

NHS Highland



Meeting: Highland Health and Social Care Committee

Meeting date: 4 September 2024

Title: Highland Health and Social Care Partnership - Integrated Performance and Quality Report (IPQR)

Responsible Executive/Non-Executive: Pamela Cremin, Chief Officer, HHSCP (Highland Health and Social Care Partnership)

Report Author: Lorraine Cowie, Head of Strategy & Transformation

1 Purpose

This is presented to the Committee for:
Assurance

This report relates to a:
Annual Delivery Plan

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well	X	Live Well	X	Respond Well	X	Treat Well	X
Journey Well		Age Well		End Well		Value Well	
Perform Well		Progress Well					

2 Report summary

The HHSCP Integrated Performance & Quality Report (IPQR) is a set of performance indicators used to monitor progress and evidence the effectiveness of the services that HHSCP provides aligned to the Annual Delivery Plan.

A subset of these indicators will then be incorporated in the Board IPQR.

2.1 Situation

To standardise the production and interpretation, a common format is presented to committee which has been aligned to the Clinical and Care Governance Committee and the Finance, Resources and Performance Committee. Within this version the HHSCP IPQR has been updated to include some additional metrics and narrative aligned to the Annual Delivery Plan summarising current performance position, plans, and mitigations to improve/sustain performance and the anticipated impact these plans will have on performance once achieved. It is acknowledged that further work is required on targets and trajectories within some of the key areas.

It is intended for this developing report to be more inclusive of the wider Health and Social Care Partnership requirements and to further develop indicators with the Community Services Directorate, Adult Social Care Leadership Team and members that align to the current strategy and delivery objectives.

The health and wellbeing indicators will be included at appropriate times along with consideration of the approved joint strategic plan indicators.

2.2 Background

The IPQR for HHSCP has been discussed at previous development sessions where the format of the report and indicators were agreed.

2.3 Assessment

As per **Appendix 1**.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input type="checkbox"/>
Limited	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>

Given the ongoing challenges with the access to social care, delayed discharges and access for our population limited assurance is offered today.

3 Impact Analysis

3.1 Quality / Patient Care

IPQR provides a summary of agreed performance indicators across the Health and Social Care system.

3.2 Workforce

IPQR gives a summary of our related performance indicators affecting staff employed by NHS Highland and our external care providers.

3.3 Financial

The financial summary is not included in this report.

3.4 Risk Assessment/Management

The information contained in this IPQR is managed operationally and overseen through the appropriate groups and Governance Committees

3.5 Data Protection

This report does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

No equality or diversity issues identified.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement, and consultation

This is a publicly available document.

3.9 Route to the Meeting

This report has been considered at the HHSCP previously and is now a standing agenda item.

4 Recommendation

The Health and Social Care Committee and committee are asked to:

- Consider and review the performance identifying any areas requiring further improvement and in turn assurance of progress for future reports.
- To accept limited assurance and to note the continued and sustained stressors facing both NHS and commissioned care services.
- Consider any further indicators that are required to support the assurance for the Highland Health and Social Care Partnership

4.1 List of appendices

The following appendices are included with this report:

- **HHSCP IPQR Performance Report, September 2024**

Highland Health and Social Care Integrated Performance and Quality Report

Assuring the HHSCP Committee on the delivery of the well
outcome themes aligned to the Annual Delivery Plan



Together We Care
With you, for you

HHSCP Integrated Performance and Quality Report

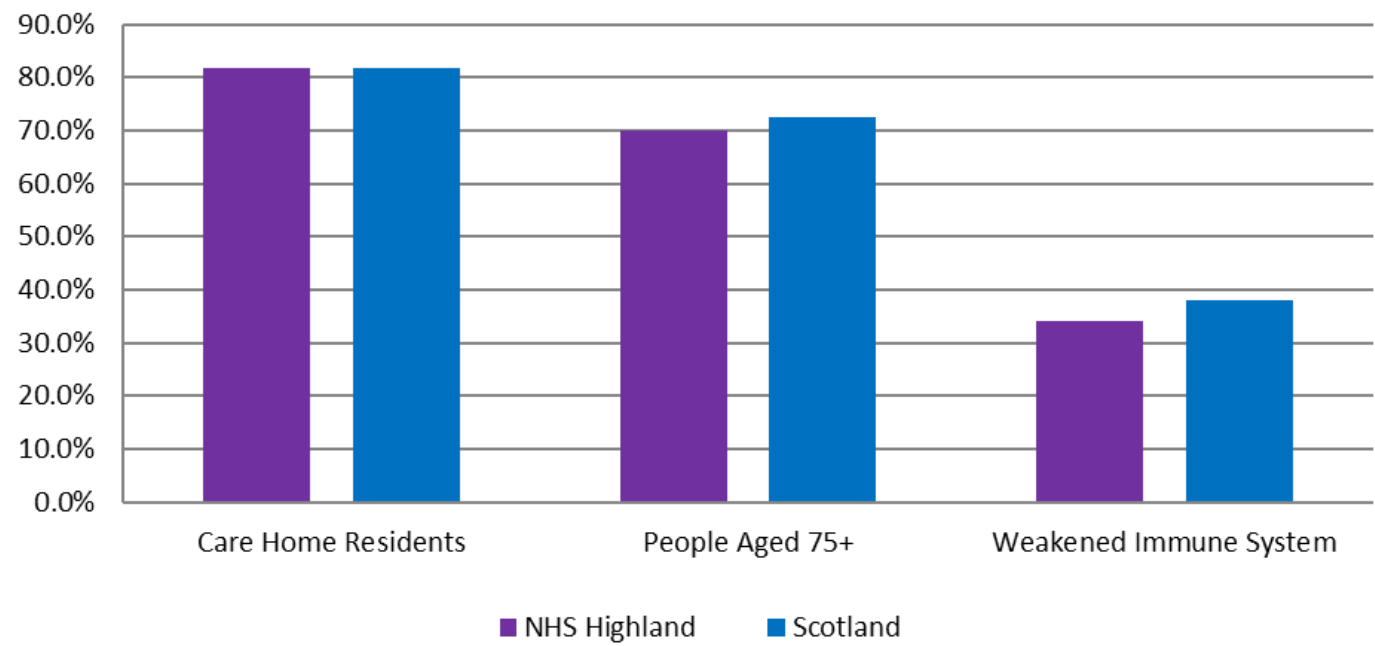
- The Integrated Performance & Quality Report (IPQR) contains an agreed set of measurable indicators across the health and social care system aimed at providing the Finance, Resource and Performance Committee, Clinical and Care Governance Committee and the Health and Social Care Partnership committees a bi-monthly update on performance and quality based on the latest information available.
- For this IPQR the format and detail has been modified to bring together the measurable progress aligned to the actions within the Annual Delivery Plan that will be reviewed by Finance, Resources and Performance Committee and the Clinical and Care Governance Committee
- In addition, a narrative summary table has been provided against each area to summarise the known issues and causes of current performance, how these issues and causes will be mitigated through improvements and what the anticipated impact of these improvements will be.
- We will continue to develop this report to include further metrics as described on the following pages and to provide assurance of progress on the annual delivery plan

Together We Care – Well Outcomes Alignment

Population Well Outcomes	Slides	Key Areas	Governance Committee Review
OUR POPULATION – Deliver the best possible health and care outcomes			
Start Well	n/a for HHSCP	Maternity & Neonatal Services	CCGC and FRPC
Thrive Well	n/a for HHSCP	CAMHS & NDAS	CCGC and FRPC
Stay Well	4-5	Vaccinations Screening	CCGC, FRPC and HHSCP CCGC and FRPC
IN PARTNERSHIP – Create value by working collaboratively to transform the way we deliver health and care			
Care Well	7-14 15-16 17 18	Care Homes and Care at Home Delayed Discharges Community Hospital Length of Stay Adult Protection	HHSCP HHSCP, CCGC and FRPC HHSCP HHSCP
Live Well	19 20	Psychological Therapies Community Mental Health Waiting List	HHSCP, CCGC and FRPC HHSCP
Respond Well	n/a for HHSCP	Emergency Department	CCGC and FRPC
Treat Well	n/a for HHSCP n/a for HHSCP 21-23 24 25	Planned Care Diagnostics Community Waiting Lists Chronic Pain Alcohol & Drug Partnership Waiting Times	CCGC and FRPC CCGC and FRPC HHSCP, CCGC and FRPC HHSCP HHSCP
Journey Well	n/a for HHSCP	Cancer Waiting Times and SACT	HHSCP, CCGC and FRPC
Age Well	Future version for HHSCP	Rehab, Dementia & Long Term Conditions	Metrics to be defined
End Well	26	Palliative & End of Life Care	HHSCP, CCGC and FRPC
Value Well	Future version	Carers and Third Sector	Metrics to be defined

OBJECTIVE	Our Population	OUTCOME	Stay Well	EXEC LEAD	Tim Allison, Director of Public Health	Service	Vaccinations and Immunisations		
PERFORMANCE OVERVIEW	TARGET	c.70% uptake in general for each programme	NATIONAL TARGET ACHIEVEMENT		TREND	New campaign commenced	BENCHMARK	See below	

COVID Vaccine Uptake at 14/07/24



Comparative Covid vaccine uptake for all eligible people at 14/07/24:


NHS Board	Covid
Ayrshire & Arran	66.4%
Dumfries & Galloway	69.3%
Fife	67.1%
Grampian	68.6%
Highland	63.5%
Tayside	70.1%

