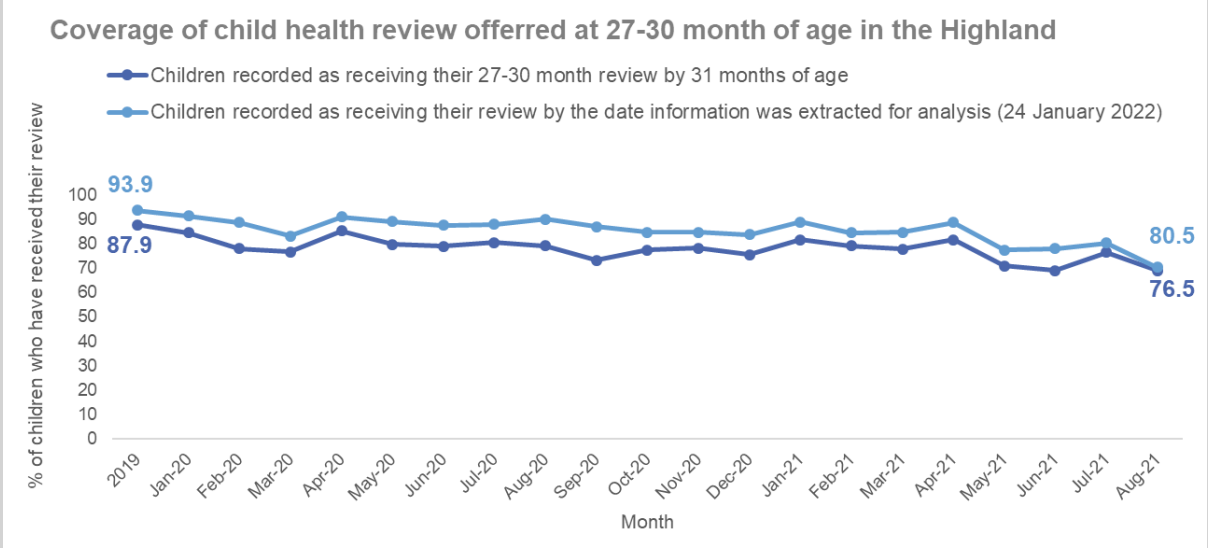
Child development reviews are part of the Universal Health Visiting Pathway (Scottish Government 2015) which details the home visiting contacts that health visitors are required to undertake with parents of preschool children. The pathway creates opportunities to review child development and provide reassurance, advice and to focus on family strengths with onward referral as indicated as needs are identified. Information collected at Child Health Reviews includes: development (social, behavioural, communication, gross motor, vision, hearing), physical measurements (height and weight) and diagnoses / issues (Read coded) through the ASQ assessment tool.

The current performance target is for 95% coverage of the contact. This target is ambitious and assumes universal coverage with a margin of error for moves in and out of the area and between addresses.

27-30 month health visitor child health surveillance contact

Coverage

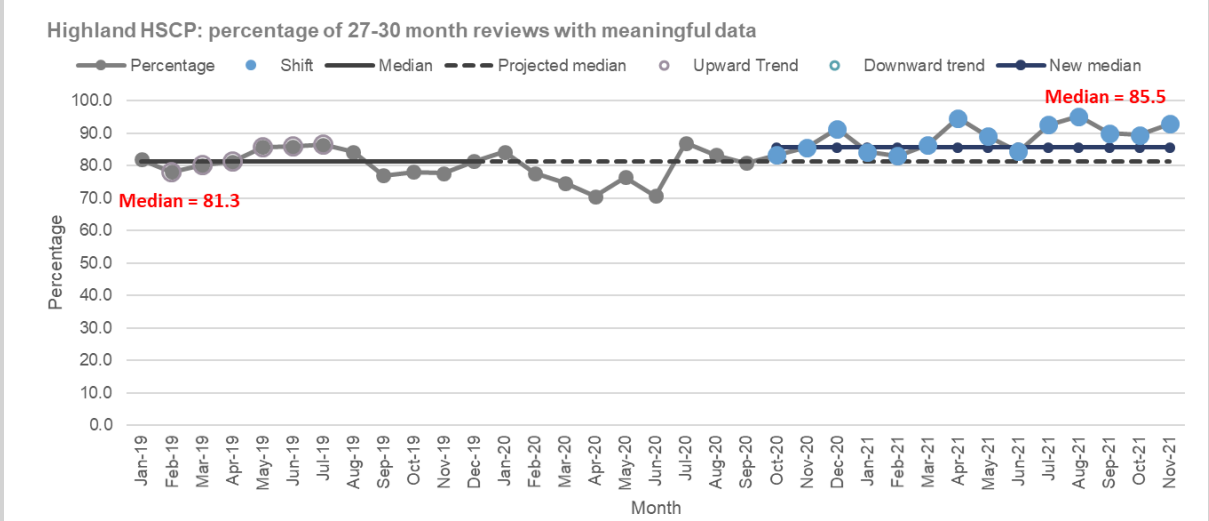
Figure 12



Review coverage continues to increase as children age, but the proportion of children recorded as receiving their review by 31 months of age has declined in the Highland health visitor service since the pandemic in spring 2019.

There are also challenges in the quality of the data recorded for the reviews (Figure 13) with improvements over time that inform understanding of the developmental domains where there may be concerns.

Figure 13



The quality of data collected is of interest to ensure a clear understanding of the developmental needs for children and related opportunities to respond in a timeous way. The impact of the COVID-19 pandemic on child development has yet to be understood in full and needs to inform recovery and remediation of any unintended consequences on infant/child development.

The proportion of children in the Highland HSCP reported as having more than one developmental concern is now above the pre-pandemic levels of 2019. (Figure 14) Changes in the data may reflect changes in the way reviews are being undertaken and reported (Figure 15). However, the increase in children with one or more developmental delay concern can also be observed across Scotland.

A similar increase in reporting concerns about developmental delay can also be observed at the 13-15 year review stage both locally and nationally. The increases noted are highly unlikely to be occurring because of chance

Figure 14

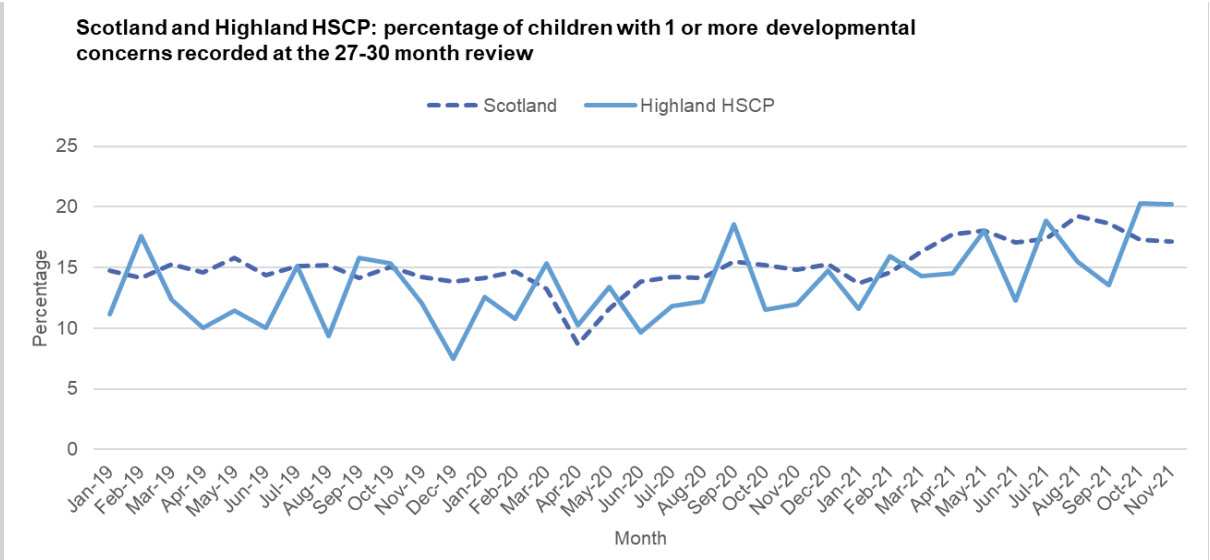
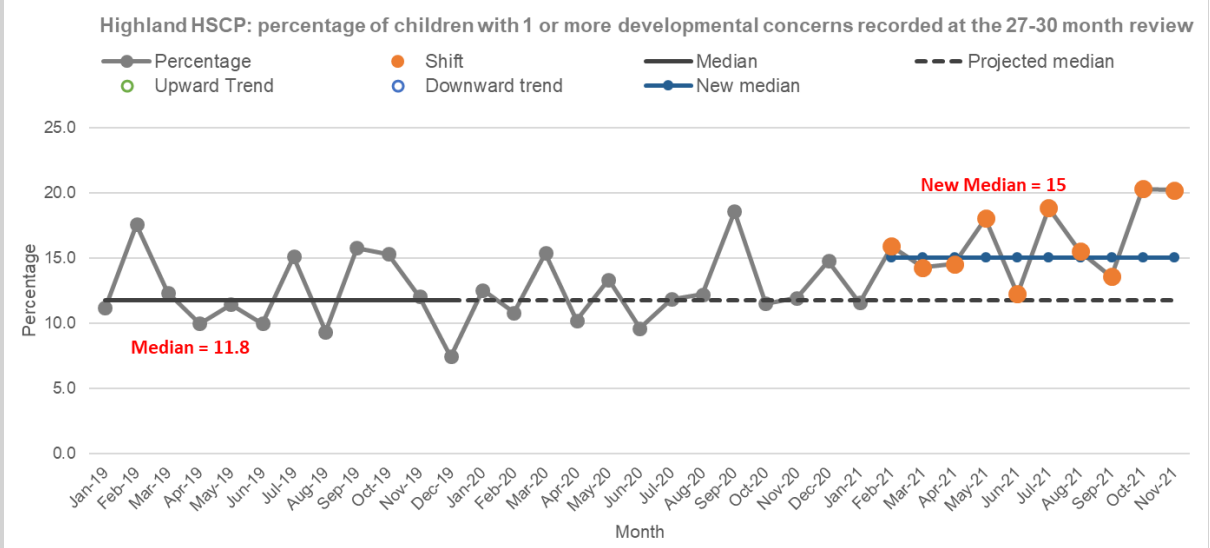


