



Meeting: Highland Health & Social Care Committee

Meeting date: 04 September 2024

Title: Chief Officer Assurance Report

Responsible Executive/Non-Executive: Pamela Cremin, Chief Officer

Report Author: Pamela Cremin, Chief Officer

<p>1. Purpose</p> <p>To provide assurance and updates on key areas of Adult Health and Social Care in Highland.</p>
<p>2. Service Redesign</p> <p>A meeting of the Sir Lewis Ritchie Steering Group took place on 28th August to articulate progress against the 15 Recommendations and agree future communication and engagement and co production of service redesign and delivery. The meeting was attended by members of Skye SOS, NHS 24, Scottish Ambulance Service and Local Councillors. The next meeting will focus on the Joint Strategic Plan and its implementation and engagement with Skye Localsh and West Ross citizens via the District Planning Group Process – the second meeting of the District Planning Group will take place on 12 September. The urgent care model has been further developed and put in place and commenced on 16th August which is endorsed by Sir Lewis Ritchie and the Scottish Government. Good outcomes were reported about the co produced workforce recruitment and sustainability solutions.</p>
<p>3. National Focus on Discharge Without Delay</p> <p>Weekly engagement and oversight by the national Collaborative Response and Assurance Group (CRAG) continues at pace, chaired by the Cabinet Secretary for NHS Recovery, Health and Social Care to take forward intensive, focussed activity with the aim to achieve material and sustained reduction in people in delay to discharge.</p> <p>Each integration authority is required to reduce people in delay to at least 34.6 delays per 100,000 population ahead of the winter period and anticipated winter pressures. This will be challenging for Highland to achieve with a steady position of 100 delays per 100,000 population over the summer months.</p> <p>A refocussed structure for the delivery of urgent and unscheduled care across health and social care services has been developed and articulated in a 90 Day improvement plan. This</p>

plan articulates action required to reduce people in delay in hospital by 30% by the end of October 2024, ahead of the winter period.

As part of CRAG there is national learning, shared improvement work and bespoke support to integration authorities to support improvement and reduce delay.

The Permanent Secretary for Scottish Government visited Highland on 17th July and met with NSH Highland and The Highland Council representatives to hear directly how we are approaching our improvement plan to reduce people in delay.

In addition the Minister for Social Care, Mental Wellbeing and Sport continues to meet with Highland monthly to seek assurance of action plans to achieve sustained improvement. The most recent meeting was held on Monday 26th August 2024.

There is also the ongoing NHS Highland Performance and Improvement Bi-monthly Call led by Scottish Government which undertakes review of progress against Urgent and Unscheduled Work Streams and Centre for Sustainable Delivery Priorities.

The 90 Day Improvement Plan is summarised on one page, as shown below.