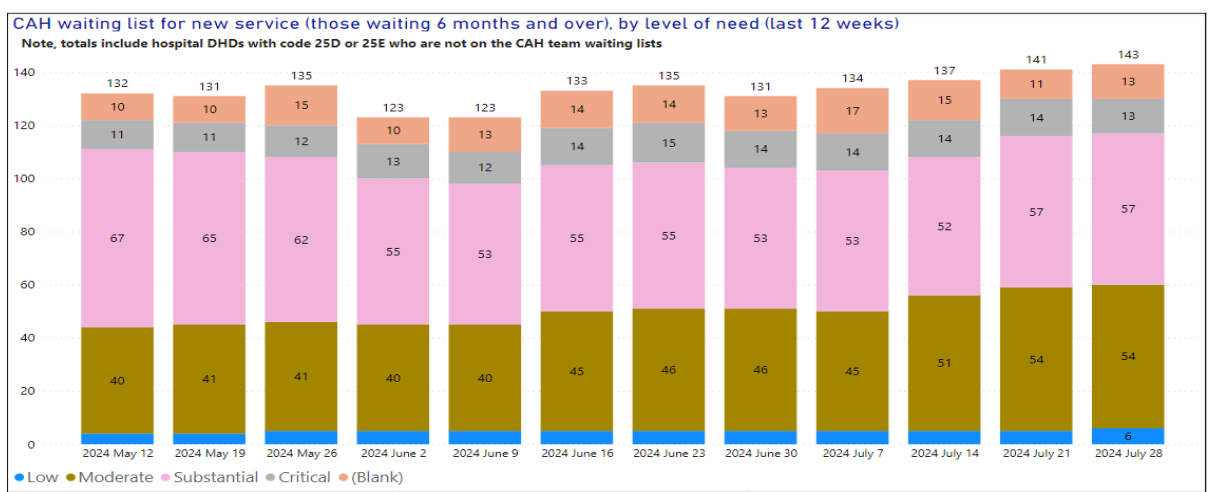
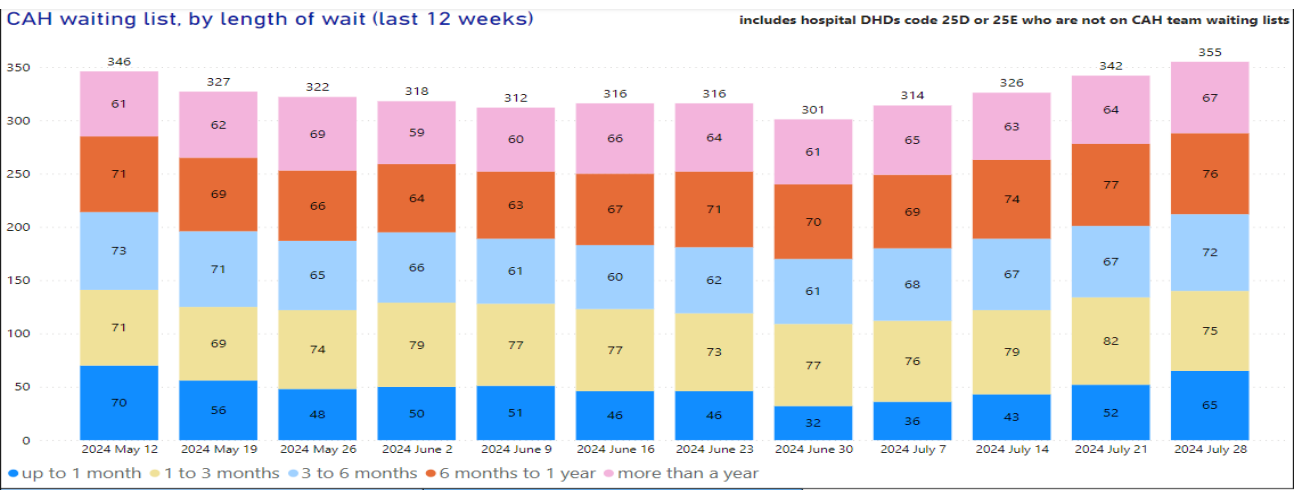
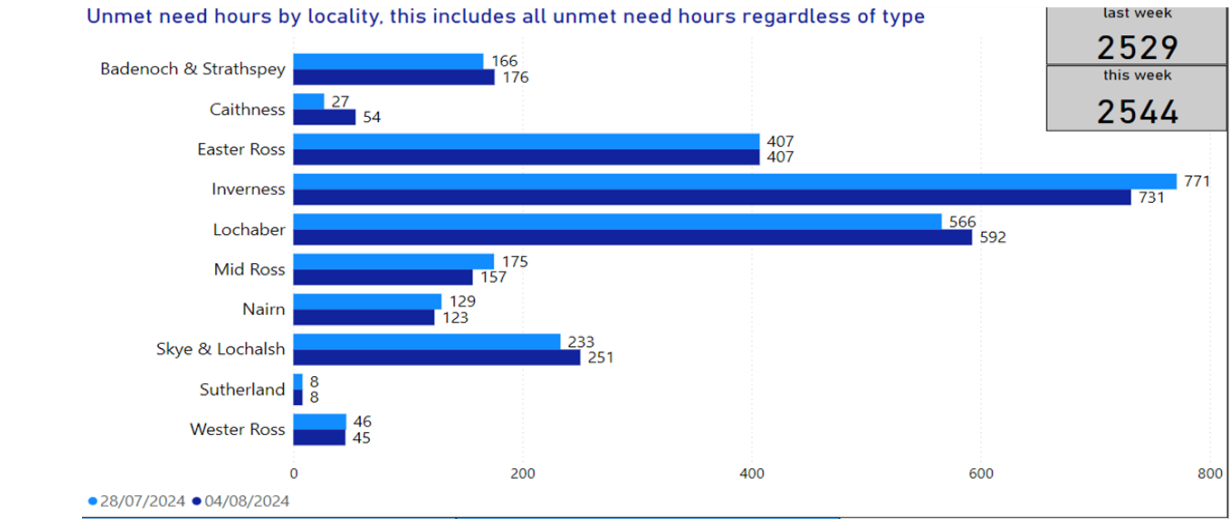
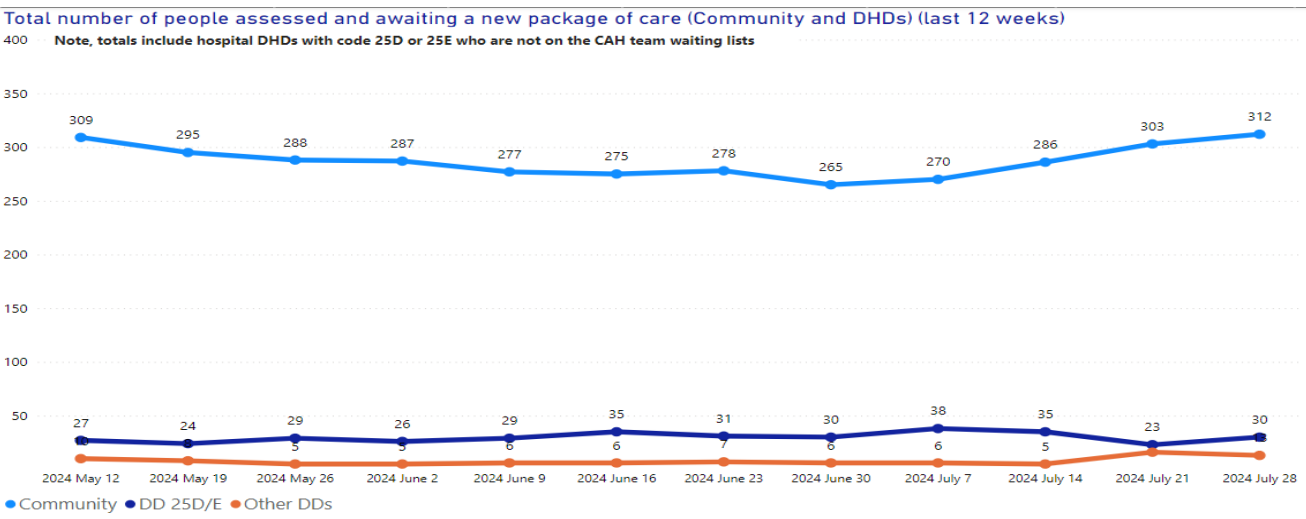
OBJECTIVE	Our Population	OUTCOME	Stay Well	EXEC LEAD	Tim Allison, Director of Public Health	Service	Children's Vaccinations		
PERFORMANCE OVERVIEW	TARGET	95% Uptake	NATIONAL TARGET ACHIEVEMENT		TREND		BENCHMARK		

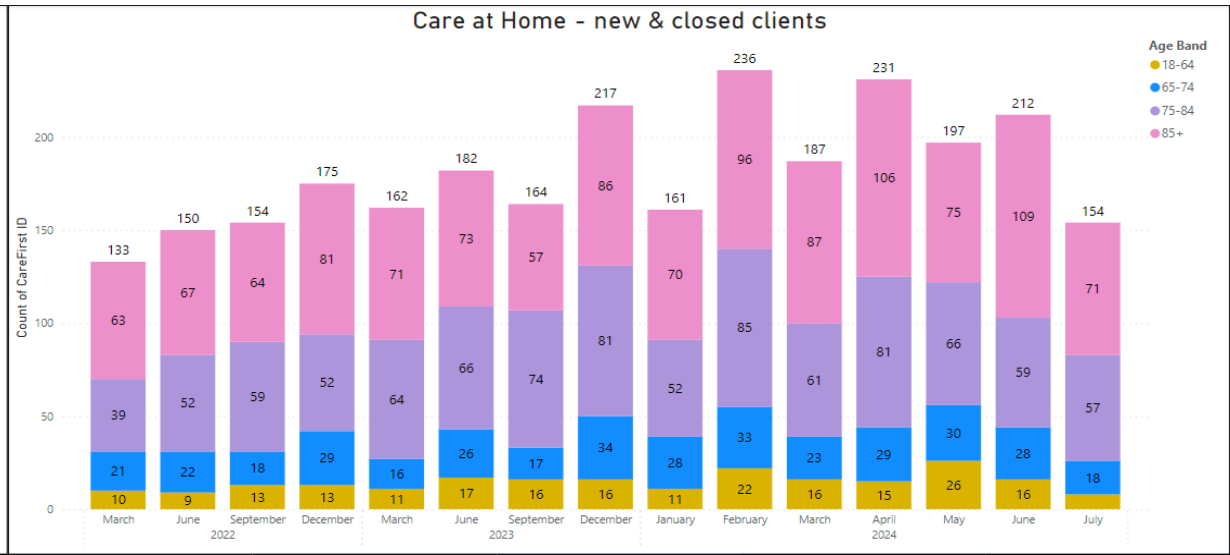
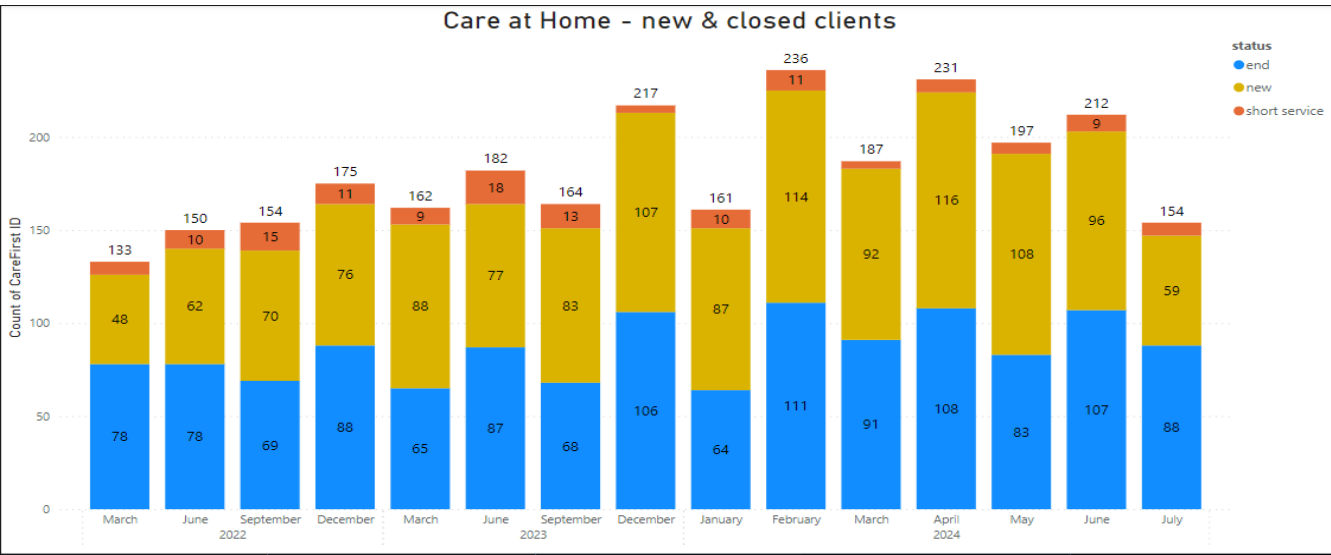
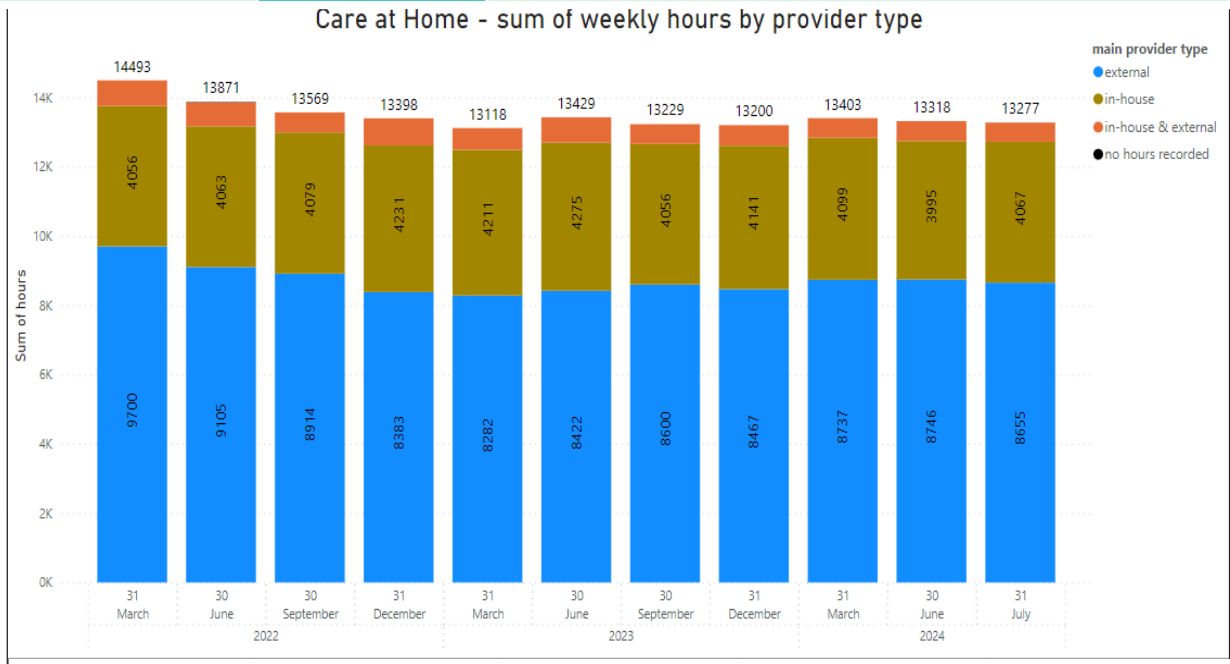
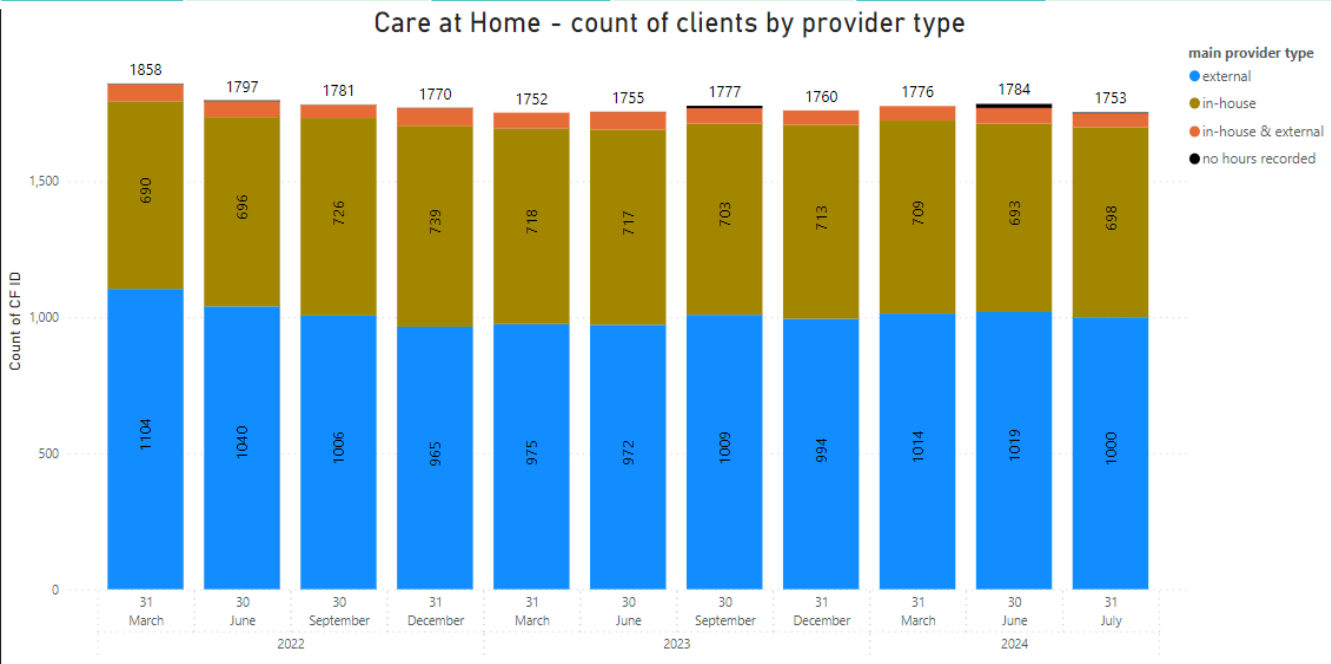
6 in 1 @24 weeks	Q3 23/24	Q4 23/24	April/May 24	Scotland 4/5 24: 97%
Highland HSCP	96%	97%	96%	
Argyll & Bute HSCP	95%	99%	98%	
NHS Highland	95%	97%	96%	
MMR 1 @16m	Q3 23/24	Q4 23/24	April/May 24	Scotland 4/5 24: 88%
Highland HSCP	77%	85%	84%	
Argyll & Bute HSCP	91%	88%	87%	
NHS Highland	79%	86%	84%	
MMR 2 @3y 8m	Q3 23/24	Q4 23/24	April/May 24	Scotland 4/5 24: 81%
Highland HSCP	72%	77%	68%	
Argyll & Bute HSCP	78%	85%	76%	
NHS Highland	73%	79%	70%	