Figure 15



Managing risks

- Uptake of the contact reduced and has yet to recover from the impact of COVID-19 that created barriers to health visitors having face to face contact with parents and some administrative challenges to accessing, completing and returning the assessment paperwork.
- The health visiting service are currently working with a high number of trainees, recruited to address wider workforce challenges. The risks are captured within the Highland Council Risk Register and have been discussed at the Infant Children and Young People's Clinical Planning Group.
- Ongoing performance review at the HHSCP will provide a forum to support dialogue over the risks with related consideration of when the uptake might improve and the related development of an improvement trajectory.

Access to child and adolescent mental health services

Context

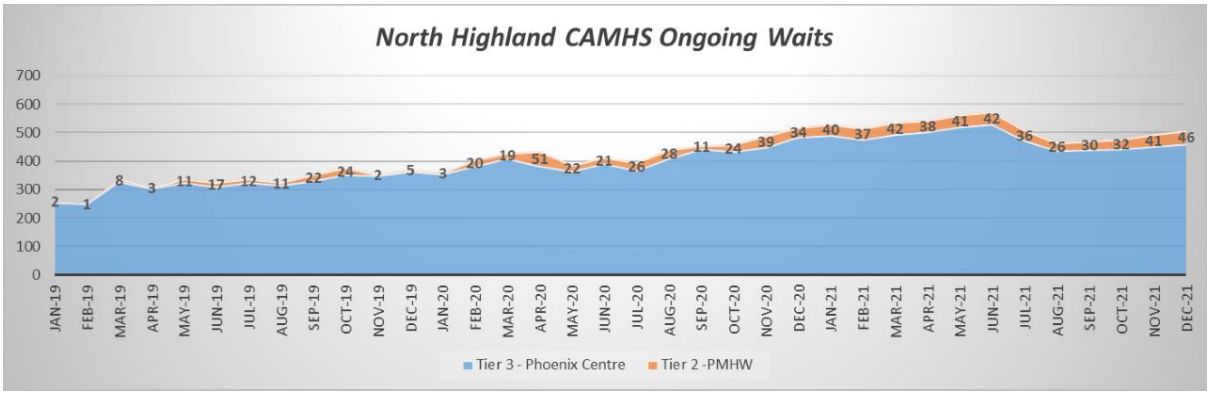
The mental health of babies, children and young people can be understood as a resource for life. The feelings, behaviours and responses of infants, children and young people to the day to day of their lives are informed by their primary experiences of relationships and wider environments, as evidenced in the way they respond to others and different situations. They do better when the adults in their lives, parents, wider family, school and community are able to buffer the stressors in their life and provide relational safety and security.

Such awareness creates many opportunities to reduce the risk of developing mental health difficulties by supporting parents in their relationships with their infants, children and adolescents and responding to distress in non-shaming and supportive ways and thereby supporting resilience as the ability to 'make sense of' feelings and their lives.

Timely access to mental health support as needs present and before they become more complex is the task of the Primary Mental Health Worker Service (Highland Council) working in preschool, primary and secondary school settings with the role of building awareness and capacity within the workforce, (training, consultation and supervision) as well as direct clinical work. When needs are more complex with greater levels of risk, this is the function of the Phoenix Tier 3 CAMHS Service (Raigmore).

The Scottish Government performance indicator requires that children and young people are seen within 18 weeks of referral. Waiting list pressures in the Phoenix Service were evidence in the service prior to spring 2019, COVID-19 (Figure 16), though less so in the primary Mental Health Worker Service.

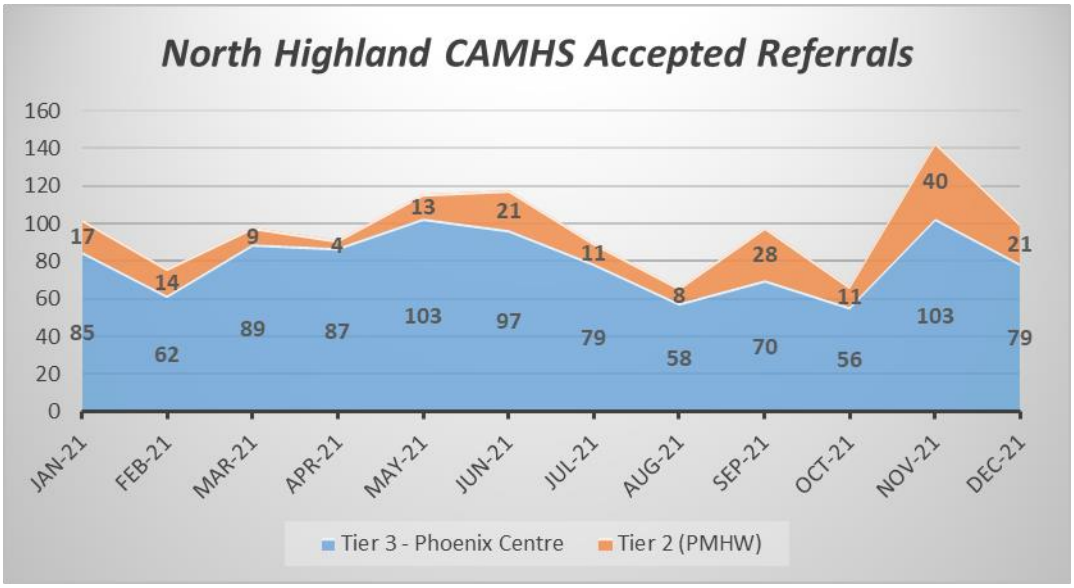
Figure 16



Responding to the risks associated with COVID-19 disrupted access to care and also created a perfect storm for additional mental health need as explored elsewhere in this report. It is interesting to observe that demand in both the primary mental health worker team and the Phoenix Service reflects similar patterns of referral over the last twelve months (Figure 17). These patterns may have been disrupted by Lockdowns and episodes of self isolation for individual children. Prior to COVID-19 it is generally understood that referrals increased after school holidays when children returned to

education settings where needs may be more visible.

Figure 17

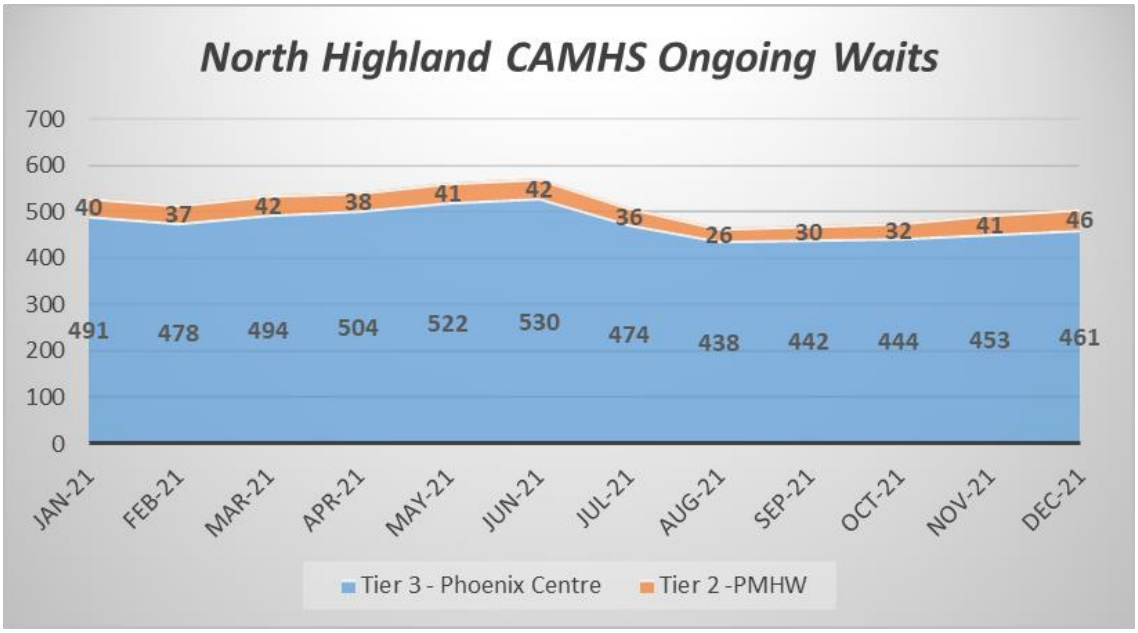


Referrals can be understood as an indication of expressed mental health need. It is well understood that the time it can take for children and young people and their families to have their needs understood and responded and to access mental health care and support can result in greater and more complex presentations of need. The need for cooperation between the Phoenix CAMHS service and the Primary Mental Health Worker service in Highland Council as part of the commissioned service cannot be overstated.