FINAL – 90 Day Plan on a Page - Urgent & Unscheduled Care (August– October 2024)								
AMBITION – IN PARTNERSHIP								
Create value by working collaboratively to transform the way we deliver health and care								
STRATEGIC OUTCOMES								
Care Well Work together with health and social care partners by delivering care and support that puts our population, families and carers experience at its heart					Respond Well Ensure that our services are responsive to our populations needs by adopting a “home is best” approach			
PLANNING FOR SUCCESS - STRATEGIC TARGETS								
Reduce standard DDs by 30% by end October 2024	Increase A&E attendances complete within 4 hours by 5% by end October 2024	Reduce A&E attendances lasting more than 12 hours by 5% by end October 2024	Reduce the time spent in A&E for people admitted to hospital - day time and overnight by 5% by end October 2024	Reduce LOS for delayed and non-delayed people by 5% by end October 2024	Increase the amount of people discharged on their PDD date	Reduce Social Care waiting lists and C@H unmet needs hours	Decrease numbers of times OPEL status is at levels 4/5	Reduce inappropriate occupancy for our population
Area	What do we want to do?	What priority 1 actions will we take?				How will we know we have achieved?		
Respond	Respond quickly to support our population across our system who are vulnerable or in crisis	•Implement sector agreed proposals to stabilise provision and increase C@H capacity •Ensure consistent application of standard work for AWI •Develop community urgent response to crisis from ED •Maximise capacity of In reach social work team to Raigmore •Risk overview of all care homes and business continuity plan including closed beds and opportunities for cost benefit analysis				1.Reduced delayed discharges 2.Equitable access to hours of care at home 3.Increased flow of assessment 4.Reduction in <1 day admissions		
Rapid	Facilitate rapid discharge and support to embed the “home is best” approach	•Implement PDD improvement and compliance plan •Review length of stay for all non delayed discharges. Targeted conditions •Whole system OPEL •Community hospital specification and agreed pathways •TEC solutions to enable social care assessment at home •Pre-noon discharge plan				1.PDD compliant discharges 2.Reduction in length of stay to peers 3.Increased flow through community hospitals 4.Reduced black status		
Reduce	Reduce occupancy and avoidable admissions and identify at risk population by working collaboratively	•Hospital at Home Framework •Implement frailty standards and pathway •Root cause analysis of ED performance •Review all MIU pathways •Review higher volume medical admission pathways				1.Hospital at Home Framework 2.Reduced admissions in >65 years 3.Increased ED performance 4.Increased hospital at home activity		
Redirect	Redirect inappropriate attendance to suitable services so emergencies are seen quickly	•Scope opportunity to develop our Community Urgent Care Response •Choice guidance utilisation monitoring •Research current impact and causes of inappropriate attendances at A&E and develop a campaign to reduce them. •Pilot a campaign to increase use of Pharmacy First				1.FNC utilisation 2.Call before you convey 3.Choice guidance applications		

The Cabinet Secretary for NHS Recovery, Health and Social Care met with Highland again on Tuesday 27th August 2024 to seek assurance against the improvement plan and to seek areas where bespoke support solutions could assist.

4. Winter Plan 2024/25

Through iterations of winter plans and the development of the UUSC 90 Day Improvement Plan, workstreams to address winter pressures will be stood up in line with the 4 areas an prioritised for action accordingly.

5. Joint Monitoring Committee

<p>A development session for the Joint Monitoring Committee was held on Thursday 22nd August to focus on further progress of the 11 outcomes from the previous development session, agenda planning and development session dates and topics.</p> <p>The next meeting of the Joint Monitoring Committee will be held on 25th September 2024.</p>
<p>6. Enhanced Services</p> <p>9 new contracts for Enhanced Services have been developed and agreed by NHS Highland and Highland LMC. These are currently in a position of offer with a date next week for response after which a procurement process will be undertaken.</p>
<p>7. Care Homes - Making a Difference Listening and Learning Collaboration Event</p> <p>This event was held on Friday 23 August 2024 in person and provided a valued opportunity to for NHS Highland, The Highland Council and the care home sector to come together and collaborate on current service delivery and challenges and outline future focus on capacity, strategic direction and our collective desire to improve and develop our relationship and sector collaboration going forward.</p> <p>A report from the event is being pulled together to look at the immediate and next steps to be agreed and taken forward and to build on the outputs from the event.</p>
<p>8. National Care Service</p> <p>On 24th June 2024, the Minister for Social Care provided further information on the Bill, which is currently at Stage 2 of its journey through the Scottish Parliament.</p> <p>The Minister sent draft Stage 2 amendments and other related documents as an update for Stage 2 of the Bill. Full details in relation to those documents which provide significant levels of detail can be found in this link - the Scottish Parliament website.</p> <p>There is a consultation in relation to those Stage 2 amendments and the consultation was first intended to close on 30 August 2024 but that time scale has now been extended until 20 September 2024. Both the NHS Highland and The Highland Council have provided a response that ensures that the consultation takes into account the unique Lead Agency arrangements currently in place in Highland. CoSLA and other relevant national bodies including Social Work Scotland are also engaging with the Scottish Government in terms of implementation plans.</p> <p>NHS Highland Board held a development session about the National Care Service and its implementation on Tuesday 27th August.</p> <p>A National Care Service Fact Sheet is attached to this report.</p> <p>The Health and Social Care Committee may wish to consider a more detailed paper or hold a development session on the proposed arrangements for the NCS amendments and any implications for health and social care delivery going forward.</p>

National Care Service

Factsheet



July 2024

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About the NCS



Information included in the factsheet is correct at the time of publishing.