Annual Delivery Plan (ADP) 24/25 Deliverables – Progress as at 30 th June 2024	Due Date
Vaccination Programme: consider the options for consolidation of delivery of vaccination activity required across NHS Highland.	October 2024
Continue to ensure that locality-based vaccination teams and campaign planning are sufficiently robust to deliver vaccination and immunisations’ and childhood vaccination following their removal from GP practices from 1 April 2022 (A&B) Qtr1 target 64%, actual 66%	March 2025
Identify any ongoing practice involvement in delivery of vaccinations beyond 1 April 2022 under the terms of the transitionary service arrangements (including additional payment arrangements) (A&B) Qtr1 target 64%, actual 66%	March 2025
Improved disease prevention and reduced inequalities in access through consolidated NHS Highland vaccination programme.	MTP – March 2027

Reasons for current Performance	Plan and Mitigation	Expected Impact
<ul style="list-style-type: none"> •Overall COVID & ‘Flu uptake has been reasonable, but the quality of performance delivery needs to be improved as does uptake in these programmes and for children’s vaccination. •The spring COVID vaccination programme has been undertaken for people aged 75+ and those more vulnerable. Other adult and child programmes also continue. •There has been some improvement in the timeliness of children's vaccination, but overall vaccination rates remain low, especially in Highland. Delivery models and staffing need to be improved. This is especially important for those missing vaccinations. 	<ul style="list-style-type: none"> •Scottish Government is working with Highland HSCP in level 2 of its performance framework. •Public Health Scotland is acting as a critical friend. The peer review has been carried out and recommendations are being implemented. •Options are being considered for delivery models in Highland HSCP. •The Vaccination Improvement Group has a detailed action plan for service improvement 	<p>Improved uptake rates for vaccinations</p> <p>Improved service with better satisfaction from public and staff</p>

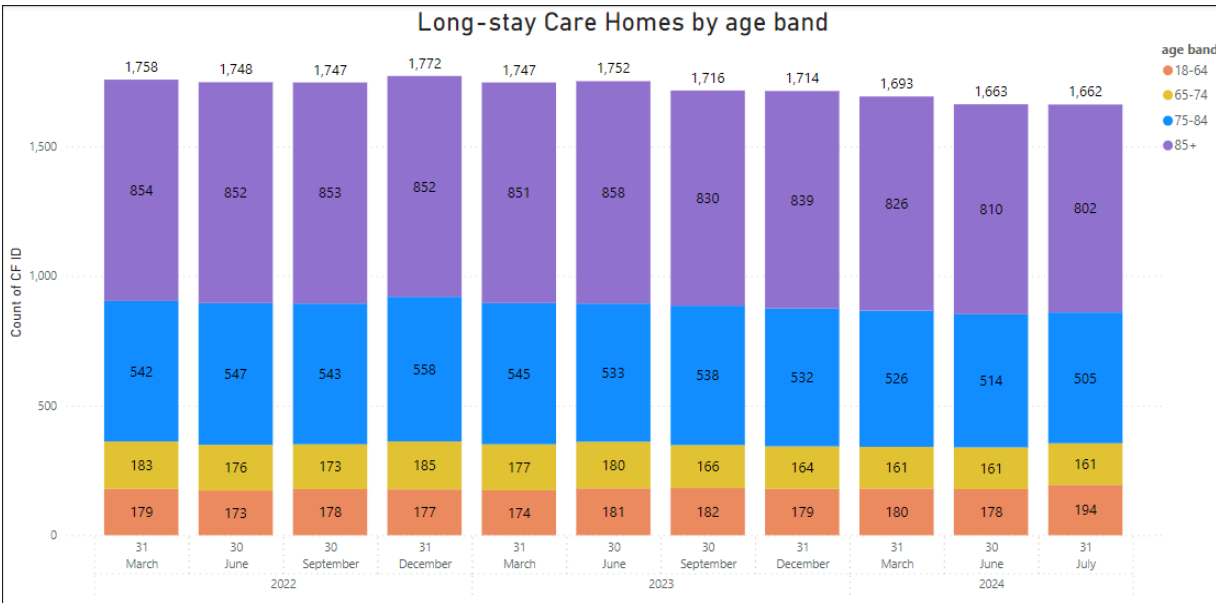
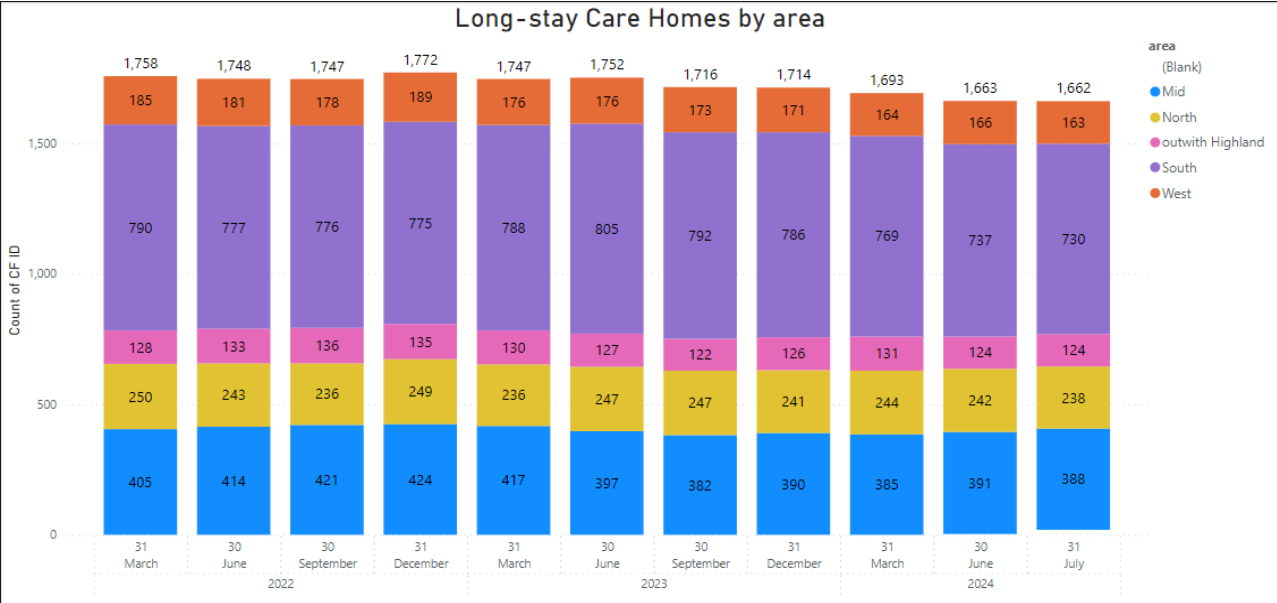
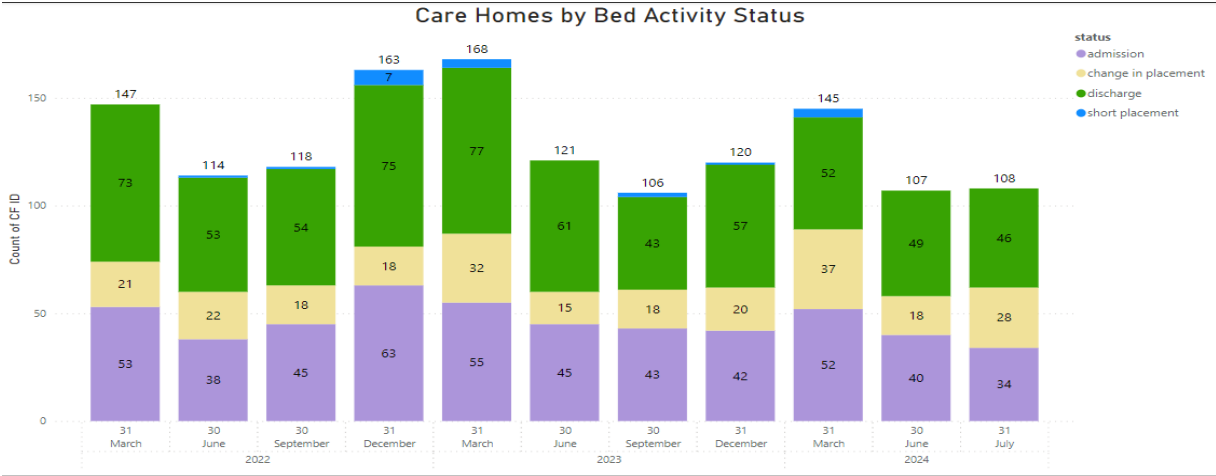
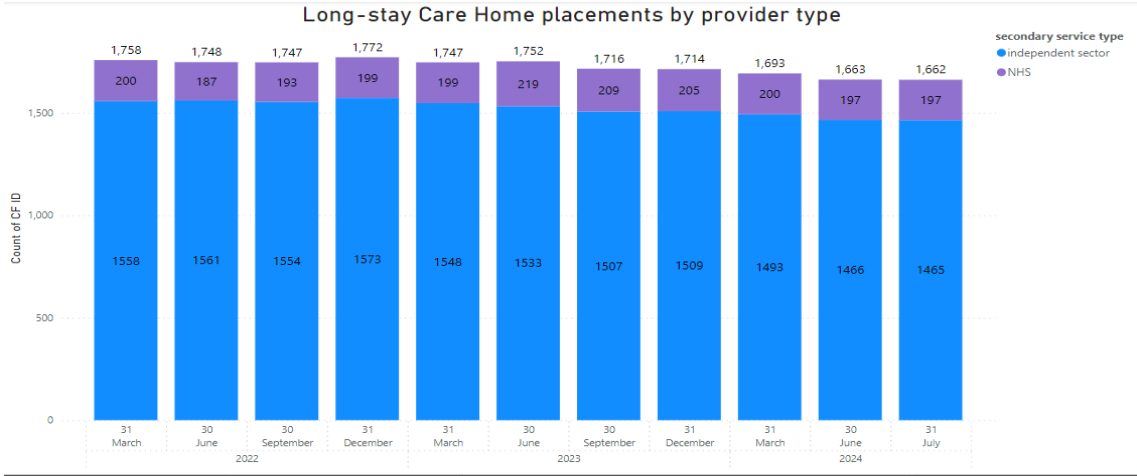
OBJECTIVE	In Partnership	OUTCOME	Care Well	EXEC LEAD	Pam Cremin, Chief Officer, HHSCP		Service	HHSCP Care at Home		
PERFORMANCE OVERVIEW	TARGET	To be agreed	NHS HIGHLAND	312 people waiting	TREND		BENCHMARK	Not available	POSITION	Not available





The Issue and Cause	Plan and Mitigation	Expected Impact
<p>All HHSCP delayed hospital discharges (DHD’s) are included which show those assessed as requiring CAH in either a hospital, or at home.</p> <ul style="list-style-type: none">Community - 312 awaiting a care at home service, increase of 26 reported from last IPQRDHDs – 30 awaiting a care at home service, reduction of 5 reported from last IPQROther DDs - No change from last reported last IPQR. <p>This data is published by PHS and weekly returns from CAH officers are provided to allow for validation and analysis.</p> <p>We have seen some small signs of recent growth although service delivery is still down overall after a period of sustained reductions from the peak of March 2022. NHS Highland (NHS) and care at home providers continue to operate in a pressured environment .</p> <p>We have not seen the expected growth in external care at home and low levels of recruitment and the loss of experienced care staff to NHS continue to be the primary concern expressed by providers in our frequent and open discussions.</p> <p>The impact of lower levels of service provision on flow within the wider health and social care system is significant, and this needs to be recognised as part of the approach to, and solutions around, addressing care at home capacity.</p>	<p>Despite significant ongoing organisational and provider effort to improve flow, the overall unmet need for CAH is 2529 planned hours per week.</p> <p>Care at home is a specific action within the 90 Day Urgent and Unscheduled Care Improvement Plan.</p> <p>As previously highlighted and confirmed in committee reports, a short life working group (SLWG) has co created and co-developed proposals to try and address capacity and flow issues. The SLWG has co-produced eight commissioning proposals which are being prioritised with an implementation plan.</p> <p>A multi-disciplinary and sector implementation group was initiated in June 2024, to take forward proposals around the following focus areas:</p> <p>Improving Access and Processes</p> <ul style="list-style-type: none">Clear pathwayInformation qualityZones/runs/flexibilityOutcome commissioning/interactive commissioning tool <p>Valuing Staff</p> <ul style="list-style-type: none">Tariff implementationJoint training/locality shared staffCollaboration event <p>Troubleshooting</p> <p>A wider care at home collaborative has been established in August 2024 to consider and progress wider strategic and collaborative opportunities</p>	<ul style="list-style-type: none">Expected impact and trajectories for improvement have been developed for overall delayed discharges.Sustaining current service delivery levels for care are home.Targets and any future realistic growth trajectories need developed for external care at home at a district level