There is interest in understanding the referral into the primary mental health worker service as it might be expected that there would be greater referral numbers given their referral base, across all schools. Linked to this would be understanding of referrals to school counselling services that have been implemented by education services Highland Council over the last eighteen months and how the three services complement and align to meet need. Waiting lists pressures have continued to rise over the past twelve months across both services (Figure 17).

There have also been increased demands on the Phoenix Team by complex higher risk presentations of need requiring Tier 4 community support and/or admission to the impatient unit/Raigmore children's unit. Eating disorder presentations are notably higher across the UK, attributed to the unintended consequences of COVID-19 measures on children and young people’s mental health.

Figure 17



Managing risks

- The Scottish Government is taking an active interest in the waiting times for the Phoenix Service with associated Ministerial scrutiny.
- The CAMHS Programme Board has oversight of the risks and is aware and acting on the following areas.
- An active programme of recruitment to address the shortfall of 14.8 WTE CAMHS clinicians with additional Scottish Government resource.
- On a positive note, 1.6 WTE CAMHS Psychiatrists have been recruited and will take up post into March and two GPs with a special interest in CAMHS have been identified, one in post and also to start in March.
- Work is ongoing to improving the functionality of Trak care to support business intelligence for the Team.
- Work is being undertaken to support the Primary Mental Health Worker team with skills development and supervision.
- Further understanding the flow between services and aligning mental health interventions and support between the PMHW team and the Phoenix service is to be a priority over the coming months with the oversight of the CAMHS Programme Board.
- There are many opportunities to prevent poor mental health and offset deterioration of mental wellbeing in the way parents are supported to understand and develop their capabilities and capacities, as for the skill set and attention to settings, cultures and practice in universal midwifery, health visiting school nursing and primary/secondary schooling settings.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	x
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

As detailed above

3.2 Workforce

As detailed above

3.3 Financial

The report assumes resource as is and the potential to maximise health for individuals and families by working to ensure the services work together and understand the flow between services and teams.

3.4 Risk Assessment/Management

As detailed above

3.5 Data Protection

No issues of note

3.6 Equality and Diversity, including health inequalities

An impact assessment has not been completed as this is an assurance report on performance.

3.7 Other impacts

The report details the value of all services, clinicians and teams working collectively to improve the health outcomes for children, young people and their families. No one service works in isolation.

3.8 Communication, involvement, engagement and consultation

See below.

3.9 Route to the Meeting

This report has been written by the Child Health Commissioner to provide a system view across all services. Stakeholder communication with the operational units has been constrained by the time scales for identifying and reporting on the data to create the one report as a proposed model for moving ahead. Where time and capacity allowed, there were informal discussions with

colleagues. For future reports, it is proposed that the report be led by the Child Health Commissioner and developed through the Children and Young People's Health Strategy Group.

4 Recommendation

The HHSCP Committee are invited to:

4. Discuss the format of the refreshed approach to reporting on children and young people's health services in north Highland. .
5. Discuss the performance measures and commentary as detailed in the report.
6. Make a decision on the format and approach as detailed going ahead on a quarterly basis and to advise if this will cover all measures in the Balanced Score Card over a twelve month period, or that the full suite of measures being reported on a quarterly cycle.

4.1 List of appendices

The following appendices are included with this report:

- **Appendix One**: Children and Young People Balanced Score Card Performance Measures

Appendix One

Children and Young People Balanced Score Card Performance Measures

- Percentage uptake of 6-8 week Child Health Surveillance contact
- Percentage of new born babies exclusively breastfed at 6-8 week review
- Percentage Allocation of Health Plan indicator at 6-8 week from birth
- Percentage uptake of primary immunisations by 12 months
- Percentage of dental registrations of 0-2 year olds
- The number of 2 years olds who have seen a dentist in the preceding 12 months
- Percentage increase in the coverage of the 27-30 month contact
- Percentage of children who reach their developmental milestones at their 27 – 30 month health review
- Percentage uptake rate of MMR1 (% of 5 year olds)
- Percentage of children in P1 with their body mass index measured
- Percentage of children in P1 within the healthy weight (epidemiological) category.
- Percentage of young women in S2 who have received HPV immunisation
- Percentage of statutory health assessments done within 4 weeks of becoming looked after
- Percentage of initial LAC health assessments included in Child's Plans within 6 weeks
- Percentage of children and young people referred to CAMHS waiting less than 18 weeks for treatment, at month end *(Interim Measure)*
- Percentage of children and young people referred to AHP services, waiting less than 18 weeks from date referral received to census date
- Percentage of children and young people waiting less than 12 weeks for treatment, on the Acute Medical Paediatric waiting list, at month end
- Percentage of children and young people waiting less than 12 weeks, on the Acute Medical Paediatrics outpatient waiting list, at month end
- Percentage of children and young people waiting less than 12 weeks for treatment, on the Acute Surgical Paediatric waiting list , at month end
- Percentage of children and young people waiting less than 12 weeks, on the Acute Surgical Paediatric outpatient waiting list, at month end
- Percentage of children and young people waiting less than 12 weeks for treatment on the Community Paediatrics waiting list , at month end
- Percentage of children and young people waiting less than 12 weeks, on the Community Paediatric outpatient waiting list, at month end
- Percentage of children and young people attending Emergency Departments who were seen within 4 hours

Population/Inequality Measures

- The rate of LBW babies born to the most deprived compared to those born in the least deprived parts of Highland will reduce.
- Percentage uptake of the 6-8 week Child Health Surveillance contact across deprivation quintiles
- Percentage uptake of the 6-8 week Child Health Surveillance contact uptake between the general population and Looked After Children

- Percentage uptake between the most and least deprived parts of Highland in the number of children exclusively breastfed at the 6-8 week review
- Percentage increase in uptake of Healthy Start Scheme of eligible beneficiaries

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**2nd March 2022**
Title:	**Chief Officer Assurance Report**
Responsible Executive/Non-Executive:	**Louise Bussell, Chief Officer Community Services**
Report Author:	**Louise Bussell, Chief Officer Community Services**

1. Purpose

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

2. Redesign Projects

North Coast:

The North Coast Care Home and Team Base is progressing with draft briefing information issued to the proposed developer for comment and final drafts expected to be available shortly. Following this we will be able to confirm timescales for this work. Whilst the building itself is the focus the team are exploring the service requirements for the area and how best to achieve them.

Skye:

On 11th January 2022, NHS Highland held a workshop with community representatives. The focus of the workshop was to further explore the vision and to try to establish an agreed direction for the future of health and care in Skye and Raasay in line with the Sir Lewis recommendations.

The workshop was facilitated by Louise Bussell, Chief Officer – Highland Community and Milne Weir, Programme Director from NHS Highland. The workshop identified progress to date, demographics, data and modelling, programme, timelines, and proposed activities for 2022, next steps, feedback and questions. The proposed workplan included next steps for developing a shared vision and health and care plan for Skye and Raasay and identified the information we still need to gather to progress in the coming months.

There was broad support to transition from the option appraisals exercise into a more detailed programme of work. It was agreed that the Programme should be referred to as the Skye and Raasay Health and Care Campus Programme and that the word Campus would not be limited to one site or location at this early stage.

It was recognised that to address future care needs, the solutions would need to be a collaboration of the NHS, community, and multiple organisations.

It was recognised that the Programme would need to involve as many people as possible through the Community Forum and other co-production opportunities and also the people who deliver health and care in Skye and Raasay.

During 2022, the Skye and Raasay Health and Care Campus Programme has identified 4 workshops in January, April, June, and August to progress this work. Each of these workshops will focus on communication, collaboration and co-production and use this time to progress the health and care vision and plan for Skye and Raasay.