The Scottish Government is working with people and organisations across the country. Our aim is to improve community health, social work and social care support in Scotland.

We want everyone to have access to consistent, high-quality services wherever they live, and whenever they need them.

That's why we are introducing the National Care Service (NCS). We are shaping the NCS with organisations and people who have experience of accessing and delivering these services.

NCS principles

The NCS will be founded on a set of core principles.

These are to:

- embed human rights in social care and social work support
- increase equality and enable people and communities to thrive
- ensure that the NCS is an exemplar of Fair Work practices
- co-design services with people with experience of accessing and delivering them
- make sure that we recognise and value the care workforce and unpaid carers

What is the NCS?



NCS principles cont.

- improve outcomes through prevention and early intervention
- continuously improve services to promote equality, non-discrimination and individual dignity
- provide financially sustainable care, giving security and stability to people and their carers
- make sure that the NCS communicates with people in an inclusive way

NCS services

The NCS will make collaboration and information sharing between these services easier:

- social work services provided by local authorities
- social care services provided by local authorities, the NHS, and private and third sector organisations who receive public funding through contracts or grants
- support, including breaks, for unpaid carers
- community health services

About the NCS



Digital, data and information sharing

The NCS, NHS, Scottish Government and Local Government will continue to improve public and workforce access to information. They will be an authoritative source for:

- information, advice and guidance about available community health, social work and social care support services
- collation, analysis and publication of data about social care provision
- public sector data about people, their needs, and their care
- guidance on good planning and delivery of care

Governance, oversight and standards

The NCS will strengthen governance, provision and quality of service across Scotland. It will do this by providing a consistent approach to:

- national and local management and governance arrangements – involving people with experience of accessing and delivering community health, social work and social care support
- oversight and delivery of national outcomes and standards
- national change and improvement programmes to improve aspects of social care
- a national support and improvement framework to make sure local areas meet standards

About the NCS



Rights, complaints and advocacy

The NCS will aim to make sure everyone accessing community health, social work and social care support services in Scotland knows their rights. It will also aim to make them aware that there are clear routes to upholding these rights when they are not met.

People with experience of accessing and delivering community health, social work and social care support are co-designing relevant areas. These include:

- the NCS Charter to help people understand and claim their rights
- an NCS complaints service to help people access complaints processes if their rights are not met
- enhancing independent advocacy provision for those who need help to access the support they are eligible for

About the NCS



Accessing the NCS

Access to the NCS will depend on how someone first realises they need support.

That might include:

- an accident, illness, disability or health condition
- preparing to leave hospital and needing help to return home
- contacting the local authority to seek help
- moving into residential care
- referral from a GP or other medical professional
- experiencing risk that requires support to reduce or avoid harm
- moving from children's services into adult services
- engaging with children and young people's services
- engaging with the prison systems
- moving between local authority areas
- starting to receive a disability or carer's benefit

Why we need an NCS



People with experience of accessing or delivering community health, social work and social care support have told us the system must change. We have heard that we must tackle the unwarranted variation of care across the country and drive up quality.

The creation of the NCS offers opportunities to focus on the population's health and wellbeing. The goal is to have a positive impact on life expectancy and on quality of life.

To achieve this, our health, social work and social care systems must work together. They must support everyone to live as independently as possible, whatever their needs and wherever they live.



Why we need an NCS



Current challenges

The data shows us that the relationships between health and social care issues are often very complex. Many people need to access and transition between services from across the health and social care spectrum. This can often include several services at the same time.

This highlights the need for people to be able to access services when and where they need them.

Demographics

The latest data on people receiving social care and social work support tells us that in 2021 to 2022:

- around 238,000 people received social care support in Scotland – 4% of the population
- around 58,000 (26% of records submitted) were under the age of 65
- around 75,000 people receiving social care or social work support had a physical or sensory disability
- around 22,000 had a learning disability
- around 16,000 people were receiving social care support due to mental health issues
- people can be receiving support for several reasons – for example, substance misuse, neurological conditions, dementia, palliative care or other reasons

Why we need an NCS



Care at home and residential care

The latest data on people receiving care at home shows that 89,620 people in Scotland received care at home in 2022 to 2023.