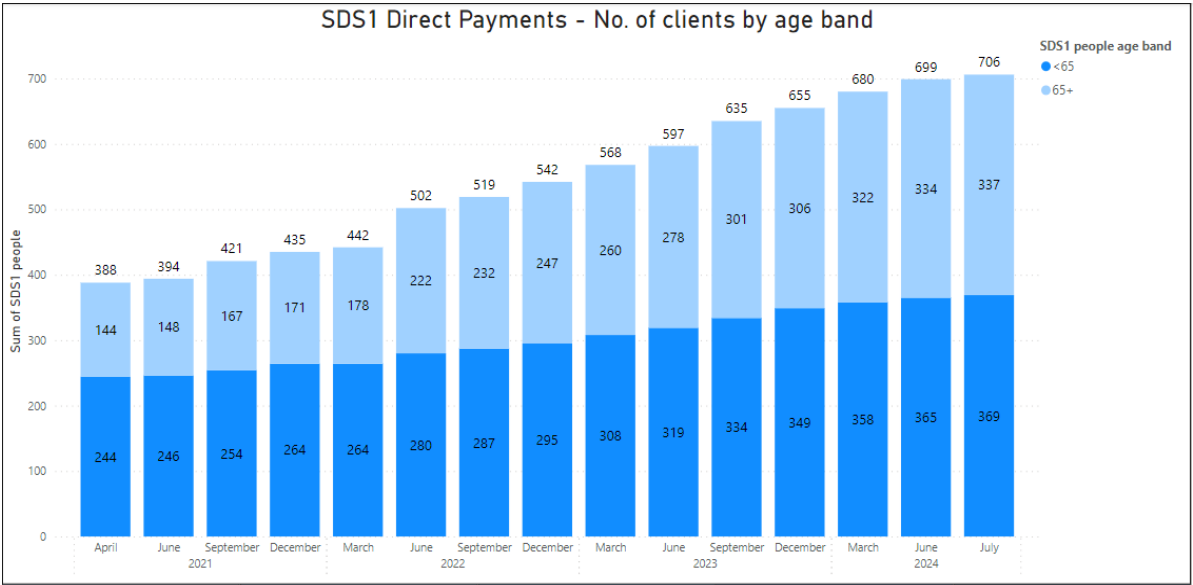
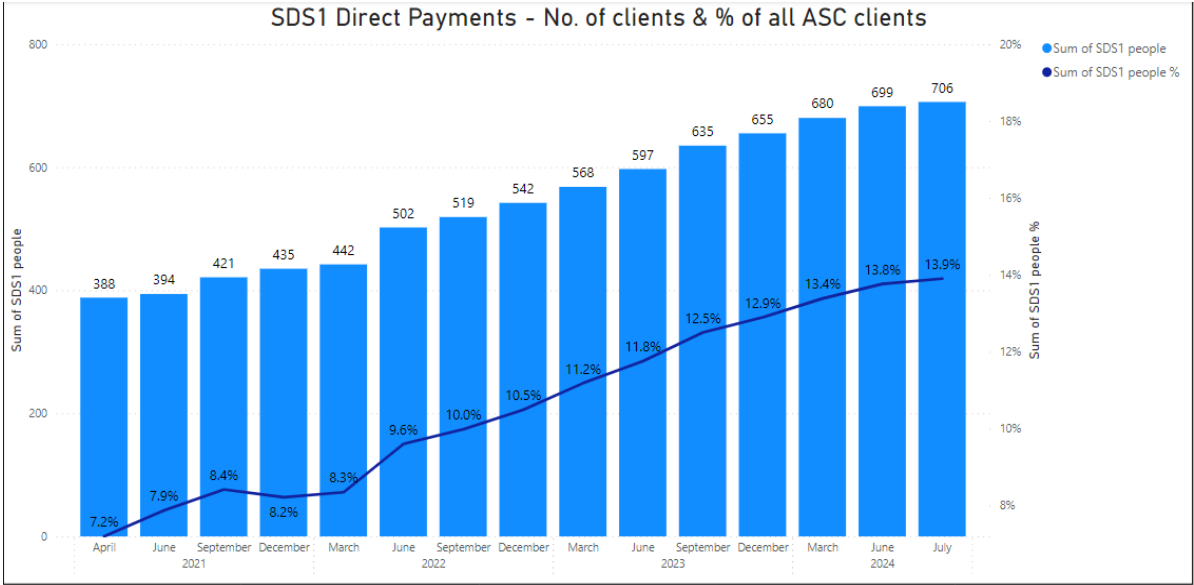
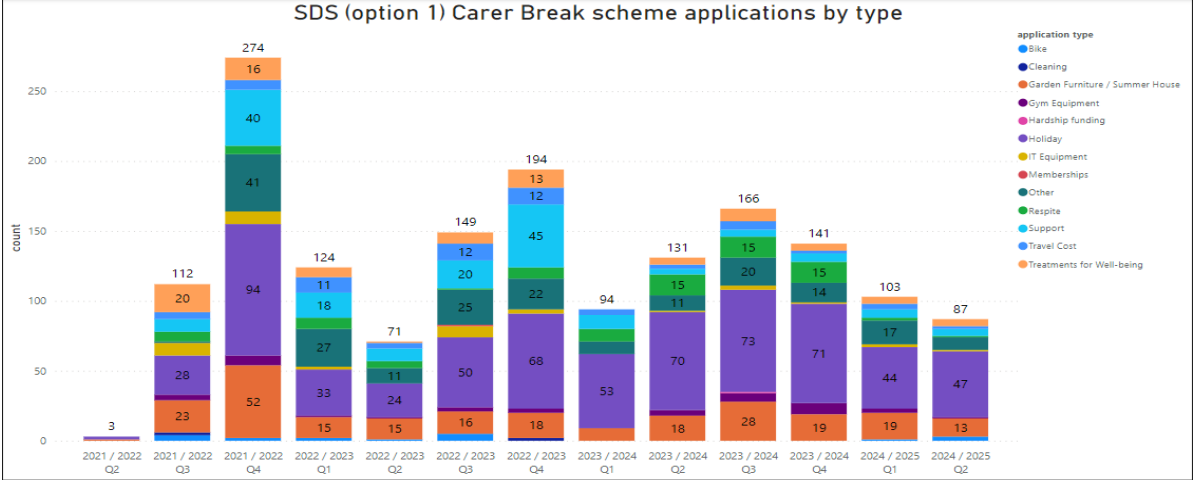
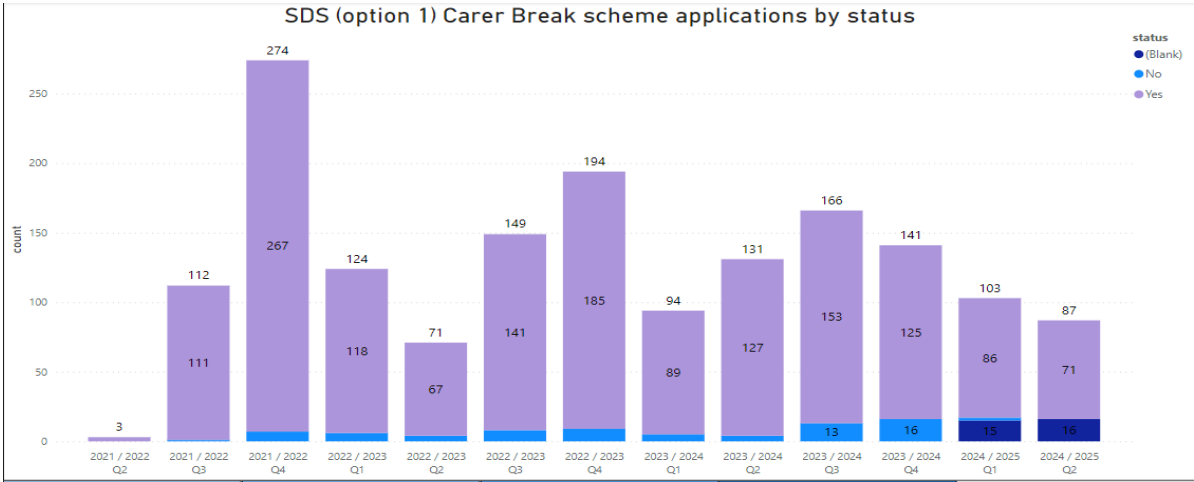
OBJECTIVE	In Partnership	OUTCOME	Care Well	EXEC LEAD	Pam Cremin, Chief Officer, HHSCP		Service	HHSCP Care Homes		
PERFORMANCE OVERVIEW	TARGET	To be agreed	NHS HIGHLAND	n/a	TREND		BENCHMARK	n/a	POSITION	n/a




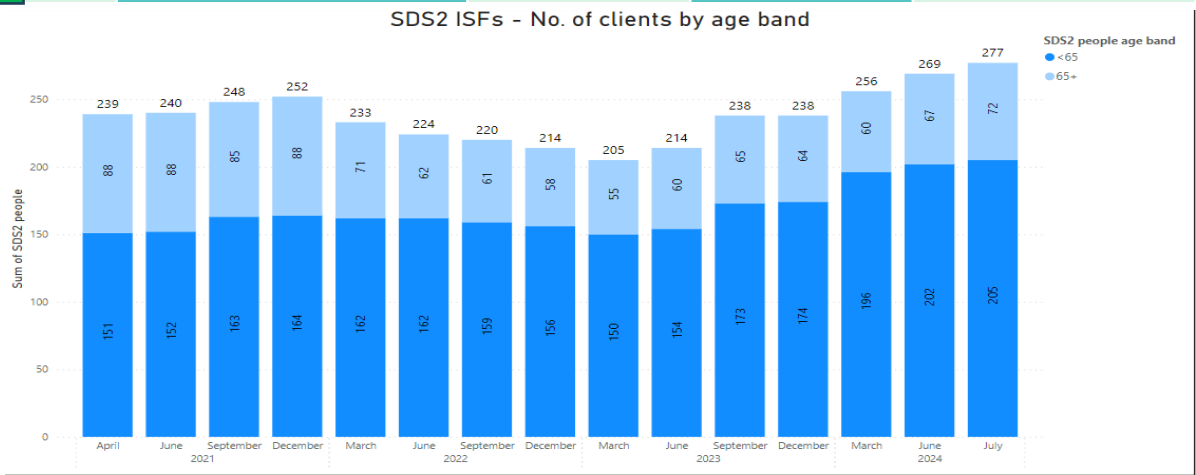
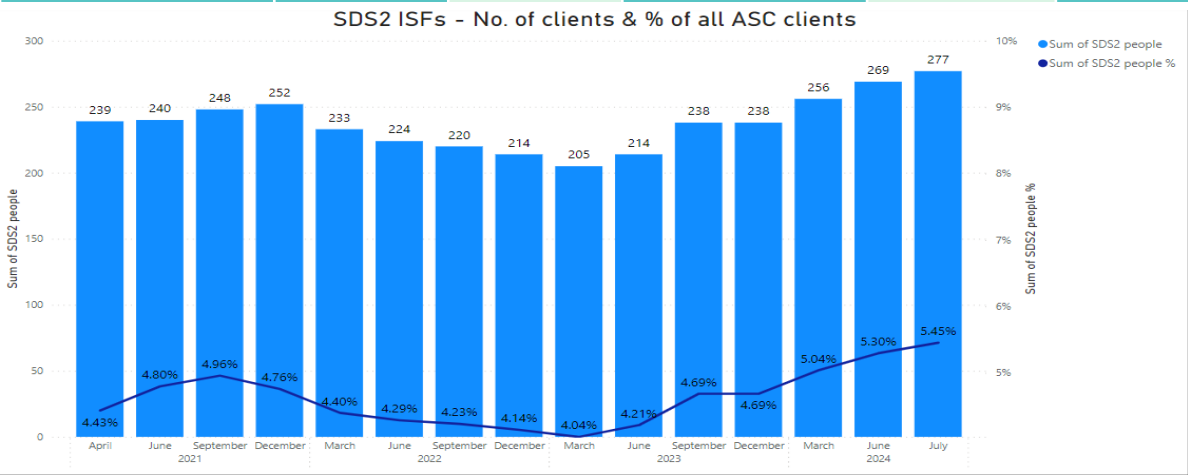
OBJECTIVE	In Partnership	OUTCOME	Care Well	EXEC LEAD	Pam Cremin, Chief Officer, HHSCP		Service	HHSCP Care Homes		
PERFORMANCE OVERVIEW	TARGET	To be agreed	NHS HIGHLAND	n/a	TREND		BENCHMARK	n/a	POSITION	n/a