3. New Hospitals Update

Belford Hospital, Fort William

The Initial Agreement for Lochaber was approved by NHSH committees but returned by Scottish Government Capital Investment following their November meeting with a request for further detail to be provided in terms of the service model, and further clarity on transport and net zero carbon strategy.

Clinical workshops are planned for late February and early March to further develop the service model, and further detail has been added in terms of transport (NHSH will work with Hi-trans to understand and mitigate transport impact) and net zero carbon commitments.

The output of the first NHS Assure Key Stage Review has also been received, highlighting no significant concerns but advising on a number of smaller elements, in particular the importance of clear sign-off and record keeping.

A number of meetings have also been held with UHI West Highland College, the Highland Council and Highlands and Islands Enterprise to explore opportunities for joint working and collaboration to make best use of the allocated STEM centre/hospital site at Blar Mor.

Broadford, Skye

The new hospital at Broadford is now complete. Migration of services is planned for between 28th Feb and 8th March. Equipment is now in place and staff training and familiarisation has been undertaken. Public visits were held on the 4/5th February and the response was overwhelmingly positive.

4. Adult Social Care

NHS Highland and the Highland Council Integration Agreement

Members will recall that work was completed on a revised successor Integration Scheme which was approved by The Highland Council and NHS Highland in March 2021 and which was subsequently submitted to the Scottish Government for ministerial approval. Dialogue has been ongoing with the Scottish Government since submission of the Integration Scheme in 2021, with respect to a number of drafting and non-material issues.

The Integration Scheme, as amended in those terms, was submitted to the Scottish Government for final approval, and confirmation of approval granted by the Scottish Ministers, was received on 21 February 2022.

Strengthening of Social Work Teams

The Scottish Government (SG) advised of additional recurrent funding to strengthen Multi-disciplinary Teams, an element of which was specifically to enable additional resources for social work to support complex assessments, planning and review activity and rehabilitation to avoid inappropriate hospital admissions and support timely discharge of people out of hospital. There was also a recognised need to support Adults with Incapacity work.

Adult Social Care (ASC) Leadership Team have secured and allocated funding to community teams that equates to an additional 18.3 WTE social workers for North Highland. ASC and HR, People colleagues are working in collaboration to enhance recruitment and advertising.

There is currently no national work force tool for social workers. This is recognised nationally and locally as a significant gap and service risk. There has been specific work in Highland to undertake a workforce and workload analysis in order to develop a workforce plan. This work is near completion and has helped inform the distribution of newly funded posts. Whilst the additional investment is very much appreciated, it is recognised that it will not be sufficient to address all known gaps in meeting the statutory social work duties. The announcement on 9 February by the Chief Social Work Adviser of further additional funding in recognition of the need to expand the social work workforce to support the increasing adult social care workload and the range of workforce pressures is therefore greatly welcomed.

It is anticipated that there will be recruitment challenges. Through a workforce plan, ASC leadership are committed to enhancing growth in the service via enhancing the trainee scheme and opportunities for existing colleagues to have a career pathway within social work services.

The transition of all adult social work and adult social care staff onto agenda for change terms and conditions is progressing and it is anticipated that all staff will be transitioned throughout this year.

Delayed Discharge HUB Work

The substantive Head of Community services is leading on the development of a Discharge Hub with support from colleagues across acute and community services. The aim is to identify needs on admission, working with MDTs across the system in order to reduce the risk of delays when discharge is appropriate. As this progresses the Head of Service – Social Work Services is analysing delayed discharges from a social work perspective to support decision making about mechanisms for current and future coding and to ensure people are supported to get to the right place for future care needs. There is also engagement in relation to how best to enhance the social work service in the support of hospital discharge. This is to improve flow and to ensure that the legal rights of individuals are maintained in addition to their human rights and carers needs.

Support for Carers

There is understood to be a profound negative impact on unpaid carers due to the impact of Covid-19 on the availability of Respite and Day Services and the concomitant increase in the weight of their caring role. Demand on our carer support services is reported to be increasing markedly.

In recognition of the challenges carers are facing, the need to further reduce bureaucracy and offer increased flexibility and choice, NHS Highland has put in place measures designed to mitigate the impact of Covid-19. In particular, projects funded via a bidding process in 2020/21 are being well evaluated and are understood to be delivering good outcomes. Carers Projects are evaluated by a Carers Team (which sits below the 3rd Sector Programme board).

Additionally, uplift monies - which have now been identified by Scottish Government for this and the next Financial Year - are being put at the disposal of carers via a simple Option 1 (Direct Payment) Application process. Currently there has been over £0.5m directed to carers to offer them a flexible, personalised Short Break. Anecdotal feedback from professionals is that it is having a big impact.

Looking ahead, it is imperative that we seek to utilise all the monies available to carers until the end of the Financial Year 22/23 to mitigate the impacts of Covid-19. Therefore: funding for Projects aimed at supporting carers creatively through the pandemic is to be extended; funding for our carers support services (Connecting Carers) is to be increased to recognise the growing demands upon them; and the Option 1 (Direct Payment) Application process will continue and expand across the year ahead. Finally, some resource will be earmarked to help catalyse "carer-led" developments aimed at ensuring that the participation of people with lived-experience informs our current governance arrangements and decision-making.

Staff Well-Being Support

There have been numerous references within this report regarding the impact on staff across health and social care of working under significant pressure, for a sustained period of time.

An additional resource has been created in the form of a Principal Clinical Psychologist appointed to help manage the ongoing impact of the pandemic on the mental health and wellbeing of health and social care staff, improve staff resilience, and to psychologically support staff - both within NHS Highland and also supporting independent sector services.

Plans are being taken forward to best prioritise and target this resource.

Response to Winter Pressures/activity

All winter planning preparations are predicated on four key principles as set out by the Scottish Government:

1. Maximising capacity – through investment in new staffing, resources, facilities and services.
2. Ensuring staff well-being – staff can continue to work safely and effectively with appropriate guidance and line-management and access to timely physical and emotional well-being support.
3. Ensuring system flow – through taking specific interventions now to improve planned discharge from hospital, social work assessment, provide intermediary care and increase access to care in a range of community settings to ensure that people are cared for as close to home as possible.
4. Improving outcomes – through collective investment in people, capacity and systems to deliver the right care in the right setting

Further information will report to committee as part of future finance updates on service and board plans to allocate and distribute SG funding are formulated, agreed and implemented

across North Highland. Funding was allocated from SG monies to strengthen the social work teams as per agreed criteria above.

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 February 22, £6.292m and some 1021 applications have been assessed and paid to providers. The costs for these claims are recovered from the Scottish Government.

As at the time of writing this report, it is expected that SG will shortly announce an extension of this scheme to 30 June 2022 which will be welcome by the care sector.

Care Homes Commissioned Provision

Of particular note for this update, is the following:

Over the period from 1 November 2021 to date (14 February 2022), there have been a total of **25 confirmed Covid-19 outbreaks** across (all) care homes across north Highland, with a peak of 15 care home outbreak locations around 18 January 2022. As at the time of writing there remain 10 current outbreaks.

In addition to confirmed outbreaks, there has also been a significant increase in the number of care homes closed to new admissions at any one time. At the peak of the wave in January 2021, this was 27 (out of 69 care homes) closed at any one time. On 9 January 2022, there were 47 (out of 69 care homes) closed to new admissions.

The practical impact of the closures were both interruption to visiting by families to “closed” facilities, as well as the wider system pressures of unavailable beds.

As previously advised, all outbreak and closure situations are closely monitored and managed, with close contact and liaison with the affected care homes.

The care home outbreak situations have been particularly challenging and stressful for services, where there is a rapid loss of staffing availability due to staff positive results and / or self-isolation, a constantly evolving and changing situation and limited and often changing contingencies, such as short notice agency unavailability.

Under its requirement to provide support by way of mutual aid, NHSH has both enhanced and fully deployed its Covid Response Team, and also put in place and operated a staffing escalation protocol.

Over the outbreak situations in particular, it has been critical to ensure that all reasonably expected actions have been undertaken, to inform the deployment and redirection of CRT resources.

It is highlighted that NHSH have been unable to meet all requests to provide mutual aid support. In those situations which have been in, or very close to, extremis situations, essentials of safe care have been identified and prioritised.

To address ongoing response capacity the further enhancement of the CRT is described elsewhere in this report.

The previous 3 month period has presented extreme operating conditions for the care home sector, both for those managing services and those delivering direct care. This pressure comes on top of the sustained and debilitating stress and fatigue experienced by the sector since the start of the pandemic.

Close liaison continues both individually and collectively as a sector, to understand the current and changing issues, to enable NHSH to be as best positioned as possible to support and address.

A critical next step of sector dialogue and direction is to stabilise provision, build resilience, and to access currently unavailable beds, which will be a priority during the remainder of Q4. A crucial element of this will be a focus on staff recruitment, retention and wellbeing.

