Item 3.7

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**03 September 2025**
Title:	**Chief Officer Assurance Report**
Responsible Exec/Non-Exec:	**Arlene Johnstone, Interim Chief Officer**
Report Author:	**Arlene Johnstone, Interim Chief Officer**

1. Purpose

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

2. SDS Option 1 Payment Card Issues

On 15 July, NHS Highland identified a system failure affecting access to SDS payment card accounts, preventing some users from paying personal assistants and care providers. (The provider of SDS payment cards is an external company). Emergency payment arrangements were quickly implemented, though high call volumes and limited technical capacity delayed full resolution.

Despite partial system recovery, inconsistent access impacted SDS Officers and cardholders. Emergency payments were made via Highland Brokerage on the 18 July and 23 July with additional payments paid direct to personal assistants to maintain service continuity.

Core services were largely restored by 24 July, and users were informed of the delays. SDS Officers now have access to individual accounts and continue to prioritise PA payments. However, system instability persists, and new cardholders/payees cannot currently be set up. Emergency payments remain available for critical cases.

To address the backlog and support the 850 service users, NHS Highland is in the process of recruiting to an additional SDS Support Officer on a 6-month secondment. Some provider issues remain unresolved, including the inability to issue new or replacement cards.

NHS Highland acknowledges the disruption and is working with the provider to prevent recurrence.

3. Sutherland Care at Home Service

NHS Highland colleagues continue to work in close collaboration with the Care Inspectorate to address the ongoing requirements associated with this service. A revised timeline for completion of the improvement programme has been agreed, with a final deadline of 28 September 2025, inclusive of an extension period granted by the Care Inspectorate.

The Inspectorate has acknowledged the substantial progress made to date, including the implementation of positive changes aimed at embedding best practice. Nevertheless, a defined programme of work remains outstanding. Key areas of focus include:

- Completion of medication audits
- Strengthening of leadership capacity
- Enhancement of care planning processes

A new, permanent and experienced manager has been appointed, with an anticipated start date by the end of September 2025. This appointment is expected to provide stability and further drive the improvement agenda.

The service is also subject to a Large-Scale Investigation (LSI) process, which is scheduled for review in October 2025. It is important to note that while systemic risks are acknowledged and actively managed, there are no current individual adult protection concerns or investigations.

Given the dynamic nature of the operational and professional response, a verbal update will accompany this written report to ensure the Committee receives the most current and accurate information.

4. Carers Services Update

Carers Week (9–15 June 2025): Carers Week 2025 featured a range of inclusive activities, including video interviews, Easy Read materials, daily feedback sessions, and a two-day hospital roadshow. A year-long staff engagement initiative was launched to address low uptake of carer training. A practical toolkit was introduced to support unpaid carers in the workplace, offering guidance on identifying carers among colleagues, training resources, signposting tools, and support for compassionate conversations with staff who have caring responsibilities.

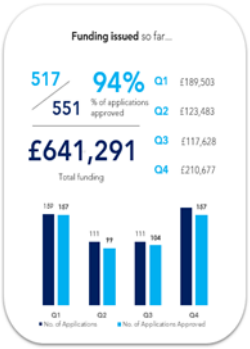
NHSH Staff Networks and Carer Awareness: The Unpaid Carers Network was formally launched, supported by new intranet resources such as a Workforce Policy Page and a Marketing Materials Hub. Planning for an internal Carers Roadshow was completed, with rollout commencing in July.

Carers Projects and Commissioned Services: New initiatives were launched, including *North Coast Connections* and a regional partnership with *Voluntary Lochaber*. A Quarterly Carer Partnership Forum was established to strengthen collaboration across services.

Improving Processes: Key improvements included the redesign of public-facing web pages, updates to monitoring reports, and streamlining of residential respite booking processes. These enhancements aim to improve accessibility, data tracking, and operational efficiency.

Carer Wellbeing Fund: The Carer Wellbeing Fund reopened for referrals in the 2025/26 financial year. The application process was refined to capture more relevant data, supporting improved decision-making.

The following two diagrams illustrate fund activity throughout 2024/25.