The Issue and Cause	Plan and Mitigation	Expected Impact
<p>Since March 2022, there has been significant and sustained turbulence in the care home market related to operating on a smaller scale, and the challenges associated with rural operation - recruiting and retaining staff in these localities, securing and relying on agency use, and the lack of available accommodation which compounds the challenge.</p> <p>A further compounding factor of this turbulence relates to the current National Care Home Contract (NCHC) – this is insufficient to cover their costs and particularly disadvantages Highland as the NCHC rate is predicated on a fully occupied 50 bed care home – in Highland only 7 of the 46 independent sector care homes are over this size.</p> <p>In-house care homes and many care home providers are still experiencing staffing resource shortages.</p> <p>Since March 2022, 6 independent sector care homes have closed. During this period, the partnership also acquired a care home in administration to prevent the closure of this facility and a further loss of bed provision. Supplementary staff costs for care and nursing staff is significantly higher in the recently acquired NHSH care homes.</p> <p>4 in house care homes have also closed, although three are closed on a temporary basis and the closures are all in small rural and remote communities with closure due to acute staffing shortages.</p> <p>This reduced bed availability (211 registered beds) is having an impact on the wider health and social care system and the ability to discharge patients timely from hospital.</p>	<p>There is a need for a Care Home commissioning and market facilitation plan to be developed in 2024-25. This plan will include both in-house and external care homes underpinned by quality and sustainable services in identified strategically important locations.</p> <p>This facilitation plan will be discussed at the Strategic Planning Group and will also form part of the agenda for a collaborative care home listening and learning event planned for August 24.</p> <p>High level commissioning intentions are agreed</p> <p>A Care Home overall risk status has been developed for all external commissioned care homes and is reviewed at the Care Programme Board</p> <p>A Care Programme Board has been established to oversee:</p> <ul style="list-style-type: none"> Acquisitions, closures and sustainability Forward Planning and Strategy 	<ul style="list-style-type: none"> Sustainability of exiting care home provision Future market intentions stated To be developed

OBJECTIVE	In Partnership	OUTCOME	Care Well	EXEC LEAD	Pam Cremin, Chief Officer, HHSCP		Service	HHSCP Adult Social Care: Self Directed Support		
PERFORMANCE OVERVIEW	TARGET	To be agreed	NHS HIGHLAND	n/a	TREND		BENCHMARK	n/a	POSITION	n/a



OBJECTIVE	In Partnership	OUTCOME	Care Well	EXEC LEAD	Pam Cremin, Chief Officer, HHSCP		Service	HHSPCP Adult Social Care: Self Directed Support – Option 2 (Individual Service Funds)		
PERFORMANCE OVERVIEW	TARGET	To be agreed	NHS HIGHLAND	n/a	TREND		BENCHMARK	n/a	POSITION	n/a

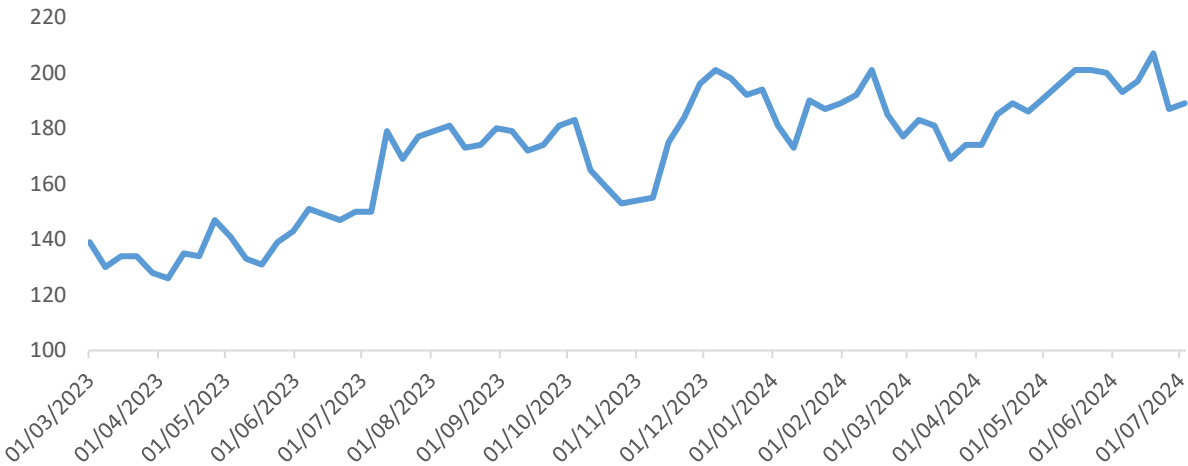


The Issue and Cause	Plan and Mitigation	Expected Impact
<p>ISFs reduced during 2022 although we have seen a welcome and sustained increase in commissioned service provision during late 2023 continuing in 2024.</p> <p>Current numbers of ISFs are now exceeding pre pandemic levels of the 2021 peak.</p> <p>Our current number of active service users is 277 with a projected annual 2024-25 cost of £7.53m.</p> <p>Graph 2 - Overall number of ISFs split by age band, noting 74% of our current service provision is provided under this commissioning option to younger adults.</p>	<ul style="list-style-type: none"> After an inclusive inquiry into the operation of our Option 2 offer in Highland plans are now in place to increase the range and number of ‘providers’ who can offer an ISF within an overall programme for Promoting choice, flexibility and control. 	<ul style="list-style-type: none"> As per plan and mitigation To sustain and grow Option 2s

OBJECTIVE	In Partnership	OUTCOME	Care Well & Value Well	EXEC LEAD	Pam Cremin, Chief Officer, HHSCP	Service	HHSCP Adult Social Care: Self Directed Support
The Issue and Cause				Plan and Mitigation		Expected Impact	
<p>SDS Option 1 (Carer Well-being fund) We are continuing to use powers within the Carers Act to provide an Option 1 Well-being fund for unpaid carers. It seeks to make resources available to carers via a simple application process supported by a social worker or a carers link worker etc. The scheme is largely free from resource allocation decision-making processes and seeks to rely on professionals and carers coming together to identify the kind of help that would be right for them. Help is targeted to support unpaid carers to be willing and able to maintain their caring role.</p> <p>SDS Option 1 (Direct Payments) We have seen sustained levels of growth for both younger and older adults in our urban, remote and rural areas with further growth expected to continue this financial year for SDS Direct</p> <p>These increases do however highlight the unavailability of other care options, and our increasing difficulties in our ability to commission a range of other care services, strongly suggest a market shift in Adult Social Care service provision.</p> <p>We are also aware of Option 1 recipients who struggle to retain and recruit personal assistants. This demonstrates the resource pressure affecting all aspects of care delivery. Work is underway locally to promote the opportunities that taking on Personal Assistant (PA) role can offer people.</p>				<ul style="list-style-type: none"> We have also been liaising with our unpaid carers reps to ensure the scheme reflects their priorities. Currently the scheme works to a finite budget of around £1m per annum (£0.25m made available in quarterly tranches). Their suggestion is that there are financial ceilings set for different types of purchases used for a short break, limits to contributions for holidays, summer houses and e-bikes etc. The fund reopened to new applicants in April 2024. In addition to financial ceilings, those applying for the first time will receive priority status for funds, ensuring that as many carers as possible benefit from the scheme A new Carers Services Development Officer is now in post and the officer is prioritising revisiting our arrangements with our range of unpaid carers services seeking to ensure we have a strong collaborative basis to build upon going forward. Option 1 recipients all received a substantial above inflationary increase due to the significant investment from NHHSH to level up the previous low baseline hourly rate. This uplift was required to ensure its sustainability and is still the most cost effective and efficient delivery models due to the absence of any other traditional delivery and more expensive care models. 2024-25 rates for PA's has been updated and the allocated funding from SG passed on to service users. 		<ul style="list-style-type: none"> Improved access for SDS option 1 (wellbeing fund) in future aligned to what matters to people approach Protection of adult carer funding for short breaks NHHSH is committed to increasing the level of independent support across all service delivery options but due to the current financial constraints, officers are exploring any remaining funding available to procure independent sources of advice, information and support by reinvesting any unused funds to strengthen our independent support. Work is progressing in this area and committee will be updated as plans progress. 	

OBJECTIVE	In Partnership		OUTCOME	Respond Well & Care Well	EXEC LEAD	Pam Cremin, Chief Officer, HHSCP		Service	HHSCP Community Hospital Delayed Discharges		
PERFORMANCE OVERVIEW	TARGET		Reduction of 65%*	NHS HIGHLAND		TREND	↓	BENCHMARK	n/a	POSITION	14 out of 14

HHSCP Delays



HHSPC Delayed Discharge – Patients Added VS Patients Discharged

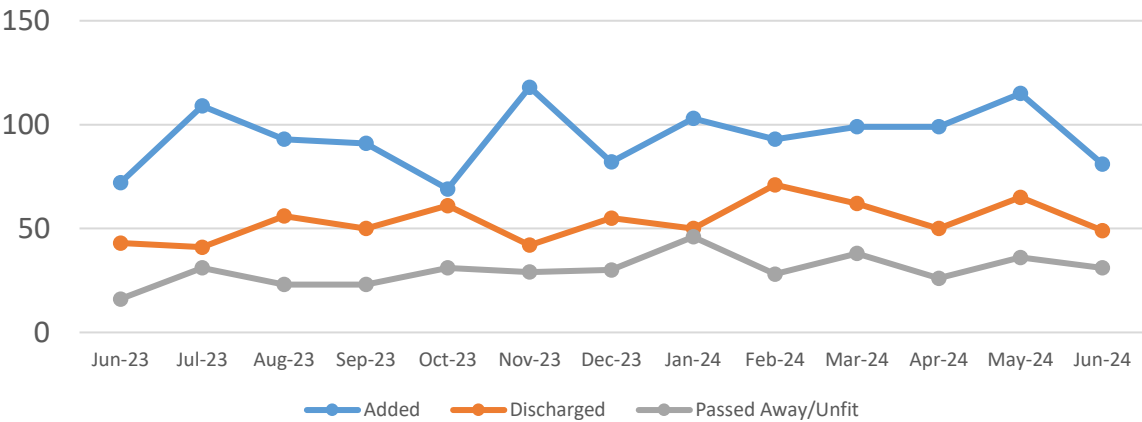
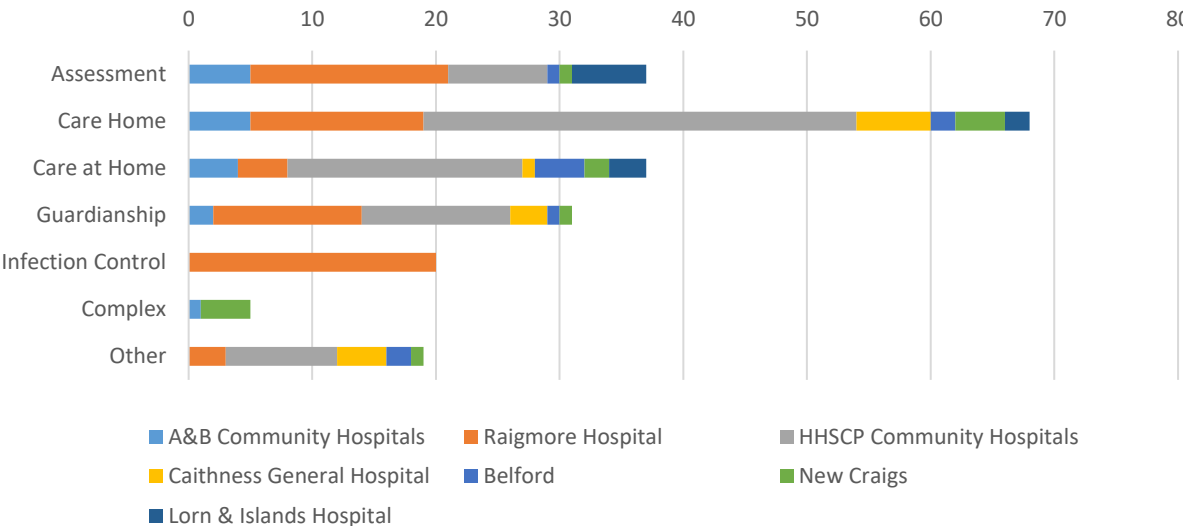
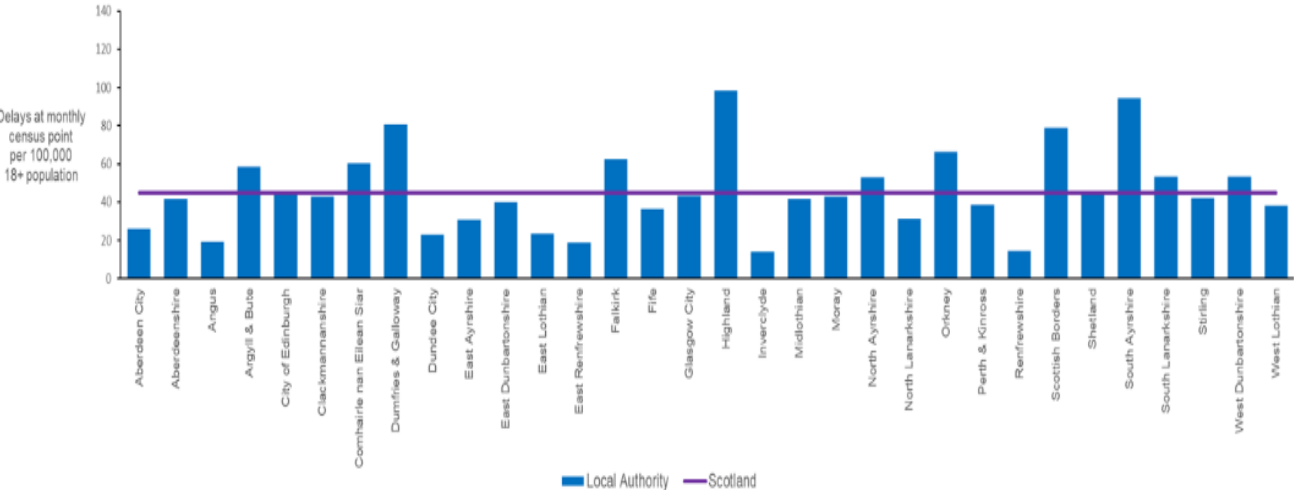