In-House Care Homes/Care-at-Home

The pandemic along with winter pressures continue to impact on care homes/ care at home service delivery, most notably in relation to staffing levels.

Care home managers and staff have worked hard to limit the potential negative impact Covid 19 has had on their experiences. This has included flexibility around visiting and acknowledging the value of continued, face to face, contact with loved ones. Teams have been working creatively to facilitate regular connections using technology and continually adapt to make sure residents receive the support they require both emotionally and physically. Similarly care-at-home teams have been committed to delivering services during a time where staffing levels have been impacted. Regular contact with service users and their families and enhanced joint working is also evident.

Several in house care homes have now experienced a Covid outbreak or have been closed to admission as a result of Infection Prevention Control measures. Recruitment to the service continues to be problematic particularly in remote and rural areas and the NHS recruitment process is being revisited with the emphasis on minimising delays whilst ensuring due process is followed.

Preliminary redesign work is being undertaken to explore different models of support that may help with sustainability and recruitment. In-house care at home is in the early stages of reconsidering registration criteria to support a more flexible approach to providing a service with less of a distinction between “mainstream” and “enablement” workstream.

The learning and development framework for all registered services has been updated to better support staff to access learning that will enable them to develop knowledge and understanding in essential areas. This update was undertaken collaboratively with operational colleagues. Some required training has been delayed as a result of the pandemic and the restrictions in face to face learning. A suite of bite-size training and learning materials has been developed with contributions from subject specialists. These will be available to operational managers to assist with continued learning and improvement of teams.

Commissioned Care at Home Services

Similar to care home services, care at home services have experienced a challenging recent period, particularly around staff recruitment and retention, and delivery of capacity required to meet current needs.

There has been significant dialogue with the sector collectively regarding plans and intentions regarding commissioned care at home services, in order to achieve first and foremost, sector stability, with a view to thereafter:

- building resilience;
- growing and releasing capacity; and
- improving efficiency / processes

In terms of immediate actions to attract and retain staff, additional Scottish Government funding for care at home capacity has enabled Highland to implement a further increase beyond the SG commitment of £10.02 per hour for all ASC staff providing direct care (at home and other registered, non-residential services) from 1 April 2022, which in effect has brought forward the SG budget commitment of £10.50 per hour minimum wage rate by 4 months to 1 December 2021.

Further detailed discussions are in progress to identify further actions for additional and sustained activity, including issues impacting on delivery and availability across remote and rural areas. The need to identify, release and deliver additional care at home capacity is critical to addressing flow issues within the wider system, along with accessing currently unavailable care home beds. Both of these activity areas are a priority for the remainder of Q4.

Covid Response Team (CRT)

The CRT team continues to be fully deployed to support services negatively impacted by Covid 19. Recent deployments have included care homes settings (independent sector and NHS), care at home services (NHS) and hospital services.

Support has also been provided within the community to avoid unnecessary hospital admissions. Requests for assistance have been such that since the start of January 2022 the CRT has recorded unmet need of 725.5 hours.

Recruitment does continue and the team is expanding with more staff expected to join the team during March. Alongside this, work has commenced to restructure the team to allow for a more robust infrastructure to support current and anticipated growth.

Onboarding of staff – NHS/Highland Council

Prior to Christmas 2021, a request was circulated to Highland Council colleagues who may have the availability/interest/experience in joining the CRT team to support care services experiencing difficulties. NHS colleagues currently in other roles were also encouraged to consider this opportunity.

To date, 27 people have expressed interest in exploring this further and a training pathway has been developed as well as an initial induction day held on the 5th February 2022. Further inductions are to be arranged with a view to mobilising staff in non-outbreak situations following appropriate training and necessary safety checks.

National Care Service

The Scottish Government launched a consultation on the National Care Service on 9 August 2021. The consultation period closed on 2 November 2021.

Proposals in the consultation went wider than the policy areas covered in the Feeley Review, which focused on adult social care. The consultation noted that at a minimum the NCS will cover adult social care services but it also seeks to consider extending its scope to oversee all age groups and a wider range of needs including:

- children and young people
- community justice
- alcohol and drug services
- social work

Consultation Responses

The responses to the consultation were published on 2 February 2022 along with an analysis of stakeholders' responses to the consultation.

The analysis found that most respondents believed that the main benefit of the NCS taking responsibility for improvement across community health and acre services would be more consistent outcomes for people accessing care and support across Scotland.

A number of potential risks were also identified by respondents. These included:

- the potential loss of the voices of people accessing care and support and care workers; the impact on local services
- the loss of an understanding of local needs and local accountability
- the variation of needs across Scotland especially where more rural and remote areas such as the Islands are concerned
- staffing concerns with regards to retention and morale.

In relation to the possible scope of the NCS, analysis found that most respondents agreed that children's services, justice social work, social care in prisons, alcohol and drug services and mental health services (as outlined in the consultation) should be included in the NCS. However, it is worth noting that a number of key stakeholders did express concerns about the proposals to include children's services.

The majority of respondents were in support of the NCS and Community Health and Social Care Boards (CHSCBs) commissioning, procuring and managing community health care services.

Legislation

The Scottish Government has said that legislation will be introduced in the Scottish Parliament in Summer 2022, most likely June, and it intends to establish a NCS by the end of the Parliamentary term.

In the meantime ongoing engagement continues with a range of stakeholders. A series of recent sessions have been held to discuss proposed amendments to the Adult Support and

Protection Act. Some concerns have been expressed about the risks of a piecemeal approach in addressing key areas to be impacted by the NCS with suggested changes for example to the Adult Support and Protection Act also requiring to dovetail with suggested changes to the Mental Health Act and Adults with Incapacity Act, currently the subject of the Scott Review.

The Minister for Health and Social Care has made it clear that improvements to service delivery that can be progressed now should be progressed now and key elements of work such as the implementation of the SDS Standards should be progressed without delay. This very much fits with our ongoing work to implement our SDS Strategy which was agreed at the last meeting of this committee.

5. Highland Alcohol and Drugs Partnership (HADP – Annual Report 2020/21

Scottish Government

The Annual Report template 2020/21 was submitted to Scottish Government on 14/10/21 and HADP are currently awaiting feedback. The report was then signed off by HADP at the strategy group meeting on 23/11/21.

Community Planning Partnership Board

The Scottish Government requires Alcohol and Drugs Partnership Annual Reports to also be signed off by Integrated Joint Boards for governance purposes. In Highland, HADP reports to the Community Planning Partnership Board, who were asked to sign off the Annual Report at a meeting on 20/12/21. The request was approved. A summary of the Annual Report was provided to the Community Planning Partnership Board in advance of the meeting (see appendix 1). The summary also included an update on the workshop HADP facilitated for the Community Planning Partnership Board on 31/05/21 along with information on future investment plans. The Coordinator and Chair attended the meeting to provide an overview and answer any questions.

NHS Highland Board

The Highland ADP and Argyll & Bute ADP Annual Reports were noted at the Board meeting on 25/01/22. Questions and discussion focused on expenditure, medication assisted treatment standards, no wrong doors, managing co-morbidities, integrated services and tackling stigma. The minute from this section of the meeting can be accessed: https://www.nhshighland.scot.nhs.uk/Meetings/BoardsMeetings/Documents/January2022/Item%2015%20ADP%20Board%20SBAR%20January%202022%20(1).pdf

Health and Social Care Committee

HADP requests that the Health and Social Care Committee note the annual report 2020/21. HADP welcomes feedback on any questions that members of the committee may have. Please contact: deborah.stewart2@nhs.scot.nhs

Appendix 1: Highland Alcohol and Drugs Partnership – Annual Report 2021/22 - Summary

6. Risk Register update

The Board has been developing a clear structure for the establishment and use of risk registers with the aim of identifying, effectively managing, and where possible, reducing

risks at all levels of the organisation. To ensure this is achieved within the Community Division the leadership team have established a risk register monitoring group. This group has now commenced and is overseeing the Divisional risk register and the registers that sit within the Division – there are to date the mental health, community health and primary care risk registers.

This group is in its early stages but is already ensuring that the right risks are recorded and the actions being taken are scrutinised. As we move forward the group will monitor progress and provide appropriate support and challenge to services in relation to risk as well as identifying risks that require external support and/or escalating.

7. 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 – 28th February 2022

Confirmation received from EDG – 28th February 2022

8. Recommendation

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

Appendix 1

Highland Alcohol and Drugs Partnership – Annual Report 2021/22 - Summary

The annual reporting template has six sections that reflect activity related to the national and local drug and alcohol strategy, Ministerial priorities and the National Mission to reduce drug related deaths. On this occasion Highland Alcohol and Drug Partnership was not required to red, amber, green progress for submission to the Scottish Government, but has included this information in the summary below.