Based on the latest care home census, 34,365 people (aged 18+) were residing in a care home. People residing in a care home tend to be older, with around 90% of residents aged 65+ and nearly 50% aged 85+.

Unpaid care

There are around 839,000 people (19%) aged 18 and over providing unpaid care support across Scotland. This figure comes from the 2020 Scottish Health Survey telephone survey results. The 2022 update to the Scotland's Carers report also estimated there are around 30,000 unpaid young carers aged 4 to 17 in the country.



What is new and different about the NCS



Each year, thousands of people access and deliver community health, social work and social care support services. The NCS will aim to provide greater consistency across different services and locations in Scotland.

Greater consistency across the country

The NCS will ensure there is flexibility to address local needs and circumstances. But it will also aim to ensure the same high quality of service is available wherever people live by:

- creating a NCS Board to oversee the planning and delivery of services, in line with national standards and guidance
- aligning the national standards and guidance that apply to community health, social work and social care support



What is new and different about the NCS



Improved information sharing and integration

The NCS will aim to smooth transitions between services and geographical locations. It will empower people by giving them easier access to information.

To do this it will:

- enhance the local arrangements for planning and delivering services between different bodies – for example local authorities, the NHS and the third sector
- develop an Integrated Health and Social Care Record to make people's information more accessible to them and to staff who support them

A voice for people who access and deliver care

The NCS will give people with experience of accessing and delivering community health, social work and social care support more control by:

- involving people with experience of services at every level of planning
- helping people to access complaints pathways and remedies if their rights are not met
- providing coherent information and guidance
- enhancing independent advocacy provision

What is new and different about the NCS



A new National Social Work Agency

We will create a new National Social Work Agency (NSWA) as part of the NCS.

NSWA will be a single national body created through partnership working. It will work with agencies and social workers to lead the social work profession. It will aim to ensure a skilled, supported and sustainable workforce across Scotland.

NSWA will provide national leadership and oversight of:

- social work education
- improvement and implementation support for local areas
- workforce planning
- social work training and development



How the NCS will be organised



Two structures will be very important in the NCS.

One will be the NCS Board, which will operate at a national level. The other will be NCS Local Boards, with responsibility at local level.

NCS Board

The NCS Board will:

- provide national oversight and governance of community health, social work and social care support services
- ensure these services are consistent, fair, and rights-based
- support communities to maximise the benefits of reformed local delivery of services

The Board will have oversight of standards, guidance, and performance metrics. These will include an agreed support and improvement framework. If services do not meet standards, the framework will support NCS Local Boards to improve.

The Board will include representatives of the Scottish Government, local government and the NHS. It will also include people with experience of accessing services, unpaid carers and the workforce. Further detail relating to the membership will be co-designed. This will include exploring topics such as the support board members would need to make sure they can all take part on equal terms.

How the NCS will be organised



NCS Local Boards

Current local organisations, known as integration authorities, will continue to plan and commission community health, social work and social care support services. These organisations will be renamed to NCS Local Boards and will be reformed to improve how they function.

Local government, NHS and other local providers will continue to deliver services. However, the way they operate will be directed by the NCS Local Board and guided nationally by the NCS Board. This will ensure all services follow a consistent human rights-based approach.

NCS Local Boards will continue to work with all organisations providing services in the area. Simpler governance processes will help people understand decisions about local services.

Right now, local integration authorities receive funding through local government and the NHS. We will keep this funding route in place. But we are also exploring giving Scottish Ministers the ability to directly fund NCS Local Boards for specific reasons.

How the NCS will be organised



Co-design and NCS Local Boards

NCS Local Boards will plan services with the people who receive and deliver them. People with experience of accessing or delivering services will sit on NCS Local Boards. They will have voting rights and receive support and training for their roles.

Engagement within local areas will be strengthened and communities will have the opportunity to say how services should be designed.

NCS Local Boards will continue to carry out long-term planning. They will identify the best use of resources to meet future needs within their area. People with experience of accessing or delivering community health, social work and social care support services will be given a more prominent role in co-designing this vision.