Chart 4 - Delays at monthly census point per 100,000 18+ population¹, by Local Authority, June 2024

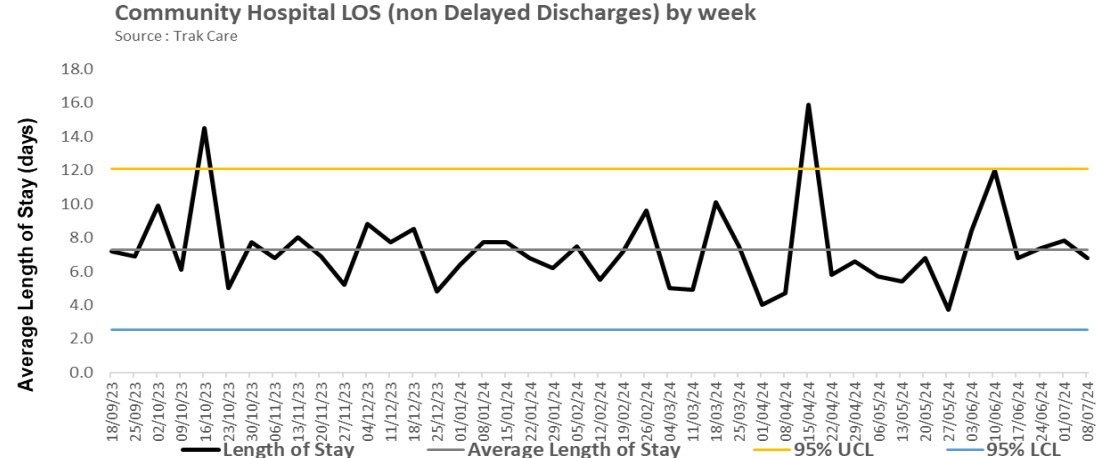
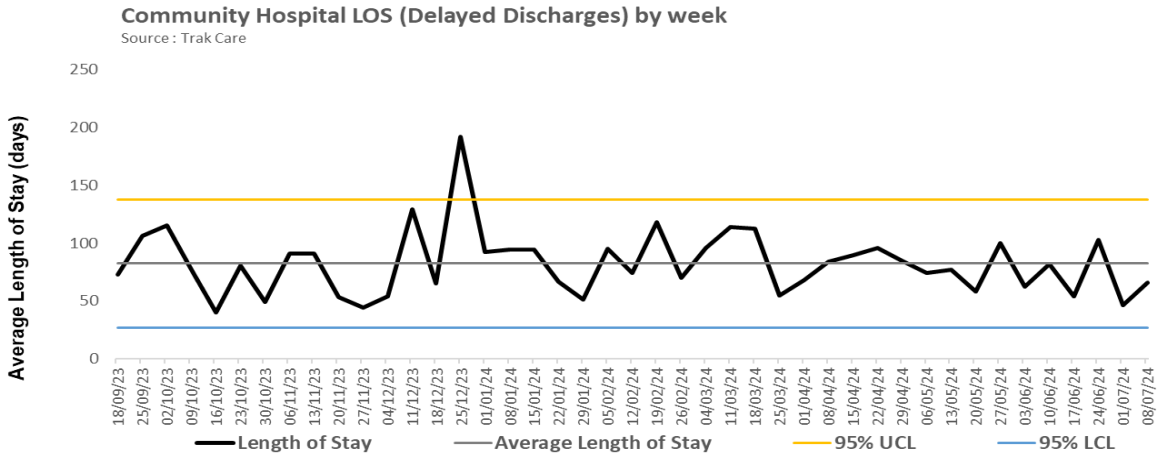


*Target reduction still to be confirmed which will be 30% or 65% then trajectories will be in next version

The Issue and Cause	Plan and Mitigation	Expected Impact
See previous slides on issue and cause with care at home and care homes which is the main cause for delayed discharges	<p>We have an ambitious local target of reducing the number of people experiencing delay in discharge from hospital by 30% which has yet to be confirmed as SG currently are modelling on 65%. We aim to ensure we get our population cared for in the right place at the right time.</p> <p>The potential for increasing Care Home capacity is currently being explored.</p> <p>A weekly scrutiny group for delayed hospital discharges is being established to ensure that there is appropriate senior managerial and professional leadership to ensure we are responding to people in delay timeously and in line with best practice.</p> <p>A 90 day Improvement Plan has been agreed which will support the reduction of delayed discharges through a range of actions in the following areas and with the following outcomes referenced below.</p>	<ul style="list-style-type: none">Targets and trajectories have been agreed and will be available in the next HHSCP IPQR

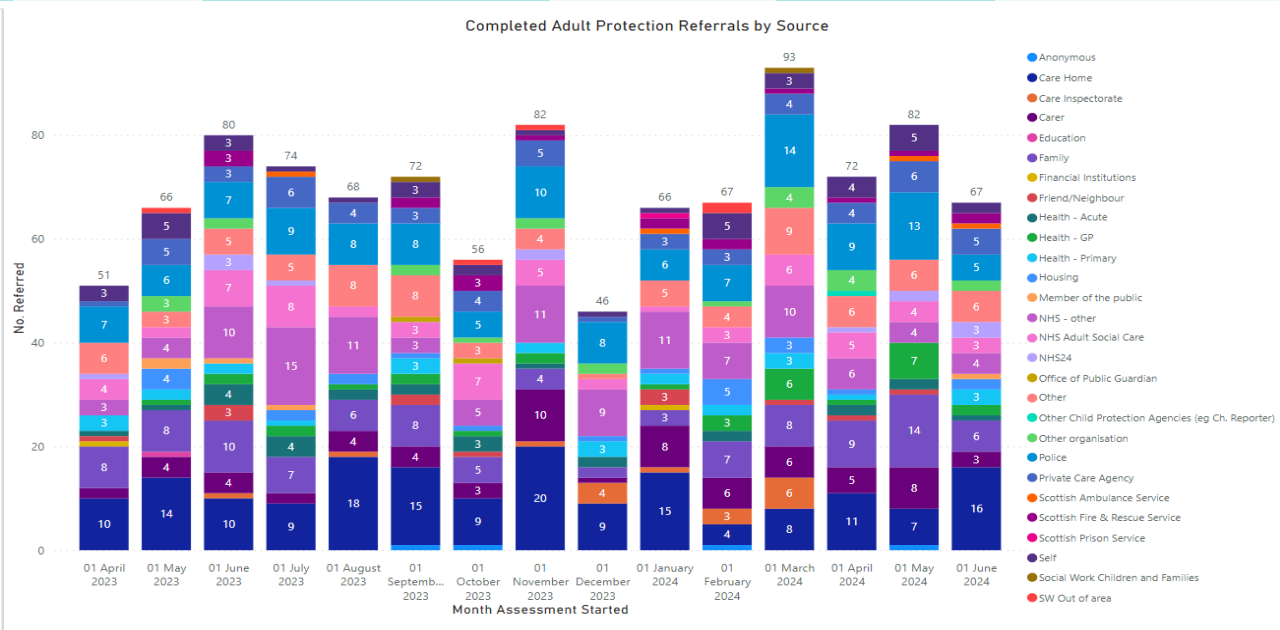
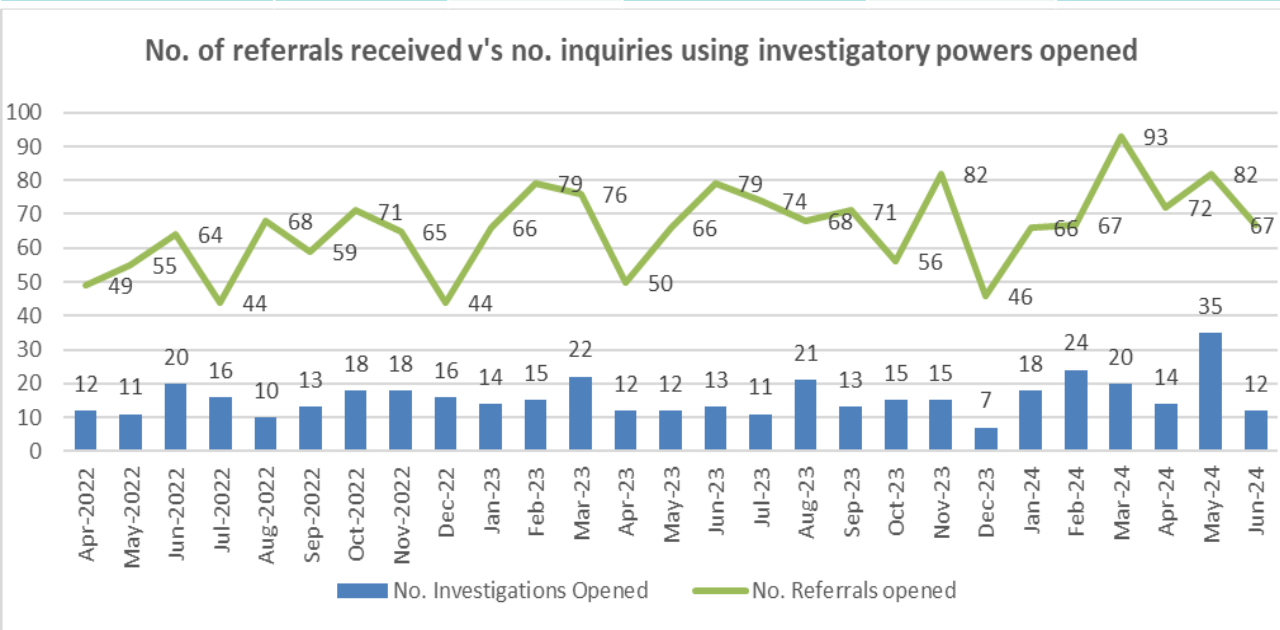
Area	What do we want to do?
Respond	Respond quickly to support our population across our system who are vulnerable or in crisis
Rapid	Facilitate rapid discharge and support to embed the “home is best” approach
Reduce	Reduce occupancy and avoidable admissions and identify at risk population by working collaboratively
Redirect	Redirect inappropriate attendance to suitable services so emergencies are seen quickly

OBJECTIVE	In Partnership	OUTCOME	Care Well	EXEC LEAD	Pam Cremin, Chief Officer, HHSCP		Service	Community Hospitals		
PERFORMANCE OVERVIEW	TARGET	No target agreed	NHS HIGHLAND		TREND		BENCHMARK	n/a	POSITION	



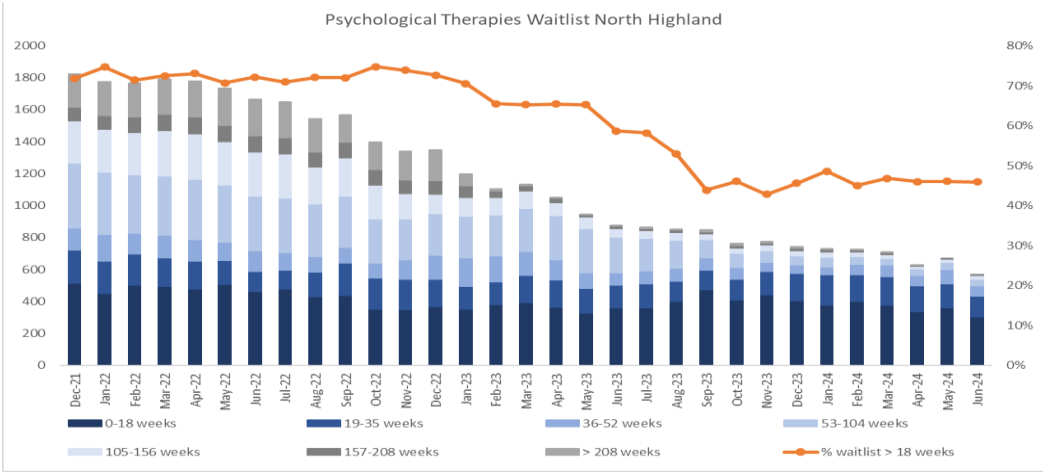
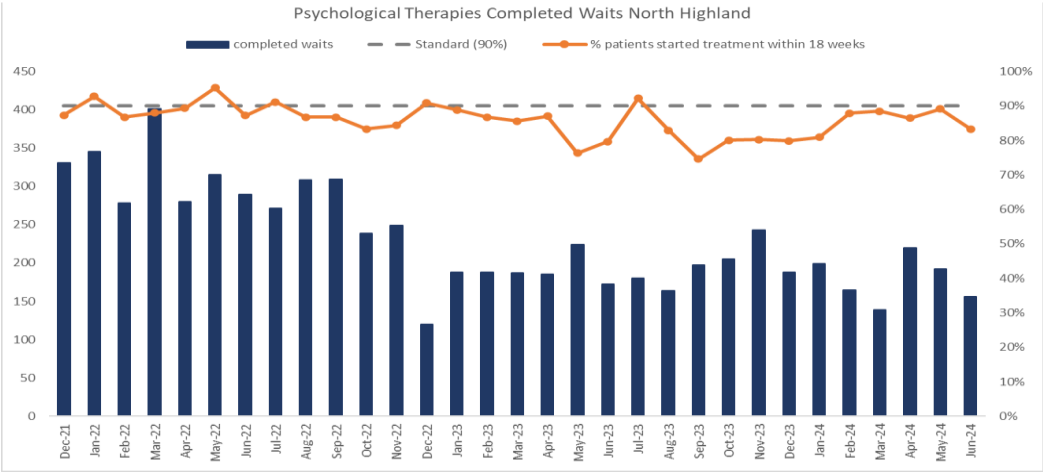
The Issue and Cause	Plan and Mitigation	Expected Impact
<p>Community Hospital LOS this is compounded by the current capacity within care homes and C@H and the increase DHDs that we are experiencing some of the mitigation for these will also impact on the LOS of those not in delay.</p>	<p>Plans to mitigate are: daily huddles ensuring that there is input for AHPs, working with families and implementation of the choice guidance with a greater emphasis on home is best, ensuring that PDDs are updated and accurate. Long LOS are being experienced by those in delay, not those who are not in delay.</p>	<p>Reduced LOS for DHDs possibly slight reduction for the non DHDs</p>