Section No	Priority Area	Red Amber Green	Activities & Progress	Areas for Improvement
3.1	Representation		Consistent representation from majority of partners Regular well attended meetings Independent Chair People with lived experience represented	More structured involvement of people with lived experience Establish/sustain living/lived experience panel Mental health service representation Develop commissioned drug/alcohol services
3.2	Education & Prevention		Diverse range of communications campaigns e.g. Bi-weekly Bulletin, Count14, Highland Substance Awareness Toolkit, Foetal Alcohol Spectrum Disorder, Substance Aware School Award, Stay Safe (Festive/festivals) Use of Social media, Twitter/Facebook, website HOPE App / digital inclusion Planet Youth pilot (Caithness, Sutherland & Tain) Review of alcohol licensing applications Consistent representation on licensing forum Adherence to alcohol overprovision statement Education/prevention post (Highland Council)	Resources in different languages Wider dissemination HOPE App, Service Directory Evidence of positive outcomes Review of occasional licences Update website
3.3	Quality Treatment & Recovery		Recovery orientated systems of care embed Increase in residential rehab capacity Housing First pilot improving health/wellbeing outcomes for people with complex needs & drug alcohol problems Expected drug/alcohol screening/treatment options available in Inverness and surrounding area Involvement of People with lived experience in policy development Recovery Workers Training Project pilot success Mutual aid networks Trauma-informed training opportunities Public health intelligence / surveillance	Consistency across areas for access to treatment and support services Further increase in residential rehab access and capacity/reduction in waiting list Establish clear pathways to residential rehab Integrated drug/alcohol and mental health support/protocols in place Living/lived experience panel established and sustained

			Advocacy development (Advocacy Highland)	Development of recovery communities Uptake of training/workforce development opportunities Establish Near Fatal Overdose immediate response pathway Reduce alcohol deaths/establish review process Reduce drug deaths/strengthen review process Peer distribution of naloxone Increase in availability of positive activities Embed family inclusive practice Increase family support mutual aid groups Implement Medication Assisted Treatment Standards
3.4	Children, Young People & Families		Whole Family Coordinator post (Action for Children) Psychologist (drugs/alcohol) with (Children and Adult Mental Health Service) Specialist midwife (drugs/alcohol) with (Health Improvement) Safe, Strong & Free, Youth Highland, Homestart Highland funding Youth Action Service and Children and Adult Mental Health Service joint working/trauma-informed training/workforce development Collaboration with ICSP, CPC Children and young people (drugs & alcohol) joint committee established	Establish need for specific services for Children and Yount People affected by another's drug/alcohol use Expand whole family approaches/family inclusive practice Reduce drug deaths among young people
3.5	Public Health Approach to Justice		HMP Inverness distribute naloxone on liberation Membership crossover with Community Justice Partnership Funding for Drug Treatment and Testing Order 2 Funding for Harm Reduction Police Officer Funding for Youth Action Team diversion and residential opportunities Custody link workers and Medics Against Violence providing additional in-reach and outreach support Community Integration Plans in place for all people on liberation, named worker approach in place via Community Justice Social Worker Prison to residential rehab pathway in place	Strengthen partnership working with Community Justice Partnership Strengthen partnership working with youth justice improvement group Increase uptake of Drug Treatment and Testing Order Establish a clear multi-agency criminal justice pathway
3.6	Equalities		Older People – Previous collaboration with Highland Senior Citizens Network on alcohol awareness sessions in communities	Increase focus on people with disabilities Increase focus on minority ethnic communities

			Disabled People - Access to Highland Alcohol and Drug Partnership events / training opportunities Women and Girls – Targeted activity related to pregnancy and maternity services, collaboration with Violence Against Women Partnership Some service information in other languages	Increased information in different languages Increase focus on LGBTQ+

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	
MARCH 2022	
• Learning Disability Services Assurance Report	
• Highland Council Commission Assurance Report	
• Adult Social Care Fees and Charges Report	
• Chief Officer's Report	
• Committee Annual Assurance Report	
• Committee Work Plan 2022/2023	
• Committee Terms of Reference	
APRIL 2022	

• Report into Care at home and Wider Community Services	
• Annual Report of Care Home Oversight Board	
• Chief Social Worker's Report	
• Adults with Incapacity (Mental Welfare) Report	
• Adult Protection Committee Annual Report	
MAY: Development Session (details to be confirmed) on Climate Change	
JUNE 2022	
• NHS Highland Strategy Together We Care	
• Commissioning Strategy for Integrated Health and Social Care Services	
• Community Planning/Engagement Strategy	
• Performance Framework/Public Bodies Annual Report	
[Development Session]	
AUGUST 2022	
• Primary Care Improvement Plan Assurance Report	
• Mental Health Services Strategy	
• Drug and Alcohol Services	
• Carers Strategy	

[Development Session]	
NOVEMBER 2022	
• Community Health Services/AHP	
• Winter Planning/Redesign of Unscheduled Care	
• Highland Council Commissioned Services Assurance Report	
[Development Session]	
JANUARY 2023	
•	
•	
•	

Highland Health and Social Care Committee

02 March 2022

Item 5.2

NHS Highland

Highland Health and Social Care Committee Annual Report

To: NHS Highland Audit Committee

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

Subject: Highland Health and Social Care Committee Report 2021/22

1 Background

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

2 Activity April 2021 to March 2022

The Highland Health and Social Care Committee met on six occasions during 21/22. Two development sessions were held prior to the Committee meeting in April, June and August. Development sessions were suspended and Committee meetings held in 'governance light' mode in late 2021/early 2022 due to the operational pressures as a result of the Third Wave of the pandemic. The minutes from each meeting have been submitted to the appropriate Board meeting. Membership and attendance are set out in the table below.

Membership and Attendance from 03 March 2021 to 31 March 2022

MEMBER	28/04/2021	30/06/2021	01/09/2021	03/11/2021	12/01/2022	02/03/2022
Ann Clark, Chair	✓	✓	✓	✓	✓	
Cllr Deirdre MacKay, Vice Chair	A	✓	✓	A	✓	
James Brander		✓	✓	✓	n/a	n/a
Louise Bussell, Interim Chief Officer	T Ligema	✓	✓	✓	✓	
Elspeth Caithness, Employee Director	n/a	n/a	n/a	A	✓	
Cllr Isabelle Campbell	A	✓	A	A	✓	
Paul Davidson, Medical Lead	✓	✓	✓	✓	A	
Cllr David Fraser	n/a	n/a	✓	✓	✓	
Philip Macrae	✓	✓	✓	✓	✓	
Cllr Linda Munro	A	A	✓	✓	✓	
Gerry O'Brien	✓	A	✓	✓	✓	
Adam Palmer, Employee Director	A	✓	A	n/a	n/a	
Cllr Nicola Sinclair	✓	A	n/a	n/a	n/a	n/a
Simon Steer, Head of Adult Social Care	✓	✓	✓	✓	✓	
Nurse Lead (rotational)	A	✓ J Petch	A	A	✓ J Petch	
Elaine Ward	✓	✓	✓	✓	F Gordon	

IN ATTENDANCE						
Tim Allison, Director of Public Health	✓	E Smart	E Smart	✓	✓	
Michael Simpson (Public/Patient)	✓	✓	✓	✓	✓	
Catriona Sinclair (ACF)	A	✓	A	A		
Wendy Smith (Carer)	✓	✓	✓	✓	✓	
Michelle Stevenson (Public/Patient)	✓	✓	✓	✓	✓	
Ian Thomson (ACF)	A	✓	✓	✓	✓	
Neil Wright for Ian Kennedy, Lead Doctor (GP)	✓	✓	✓	A	✓	
Mhairi Wylie (3rd Sector)	✓	A	A	✓	✓	
VACANT (S'side)	n/a	n/a	n/a	n/a	n/a	
VACANT (S'side)	n/a	n/a	n/a	n/a	n/a	

During the period covered by this report the Committee Chair was Ann Clark and Deirdre Mackay was Vice Chair. The vacant lay member places were successfully filled during the year and efforts were made to fill the vacant medical and staff side places. An induction programme was undertaken for the new lay members. Efforts continue to fill the vacant staff side memberships.

2.1 The Pandemic

The pandemic continued to impact on the business of the Committee with reports regularly received on progress of the pandemic, the impact on business as usual services and the implications of measures to control the virus. These reports also included progress reports on the vaccination programme. The Committee heard moving testimony directly from a number of staff involved in supporting services impacted by the pandemic, particularly care homes and care at home services. The continued willingness of all staff to go 'above and beyond' despite the relentless professional and personal challenges of the pandemic has been recognised by the Committee at every meeting. The Committee has been particularly concerned to understand the impact on users and carers of the changes to services necessitated by measures to control COVID-19.

2.2 Service Planning and Commissioning

The Committee considered various aspects of the planning, commissioning and co-ordination of services across North Highland including: redesign of unscheduled care and enhanced community health services, mental health services including learning disability services, implementation of the Primary Care Improvement Plan, progress with the commissioning of services from the Third Sector and approval of a new strategy for Self Directed Support services for adult social care, potentially one of the most significant pieces of work considered by the Committee during the year. The revised strategy for SDS was heavily influenced by the recommendations of the Feeley Review and the Scottish Government's proposals for a National Care Service which were considered at the September meeting.