This planning will be overseen and supported by the NCS Board. This will ensure plans are consistent with the NCS principles. We want everyone in Scotland to receive the same standard of care, wherever they live.

What the NCS will cost



The most recent financial year that we have full figures for spending on social care in Scotland is 2022 to 2023. In that year, £5.75 billion was spent on social care. This figure includes money spent on providing social care to support older people and disabled people to live well in their communities. It also includes money spent on services for children and families to access essential care and support.

There will be some costs in future years to make the NCS a reality. We expect these to come to around £345 million over the 10 years from 2022 to 2032. This money will provide for a National Board, National Social Work Agency and the NCS Local Boards. This will ensure we deliver a National Care Service that improves quality, fairness and consistency of social care provision across the country.

Benefits of investing in the NCS

We must improve the experience of people who receive care. Improving national standards and ensuring access to complaints processes is key to this. Supporting unpaid carers to protect their health and wellbeing is also important. This includes young carers.

The NCS will help drive improvements in these areas. The NCS has the potential to lead to large benefits for people who access or deliver community health, social work or social care support. This includes unpaid carers.

How the NCS will affect the workforce



According to the Scottish Social Service Sector: Report on 2022 Workforce Data, over 200,000 people work in the social service sector. They work for a wide range of organisations and carry out a wide range of jobs.

The NCS will improve conditions by:

- ensuring that the work all those people do across Scotland is planned and delivered consistently to meet people's needs
- drawing on the experience of the workforce in its design
- including workforce representation on the NCS Board
- exploring developing a Workforce Charter which supports a workforce who feel engaged, supported and valued

How the NCS will reflect people's experience



We will co-design national parts of the NCS with people who access and deliver community health, social work and social care support.

This will include a Charter explaining people's rights. It will also include accessible pathways to complaints and remedies if rights are not met. It will also include an electronic integrated social care and health record.

During the co-design of the NCS we will speak to people from across Scotland. Over the last year alone we have already engaged over 1,000 people in co-design activities. This work will continue.

Co-design brings people with different life experiences and views together. It promotes understanding and can help people reach a consensus.

Our co-design work includes people such as:

- people who access services that will fall under the NCS
- their family and support network
- unpaid carers
- the workforce
- organisations and people who deliver services that will fall under the NCS
- people who have accessed or delivered these services in the past
- third sector organisations

How the NCS will reflect people's experience



How we will use the findings from co-design

Co-design brings people who are affected by decisions into the decision-making process. Our co-design work is already having an influence on the way we're designing the NCS. Our Workforce Charter is one example of how this works in practice.

Co-designing the Workforce Charter

The Scottish Government ran a series of co-design sessions over November and December 2023 to help develop a Workforce Charter. These sessions included Scottish Government staff, professional advisors and members of the workforce. To recruit for these sessions we used our Lived Experience Experts Panel (LEEP). We also selected organisations directly.

The goal of the sessions was to understand the need and purpose of a Workforce Charter and to gain feedback on a draft. We are now developing a Workforce Charter draft and sense checking it against the findings from these sessions.

What's next for the NCS

The NCS Bill Stage 1 debate took place on Thursday 29 February 2024. The Parliament voted for the Bill to pass Stage 1.

Changes to the Bill at Stage 2

The Scottish Government will continue to work with stakeholders to develop proposals for the NCS. These stakeholders include people with experience of accessing and delivering social care support. We will also consider any changes that may be needed to the Bill at Stage 2.

We set up an Expert Legislative Advisory Group with stakeholders who had a strong interest in the NCS Bill which ran from April to June 2024. The purpose of the group was to discuss the Bill and its draft amendments before the draft amendments were shared with the Health, Social Care and Sport Committee in June 2024. The group added to, rather than replaced, our current stakeholder engagement structure.

We are committed to continuing our work to reach consensus with stakeholders following their feedback on the Bill. This will keep those who receive and deliver social care, social work and community health support at the forefront of our work. This will ensure that the NCS creates greater transparency in the delivery of community health and social care, improves standards, strengthens the role of the workforce and provides better support for unpaid carers.

Contact

If you require any further information please
contact NationalCareService@gov.scot



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