5. Joint Inspection of Adult Services

The recent Joint Inspection by Healthcare Improvement Scotland and the Care Inspectorate looking at "How effectively is the partnership working together, strategically and operationally to

deliver seamless services that achieve good health and wellbeing outcomes for adults" with a specific focus on the experiences of people with mental illness and their unpaid carers has now concluded. The final report was published on the 19th August and can be found here JIAS Integration and outcomes - focus on people living with mental illness - highland.pdf

The inspection found that most people living with mental illness experience positive outcomes, supported by a strong commitment to compassionate, person-centred care. The inspection highlighted several key strengths, including:

- Effective early intervention and prevention initiatives that support people to maintain good mental health and wellbeing.
- Strong collaborative working across health, social care, third and independent sectors.
- A clear strategic vision and values-led leadership committed to improving services and outcomes.
- Innovative approaches to reducing inequalities, particularly in remote and rural areas.
- A responsive and impactful carer support service, Connecting Carers, which has improved outcomes for many unpaid carers.

The inspection identified some areas for improvement, and the Partnership is committed to addressing these:

- Developing a robust integrated outcomes framework to better capture and use personal outcomes data.
- Enhancing information accessibility for people and carers seeking mental health support.
- Strengthening workforce planning and quality assurance systems to support staff and improve service delivery.
- Scaling up successful pilot initiatives to ensure equitable access to care across all Highland districts.

Overall, the inspection demonstrated the dedication shown by our staff and partners, and their focus on delivering high-quality, integrated care that supports people living with mental illness to live well in their communities.

6. Hospital at Home

The Hospital at Home service in Northern Highland will be delivered with a focus on Inverness, with capacity increasing incrementally over the winter period to reach 15 beds by March 2026.

Service parameters, including admission criteria and operational protocols, have been agreed and implemented. Recruitment is progressing for key clinical and coordination roles to support delivery. The medical model will be supported through collaboration with Primary and Acute Care colleagues.

Preparatory work is underway with eHealth to establish the virtual ward infrastructure, with implementation on track and no anticipated delays. Service delivery is scheduled to commence in October.

The Steering Group is reviewing its governance arrangements to ensure alignment with similar services in Argyll and Bute and to support future scalability across Highland.

7. Care Inspectorate Activity and Service Quality Overview

Between 1 April and 31 July 2025, a total of **26 Care Inspectorate inspections** were completed across commissioned and in-house registered services within the Partnership area. This includes

inspections of providers with dual registrations, where multiple service types were reviewed simultaneously.

Service Type	No. of Inspections	Average Grade
Independent Care Homes	9	4 (Good)
Independent Support Services	5	5 (Very Good)
Independent Housing Support	6	4 (Good)
In-House Care Homes	5	4 (Good)
In-House Care at Home	1	1 (Unsatisfactory)

The overall inspection outcomes indicate a generally positive performance across most service types, particularly within the independent sector. However, the inspection of one in-house Care at Home service resulted in an unsatisfactory grade, which is being actively addressed through targeted support measures.

Since the last Health and Social Care Committee meeting on 2 July 2025, at least seven additional inspections have taken place, including six care homes and one care at home service. Of these, the following inspection outcomes have been published:

- **Lynemore Care Home (Independent Sector)** – Grades of 4 (Good) and 5 (Very Good)
- **Mains House Care Home (In-House)** – Grades of 3 (Adequate) and 4 (Good)

Reports for the remaining inspections are pending publication by the Care Inspectorate.

The Partnership continues to monitor and support services subject to regulatory action. Castlehill has successfully met the requirements of its Improvement Notice, while Sutherland Home Care remains under extended notice with continued intervention in place.

8. Care Home Collaboration.

The Scottish Government has funded on an annual basis, dedicated support for care home collaboration for all care homes in Highland. This funding has now been baselined, and we look forward to planning for a permanent service. To date there has been growth in developing networks, support, training and advice as well as focusing on meaningful activity. It has been challenging to develop meaningful strategic workplans due to the nature of funding, but a solid foundation has been built that will now be further developed with a quality improvement approach to support effective collaboration.