2.3 Scrutiny of Performance

2.3.1 Service Delivery

NHS Highland Board approved a revised Integration Agreement with Highland Council in March 2021. This necessitated a review of the Performance Framework for scrutiny of services at the Committee, which for a variety of reasons, including the pandemic pressures, has not concluded. As a result it has been difficult for the Committee to gain a comprehensive overview of performance across all areas of

its remit. The Committee has however received assurance reports on particular areas of service pressure including mental health services and adult social care. At each meeting the Committee received an exception report from the Chief Officer focusing on risks and mitigations associated with the pandemic and remobilisation of business as usual services. The Committee also received a preliminary assurance report on the delivery of the Highland Council commissioned children's services, the framework for which is also under review.

2.3.2 Finance

The Committee received regular reports on the financial position of services within its remit. Due to the pandemic there was continued uncertainty throughout the year about the overall financial position of NHS Highland and government support for costs associated with the pandemic. Despite all of the challenges faced during the year, work continued on both NHS Highland's cost efficiency programme and the adult social care workstreams associated with the Joint Project Board established with the Council in 20/21. Significantly staff were able to realise the target for 2021/22 of 3 million savings in the adult social care budget, albeit on a non-recurring basis. During the year it became apparent that recurring savings from transformational redesign of services would not be achieved without a comprehensive review of the Highland Health and Social Care Partnership's commissioning strategy and approach to community engagement. Proposals are being drawn up for discussion with the Council following the local authority elections in May and publication of the Scottish Government's response to the consultation on a National Care Service. Due to additional in year allocations and special measures announced by the Scottish Government, the Board will end the year in financial balance and it is possible that the Partnership will have more scope for investment in 2022/23.

3 Corporate Governance

The Committee implemented revised Terms of Reference, following the approval of a revised Integration Agreement with the Highland Council. The significant change was the removal of acute services from the Committee's remit. The Committee retains an interest in some aspects of hospital services as community services have a significant part to play in the on-going challenge of reducing delayed discharges and maintaining flow throughout our hospitals.

The Committee also undertook a self- assessment exercise as part of a wider drive to improve the NHS Board's corporate assurance framework. An action plan to address improvements was agreed in September and progress reported to the March 22 Committee

4 External Reviews

None

5 Key Performance Indicators

Whilst the Committee continued to meet throughout the year, the severe workforce pressures experienced as a result of the Third Wave and the demands of the revised NHS Highland vaccination strategy meant the NHS Highland Board agreed to operate in 'governance light' mode for several months. This has limited the scope to progress aspects of the Committee's workplan, most notably a revised Performance Framework for integrated community health and social care services and an improved format for the partnership's Annual Performance Report.

A report on performance for the 21/22 year will be published in July 2022. The 20/21 Performance Report showed improvement is required in the following areas: delayed discharges, capacity within Social Work services to undertake legal duties of assessment and review.

Performance in relation to Children's Acute Mental Health services are of particular concern and NHS Highland has agreed a recovery plan with support from Scottish Government.

6 Emerging issues for 2022/23

It is likely that workforce issues of recruitment, retention and staff wellbeing will be critical to NHS Highland's ability to manage the competing priorities of the pandemic, service remobilisation and improving outcomes for our population. Decisions about the scope and implementation of a National Care Service will inevitably mean discussions will need to take place about new models of integration and service delivery. Relationships will need to be quickly re-established with the Highland Council following local authority elections in May and a new approach to strategic commissioning within the Highland partnership agreed.

7 Conclusion

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

Ann Clark, Chair

Highland Health and Social Care Committee

17 February 2022

NHS Highland

Meeting:	**Highland Health and Social Care Committee**
Meeting date:	**2nd March 2022**
Title:	**Committee Self-Assessment Review**
Responsible Executive/Non-Executive:	**Louise Bussell/Ann Clark**
Report Author:	**Ann Clark Chair**

1 Purpose

This is presented to the Committee for:

- Assurance
- Decision

This report relates to a:

- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence • Improving health • Keeping you safe • Innovating our care		**Partners in Care** • Working in partnership • Listening and responding • Communicating well	
A Great Place to Work • Growing talent • Leading by example • Being inclusive • Learning from experience • Improving wellbeing		**Safe and Sustainable** • Protecting our environment • In control • Well run	 X x
Other (please explain below)			

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2 Report summary

2.1 Situation

NHS Boards across the UK operate in an increasingly demanding environment. Good governance is essential in providing high quality, safe, sustainable health and social care services. Governance issues are increasing in the public sector, as is the public interest in governance problems being experienced by public bodies. Regular assessment of the effectiveness of governance arrangements within NHS Boards is a fundamental building block for improvement.

NHS Highland introduced a self-assessment of the effectiveness of the governance committees and the Board in 2021. Improvement actions relating to Highland Health and Social Care Committee were agreed at a meeting in September 2021. Due to the current 'governance light' mode the Board has agreed to undertake a simple review of current action plans rather than rerun a full self-assessment exercise for 22/23. This report advises on progress against the Action Plan at Appendix 1 as agreed in September 2021 and seeks agreement to the updated Plan, attached as appendix 2, for 22/23.

2.2 Background

NHS Boards are expected to work towards the Blueprint for Good Governance and to regularly assess the effectiveness of their governance arrangements. A self-assessment of effectiveness of governance committees in 2021 highlighted a number of common themes, some of which were also raised in an Internal Audit report on the Board Assurance Framework. These themes included the need for greater clarity on the assurance role of Committees and a greater focus in committee reports on links to Board objectives and risks.

All Board Committees developed their own action plan to support improvements on the basis of their individual self-assessment. Board wide actions are also being implemented to address common themes, including improvements to Board and Committee report formats.

2.3 Assessment

The self-assessment carried out in June 2021 included a survey of all Committee members, presentation and discussion of results at a Development Session followed by approval of the Action Plan at Committee in September. Strengths and Weaknesses were summarised as follows:

STRENGTHS	WEAKNESSES

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• Enthusiastic membership willing to add value • Oversight and scrutiny • Diversity of membership • Professional and focused Chair • Communication to discuss topics	• Lack of clarity of role – scrutiny of what/whom • Time – meetings rushed • Diversity of membership – different knowledge levels • Some stakeholder roles vacant for long time • Too many topics in the timeframe • Scrutiny around reports and their content

Three priorities for improvement actions were proposed:

- Developing the understanding/knowledge of Committee members
- Committee Reports – purpose/evidence base/assurance levels
- Timing/Agendas

A number of Board wide and Committee specific actions were included in an Action Plan. Operational pressures arising from the Third Wave of the pandemic has necessarily limited implementation of the Plan. Nonetheless some progress has been made and this is summarised within Appendix 1, highlighted in red.

As agreed by the Board in January 2022, Ann Clark and Louise Bussell have undertaken a review of the 2021 self-assessment exercise, in consultation with the Vice Chair and SLT. No new issues were identified and a revised Action Plan is proposed at Appendix 2 with proposed new actions highlighted in red.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	x
Limited		None	

3 Assessment

3.3.1 Quality/ Patient Care

The Health and Social Care Committee has responsibility for a wide range of community and hospital services and a budget of approx. £400 million. An effective Committee will make better decisions leading to improved outcomes for those receiving care and their families.

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3.3.2 Workforce

Two places for staff side representatives are included within the Committee's membership. These have been vacant for some time despite on-going efforts to fill the positions. Operational pressures are impacting on capacity of staff to get involved in representing staff side.

3.3.3 Financial

There are no direct financial consequences of this paper. Good governance contributes to the efficient and effective use of resources within the Committee's control.

3.3.4 Risk Assessment/Management

An effective Committee will be better placed to identify risks and opportunities and scrutinise proposed mitigating action by management.

3.3.5 Equality and Diversity, including health inequalities

The Committee has a range of stakeholders represented in its membership, including users of services and their carers. Agreement has been reached with Highland Third Sector Interface regarding Third Sector membership for the coming year.

3.3.6 Other impacts

N/A

3.3.7 Communication, involvement, engagement and consultation

All members of the Committee received an invitation to complete the original self-assessment questionnaire and to the Development Session discussion.

3.3.8 Route to the Meeting

Discussion between Chief Officer, Chair and Vice Chair. Revised Action Plan drafted by Chair.

4 Recommendation

The Committee are recommended to take moderate assurance that the Action Plan for 21/22 has been implemented as operational pressures have allowed.