OBJECTIVE	In Partnership	OUTCOME	Care Well	EXEC LEAD	Pam Cremin, Chief Officer, HHSPC		Service	HHSCP Adult Protection		
PERFORMANCE OVERVIEW	TARGET	To be agreed	NHS HIGHLAND	n/a	TREND		BENCHMARK	n/a	POSITION	n/a



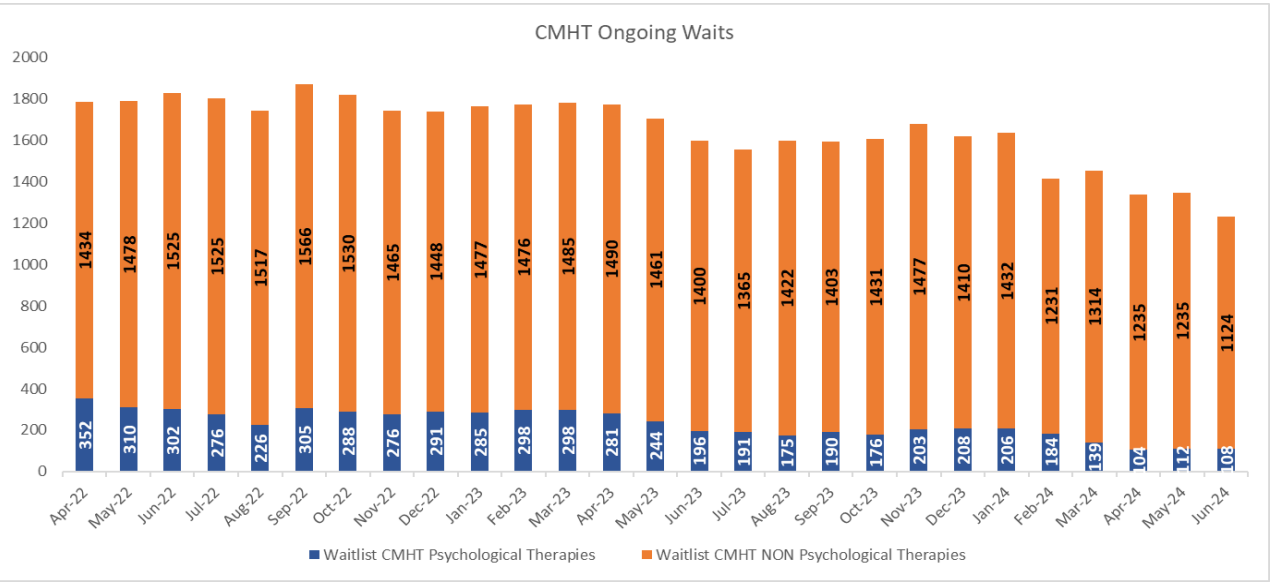
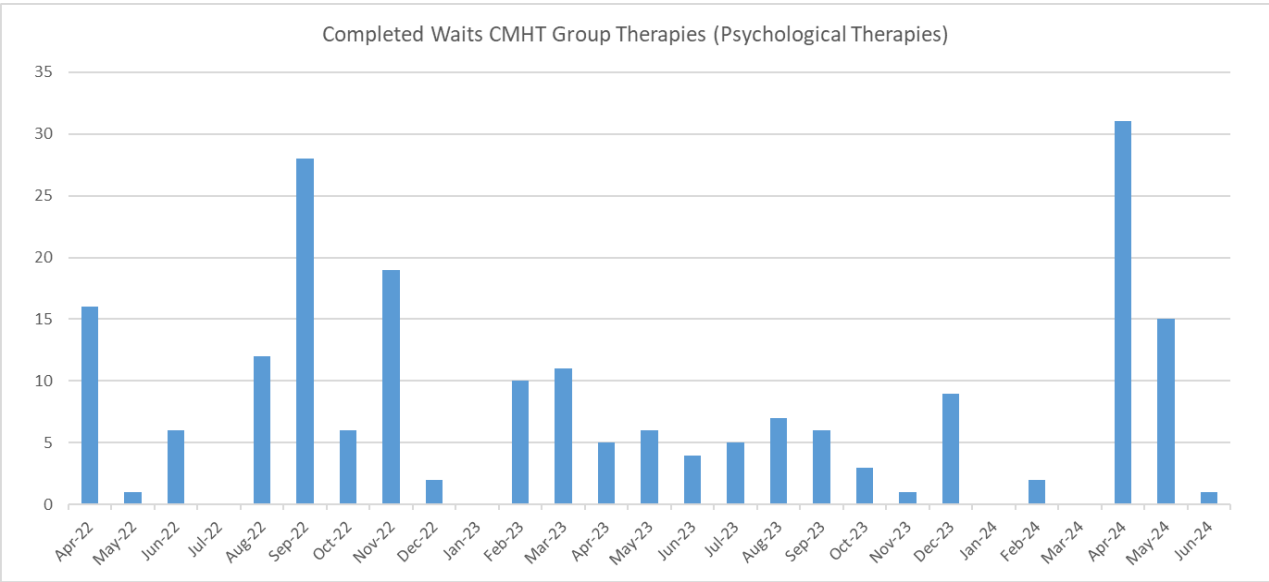
The Issue and Cause	Plan and Mitigation	Expected Impact
<p>The definitions of Referrals, Inquiries (with or without the use of Investigatory powers), Case Conferences and Protection Plans have been consolidated and agreed across Scotland. Benchmarked data (across the 32 Local Authorities) is expected from Q2 or Q3 2024. The ability to greater analyse referrals in respect of type and location of harm is already being utilised to give a clear picture of harm in our communities. A peak of 93 referrals was recorded in March 2024.</p> <p>Ongoing and increasing demand on Adult Protection Services is shown in the adjacent chart.</p>	<ul style="list-style-type: none"> Highland’s Adult Protection arrangements across Health, Social Work and Police were the subject of a recent Joint Inspection. An update report on the inspection and associated improvement plan was considered at the last committee meeting. 	<ul style="list-style-type: none"> To implement the agreed action plan and improvement actions from the recent inspection as reported to committee.

OBJECTIVE	In Partnership	OUTCOME	Live Well	EXEC LEAD	Pam Cremin, Chief Officer, HHSPC		Service	HHSCP Psychological Therapies Performance		
PERFORMANCE OVERVIEW	TARGET	90% within 18wks	NHS HIGHLAND	83.3%	TREND		BENCHMARK		POSITION	2 nd of mainland Boards



The Issue and Cause	Plan and Mitigation	Expected Impact
<p>As at June 2024:</p> <ul style="list-style-type: none"> 564 of our population waiting to access PT services in North Highland. 259 patients are waiting >18 weeks (45.9% breached), a significant reduction from 738 waiting >18 weeks in March 2023. <p>Psychological therapies services have had longstanding challenges with significant waiting times. There are a number of factors that have led to this including a lack of any other route for psychological interventions at an earlier stage.</p>	<ul style="list-style-type: none"> The development of Primary Care Mental Health services will help to fill this gap in provision along with the targeted use of community resources and the development of CMHT colleagues to work with their Psychological Therapy colleagues. It has also been identified that there is a gap in the provision of Clinical Health Psychology. This is currently being addressed by the Board and Director of Psychology. Recruitment and retention is difficult when national recruitment is taking place, however, there has been some success to date with the development of our Clinical Neuropsychology service which has proved effective in reducing a large number of our extended waits. 	<ul style="list-style-type: none"> There will always be a need for specialist services and the team are working to build a resilient model. The Director of Psychology is working closely with her team to reduce the current backlog and to build for the future. The data provided here is already showing improvement overall with clear trajectories agreed with SG as we progress with our implementation plan. De-escalation is expected given improvement

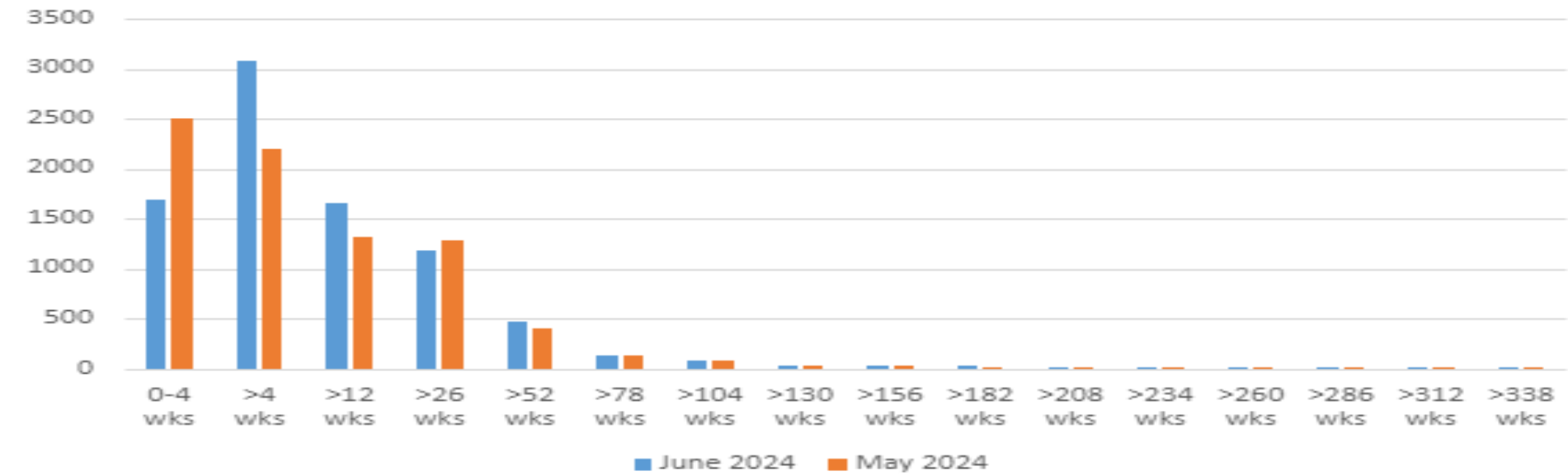
OBJECTIVE	In Partnership	OUTCOME	Live Well	EXEC LEAD	Pam Cremin, Chief Officer, HHSPC		Service	HHSCP Community Mental Health Teams		
PERFORMANCE OVERVIEW	TARGET	Not agreed	NHS HIGHLAND		TREND		BENCHMARK		POSITION	



The Issue and Cause	Plan and Mitigation	Expected Impact
<p>The ongoing waits for CMHTs are not currently reported unless they fit the criteria for psychological therapies such as group therapies (STEPPS/IPT/Mindfulness). The delivery of these group therapies was halted during COVID and the availability of an online method was slow to progress. This resulted in a significant backlog in this area, gradually reducing over the course of 2023/24.</p>	<ul style="list-style-type: none"> Validation work is ongoing around this waitlist as has happened within PT There is a shortage in STEPPS trainers within the UK so we are therefore exploring a range of options for increasing NHS Highland STEPPS practitioner capacity. 	<ul style="list-style-type: none"> To be defined

OBJECTIVE	In Partnership		OUTCOME	Treat Well	EXEC LEAD	Pamela Cremin, HSCP Chief Officer			Service	Overview of Other HHSCP Waiting Lists – Up to 10 th July 2024				
PERFORMANCE OVERVIEW	TARGET		No target defined	NHS HIGHLAND	8443 on waiting list	TREND	<div> <div></div> </div>		BENCHMARK	Not available	POSITION	Not applicable		

NHS Highland Non Reportable Specialties- Outpatient WL
(excludes Raigmore and A&B)




MAIN SPECIALTY	0-4 wks	>4 wks	>12 wks	>26 wks	>52 wks	>78 wks	>104 wks	>130 wks	>156 wks	>182 wks	>208 wks	>234 wks	>260 wks	>286 wks	>312 wks	>338 wks	Total
Chiropody	516	607	223	17													1363
Dietetics	149	177	175	129	25	6	8	1	2	1		1		1	1		676
Obstetrics Antenatal	7	1		1													9
Occupational Therapy	17	31		1					1		1						51
Physiotherapy	625	783	647	441	172	5	3	2	5	2						1	2686
General Psychiatry	155	209	268	406	188	36	8	1	2								1273
Learning Disability	13	927	191	113	80	82	66	24	15	23	10	11	16	6	5		1582
Learning Disability Nursing	39	152															191
Psychiatry of Old Age	94	86	65	46	6	3											300
Psychotherapy				1	1		1										3
GP Acute	75	101	81	29	2		1										289
Investigations and Treatment Room	4	3		2	4	1	1							1			16
Social Work						1			1		2						4
Current Report	1694	3077	1650	1186	478	134	88	28	26	26	13	12	16	8	6	1	8443
Previous Report	2505	2203	1321	1281	397	138	77	30	30	20	14	14	14	15	3	1	8063