A Decision is sought as follows:

- **Decision** – Agreement to the updated Action Plan at Appendix 2

4.1 List of appendices

The following appendices are included with this report:

- Appendix No 1 Action Plan 21/22
- Appendix No 2 Action Plan 22/23

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APPENDIX ONE: 21/22 COMMITTEE SELF ASSESSMENT ACTION PLAN

	Development Area	Intervention	Owner	Timeframe	Status
01	Improve awareness and understanding of assurance and the quality of assurance reports.	Develop an effective assurance training and awareness plan to be delivered across the year to non-executives, executives and senior management. Incorporate training session on assurance to HHSCC in a Development Session	RD/RF/FH *AC/LB*	*December 21* *Likely June 22 for Committee Development Session*	Some information included in lay members inductions
02	Consider implementing a "level of assurance" approach SBARs to clarify the • purpose of the report • corporate objectives • risks it is addressing • level of assurance management provides	Develop a proposal for a revised SBAR and committee agenda / minuting process to cover level of assurance approach and present for review and agreement. Use revised SBAR, agenda and minuting process	SC/LB	*When available*	Complete New SBAR now in use. Level of assurance circulated to Committee in March
03	Quality of reports	-Implement revised SBAR and assurance approach -Agenda setting meetings to agree clear instructions for report writers on purpose/scope of reports -Agenda setting meetings to agree priority reports for review by Chair and Chief Officer	SC/LB AC/LB/SC AC/LB/SC	When available Immediate Immediate	Commenced and on-going

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04	Knowledge and Understanding of Committee Members	Agree an annual programme of Development Sessions as part of Committee Workplan August Development Session to incorporate session on current Integration Agreement (IA) Session on Assurance to be arranged as part of Board wide programme as at 01 above Develop induction session for all new members	AC/LB LB RD/AC/LB AC/RD/SC	09/21 then annually in March/April 24/08/21 Tbc Likely June 22 11/21	Development Sessions Paused until April 22 Development session took place focussing on IA and NCS Lay members induction complete New induction for Board members introduced
05	Timing/Agendas	Directorate Leadership Team to draft Annual Workplan for consideration by Agenda setting meeting and then full Committee Development Sessions to be moved to month in between Committees Six meetings a year timetabled	LB AC/SC RD/SC/AC	For March/April 22 Meeting Immediate Year 22/23	22/23 plan drafted by Chair due to operational pressures, & considered by SLT. Development Sessions now moved

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APPENDIX TWO: COMMITTEE SELF ASSESSMENT ACTION PLAN 22/23

	Development Area	Intervention	Owner	Timeframe	Status
01	Improve awareness and understanding of assurance and the quality of assurance reports.	Incorporate training session on assurance to HHSCC in a Development Session	RD/*AC/LB*	June 2022	
02	Implement a "level of assurance" approach. SBARs to clarify the • purpose of the report • corporate objectives • risks it is addressing • level of assurance management provides	Use revised SBAR, agenda and minuting process Circulate Level of Assurance Framework to Committee Members with March papers Chair to summarise purpose and 'ask' of Committee at start of each Agenda item and restate 'ask' at end of discussion.	SC/LB SC AC	On-going March 2022 On-going	
03	Quality of reports	Implement revised SBAR and assurance approach Agenda setting meetings to agree clear instructions for report writers on purpose/scope of reports Agenda setting meetings to agree priority reports for review by Chair and Chief Officer	SC/LB AC/LB/SC AC/LB/SC	On-going On-going On-going	Commenced

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		Timetable for report submissions to allow for review of priority items by Chair and CO	SC/LB/AC	On-going	
04	Knowledge and Understanding of Committee Members	Agree an annual programme of Development Sessions as part of Committee Work plan	AC/LB	Annually in March	Development Sessions Paused until April 22
05	Timing/Agendas	Timing for agenda items to be discussed at agenda setting meetings Target times to be included in Agendas	AC/LB/SC SC	Immediate and On-going Immediate and on-going	

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HIGHLAND HEALTH & SOCIAL CARE COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: January 2022

1. PURPOSE

1.1 The purpose of the Highland Health and Social Care Committee is to provide assurance to NHS Highland Board that the planning, resourcing and delivery of those community health and social care services that are its statutory or commissioned responsibility are functioning efficiently and effectively, ensuring that services are integrated so that people receive the care they need at the right time and in the right setting, with a focus on community-based, preventative care.

2. COMPOSITION

2.1 The membership of the Committee is agreed by the full NHS Board and has a Non-Executive Chair.

Voting Committee members as follows

5 x Non-Executives, one of whom chairs the Committee and one of whom is the Council nominee on the Health Board
5 x Executive Directors as follows - Chief Officer, Director of Adult Social Care, Finance Lead, Medical Lead and Nurse Lead
3 Representatives of Highland Council

The wider stakeholder and advisory membership (non-voting) will be as follows:

Staff Side Representative (2)
Public/Patient Member representative (2)
Carer Representative (1)
3rd Sector Representative (1)
Lead Doctor (GP)
Medical Practitioner (not a GP)
2 representatives from the Area Clinical Forum
Public Health representative
Highland Council Executive Chief Officer for Health and Social Care
Highland Council Chief Social Worker

The Committee shall have flexibility to call on additional advice as it sees fit to enable it to reach informed decisions.

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2.2 **Ex Officio**

Board Chair

2.3 **In Attendance:**

Head of Personnel
Head of Health & Safety

The Committee Chair is appointed by the full Board.

3. QUORUM

No business shall be transacted at a meeting of the Committee unless at least one Non-Executive Director being present (in addition to the Chair) and comprising a minimum of one third of Committee members.

4. MEETINGS

4.1 The Committee shall meet at least five times per year. The Chair, at the request of any three Members of the Committee, may convene ad hoc meetings to consider business requiring urgent attention. The Committee may meet informally for training and development purposes, as necessary.

4.2 The Committee will be serviced within the NHS Highland Committee Administration Team and minutes will be included within the formal agenda of the NHS Board.

4.3 The agenda and supporting papers will be sent out at least five clear working days before the meeting.

4.4 All Board members will receive copies of the agendas and reports for the meetings and be entitled to attend meetings.

4.5 Any amendments to the Terms of Reference of Highland Health and Social Care Governance Committee will be submitted to NHS Highland Board for approval following discussion within the Governance Committee.

4.6 The Agenda format for meetings will be as follows:

- Apologies
- Declaration of Interests
- Minutes
    - Last Meeting
    - Formal Sub Committees
    - Formal Working Groups
- Strategic Planning and Commissioning
- Finance
- Performance Management
- Community Planning and Engagement
- Operational Unit Exception Reports

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5. REMIT

5.1 The remit of the Highland Health and Social Care Committee is to:

- Provide assurance on fulfilment of NHS Highland's statutory responsibilities under the Public Bodies (Joint Working) Act 2014 and other relevant legislative provisions relating to integration of health and social care services
- Provide assurance on fulfilment of NHS Highland's responsibilities under the Community Empowerment Act in relation to Community Planning
- Contribute to protecting and improving the health of the Highland population and ensure that health and social care services reduce inequalities in health
- Develop the Strategic Commissioning Plan for integrated health and social care services and approve arrangements for the commissioning of services to deliver the agreed outcomes of the plan, ensuring the involvement of stakeholders and local communities
- Develop policies and service improvement proposals to deliver the agreed outcomes of the plan, within the available resources as agreed by the Joint Monitoring Committee
- Monitor budgets for services within its remit and provide assurance regarding achievement of financial targets
- Scrutinise performance of services within its remit in relation to relevant national and locally agreed performance frameworks, including the NHS Highland Annual Operating Plan and the Strategic Commissioning Plan for integrated health and social care services.
- Through the annual performance report of the Integration Authority provide an overview of North Highland Adult Services performance, in line with the 9 national outcomes for health and wellbeing to Highland Council as partners via the Joint Monitoring Committee
- Receive and scrutinise assurance from the Highland Council as to performance services delegated by NHS Highland under the Lead Agency arrangements

5.2 The Committee will undertake an annual self-assessment of its work and effectiveness in accordance with NHS Highland and Good Governance values. This will inform the Annual Report to the Board.

5.3 The Committee is also required to carry out a review of its function and activities and to provide an Annual Report incorporating a Statement of Assurance. This will be submitted to the Board via the Audit Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit Committee in June.

5.4 The Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee's planned work during the forthcoming year.

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6. AUTHORITY

6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.

6.2 In order to fulfil its remit, the Highland Health and Social Care Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

6.3 Delegated authority is detailed in the Board's Standing Orders, as set out in the Purpose and Remit of the Committee.

7. REPORTING ARRANGEMENTS

7.1 The Highland Health and Social Care Governance Committee is a Governance Committee of NHS Highland and is accountable directly to the Board.

7.2 The Committee will report to the Board through the issue of Minutes/Assurance Reports and an assessment of the performance of the Committee will be undertaken annually and presented by way of an Annual Report to the Audit Committee, then the Board.

7.3 As a committee of the Board and as indicated in the Standing Orders, the HH&SCC will escalate any risks or concerns that require a Board decision to the Health Board.

7.4 Establish a Strategic Planning and Commissioning sub-committee to fulfil the obligations set out in the legislation.

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