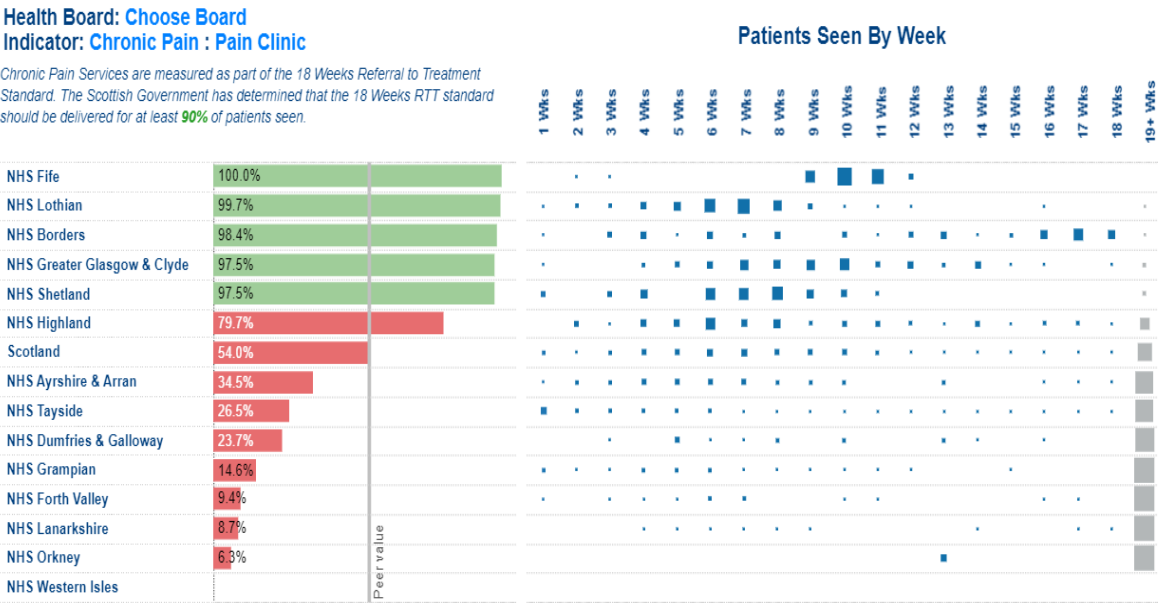
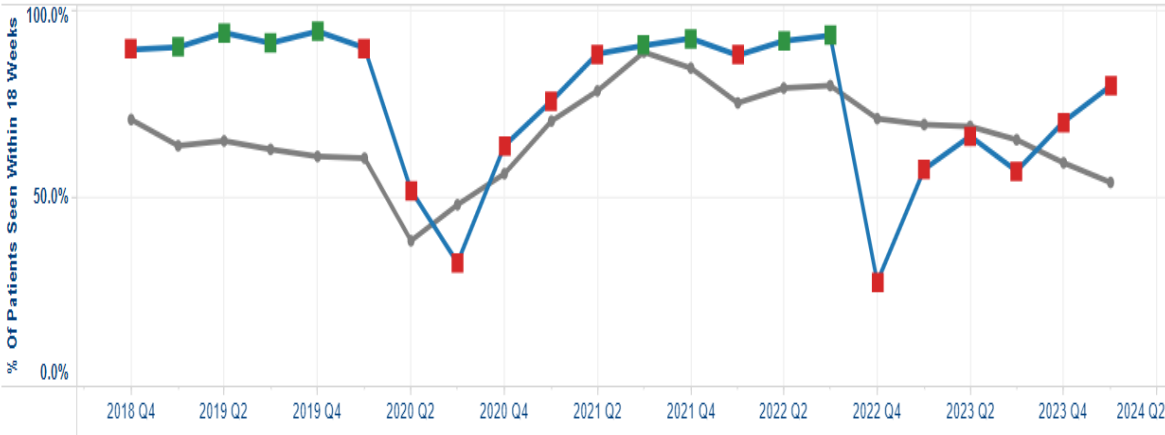
OBJECTIVE	In Partnership	OUTCOME	Treat Well	EXEC LEAD	Pamela Cremin, HSCP Chief Officer	Service	AHP Services in Community
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PODIATRY - The Issue and Cause				Plan and Mitigation		Expected Impact	
Vacancies main issue for longer waits, solutions for cover being exhausted. Vacancies, having biggest impact in Skye and Caithness/Sutherland.				<ul style="list-style-type: none"> Working tightly to prioritisation framework within service spec to ensure highest risk patient seen first, rearranged clinics and geographic spread of staff for best cover as able within workforce policies 		<ul style="list-style-type: none"> Minimise effect on highest risk patients, however lower risk patients likely to experience impacted service, 	
DIETETICS - The Issue and Cause				Plan and Mitigation		Expected Impact	
Community dietetics team working with 50% capacity due to vacancies and long term absence.				<ul style="list-style-type: none"> All staffing working maximal hours to cover, no bank staff available Agency cover being sought. Recruitment challenges impacting on service delivery. 		<ul style="list-style-type: none"> Minimise risk to patients and impact on secondary care. 	
PHYSIO - The Issue and Cause				Plan and Mitigation		Expected Impact	
vacancies/demand out strips capacity/challenges in leadership posts being vacant/increase in capacity in other areas impacting on physio outpatient capacity. Data quality work still on going.				<ul style="list-style-type: none"> Physiotherapy: continued review of vacancies and use of Sup staffing to fill these, wider discussions about team lead roles (3/8 vacant) and how to best support - currently district managed services so movement of resource difficult. Standardisation work being undertaken within current models, however full MSK/Ortho pathway review required. SBAR on increase in NTC ortho surgery impact on physio outpatients to be developed - collect data on increased referrals and impact on capacity. 		<ul style="list-style-type: none"> Physiotherapy: support for teams in capacity/demand decisions and maximise use of all staffing available. Ensure equity across North highland physio outpatient clinics. 	
OT - The Issue and Cause				Plan and Mitigation		Expected Impact	
Data being checked and verified							

OBJECTIVE	In Partnership	OUTCOME	Treat Well	EXEC LEAD	Pamela Cremin, HSCP Chief Officer	Service	Mental Health & GP Acute
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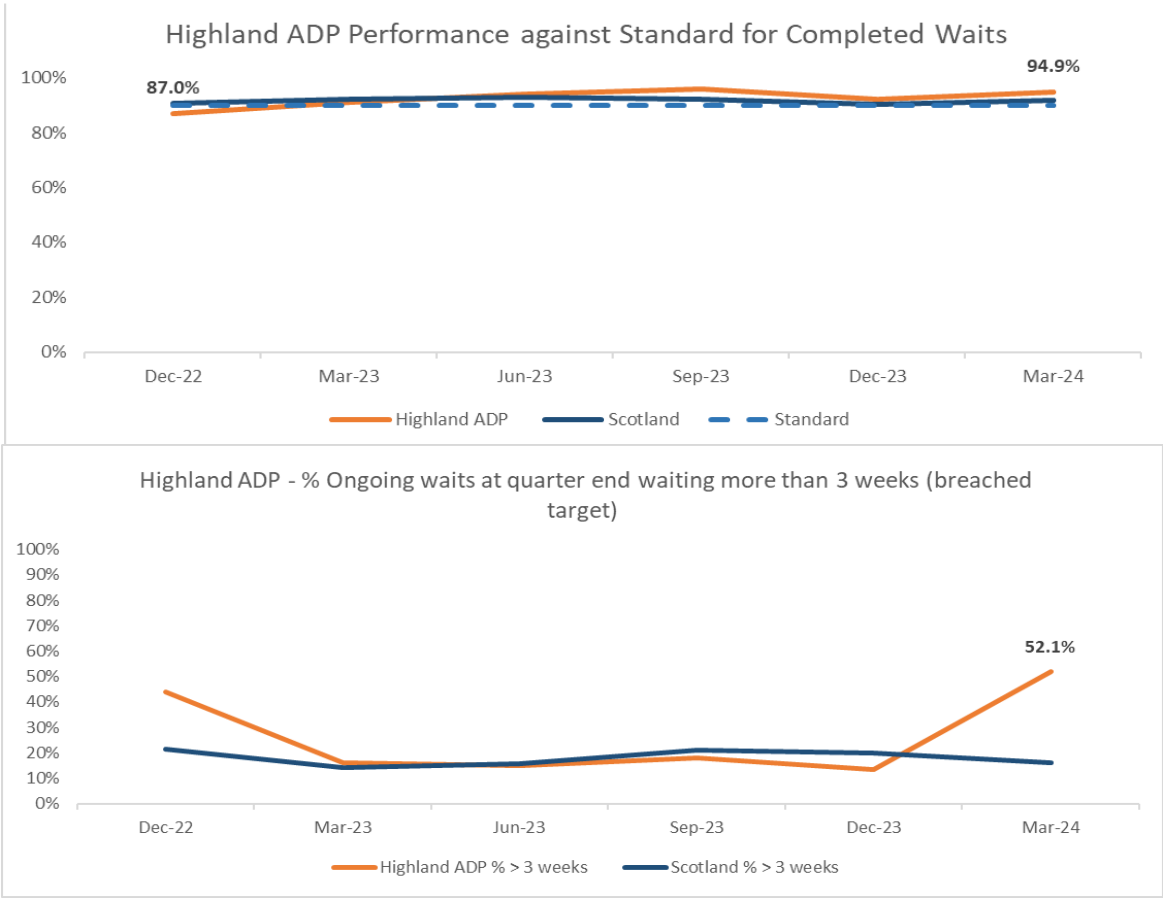
GENERAL PSYCHIATRY - The Issue and Cause				Plan and Mitigation		Expected Impact	
<ul style="list-style-type: none"> Source data and recording does not reflect the current delivery of services therefore this heading consists of a number of different teams. Issue relates to waits for both psychological therapy group work, first OP appointment and CMHT waits. 				<ul style="list-style-type: none"> Work is ongoing to adjust TRAK to ensure accurate data recording and gathering. 		<ul style="list-style-type: none"> Accurate data gathering and reporting 	
LEARNING DISABILITIES - The Issue and Cause				Plan and Mitigation		Expected Impact	
<ul style="list-style-type: none"> The LD service have recently moved to the use of TRAK to record LD Health Checks and service activity. The waits are mostly in relation to LD Health Checks. The funding received will not enable all people to receive a HC and agreed prioritisation. 				<ul style="list-style-type: none"> LD Health Checks are underway and therefore the "waits" will reduce as individuals receive a HC. 		<ul style="list-style-type: none"> Reduction in waits 	
PSYCHIATRY OLD AGE - The Issue and Cause				Plan and Mitigation		Expected Impact	
<ul style="list-style-type: none"> Recruitment difficulties in relation to substantive medical Psychiatric staffing. 				<ul style="list-style-type: none"> Short term locum staff employed, substantive staff fulfilling additional sessions, exploration of ANP staff and alternative models 		<ul style="list-style-type: none"> Reduction in waits 	
PSYCHOTHERAPY - The Issue and Cause				Plan and Mitigation		Expected Impact	
<ul style="list-style-type: none"> The data identifies that there are 3 people waiting for Psychotherapy interventions. As for General Psychiatry there is an issue in relation to the source data and the team the code refers to is unknown. 				<ul style="list-style-type: none"> Further deep dive into the source data to ensure re-alignment to services 		Accurate data gathering and reporting	
GP ACUTE - The Issue and Cause				Plan and Mitigation		Expected Impact	

OBJECTIVE	In Partnership	OUTCOME	Treat Well	EXEC LEAD	Pamela Cremin, HSCP Chief Officer		Service	Chronic Pain		
PERFORMANCE OVERVIEW	TARGET	90%	NHS HIGHLAND	72%	TREND		BENCHMARK	Not available	POSITION	n/a



The Issue and Cause	Plan and Mitigation	Expected Impact
<p>Patients are listed for an initial pain education session (same approach across Scotland), these are run fortnightly and most patients are then able to be seen within 18 weeks, however not all patients are suitable due to comorbidities or lack of technology as these are delivered remotely. Those that are not suitable are listed for a 1-2-1 appointment, the wait is significantly longer (figures correct as end of July 2024):</p> <p>Initial MDT assessment: 19/57 patients = 33% waiting longer than 18 weeks</p> <p>Initial nurse assessment: 7/14 patients = 50% waiting longer than 18 weeks</p> <p>initial physio assessment: > 300 patients waiting longer than 18 weeks - this is our main issue with capacity as we are 0.69 physiotherapist and no budget to recruit more.</p>	<ul style="list-style-type: none">•Increase in remote delivery by utilising NEARME and using booked spaces in hospitals and libraries as per NEARME expansion.•Currently piloting joint MDT assessment to reduce demand across service•September 2024: Meeting with physiotherapy leads and management to discuss alternative routes of funding to support rotational band 6 physio into service to increase capacity and allow for planned group work to commence.•September 2024: Meeting to discuss development within primary care of MDT, support and training from chronic pain service to improve earlier MDT access in primary care, reducing reliance on secondary care service which cannot meet demand.	<ul style="list-style-type: none">•NEARME to reduce number of patients not attending education session due to lack of internet / IT at home.•Joint MDT aimed at increasing success of pathway throughout service and reduction in time taken to complete a full MDT assessment.•Physiotherapy rotational post, to increase physio capacity across the service, enable groups to run, upskilling of physio staff across Highland.•Primary care development: reduction on secondary care service, improved services in primary care, less reliance on GPs.

OBJECTIVE	Our Population	OUTCOME	Stay Well	EXEC LEAD	Dr Tim Allison, Director of Public Health	Service	HHSCP Drug & Alcohol Waiting Times Less than 3 Weeks from Referral to Treatment			
PERFORMANCE OVERVIEW	TARGET	90%	NHS HIGHLAND	94.9%	TREND	↔	BENCHMARK	Not available	POSITION	

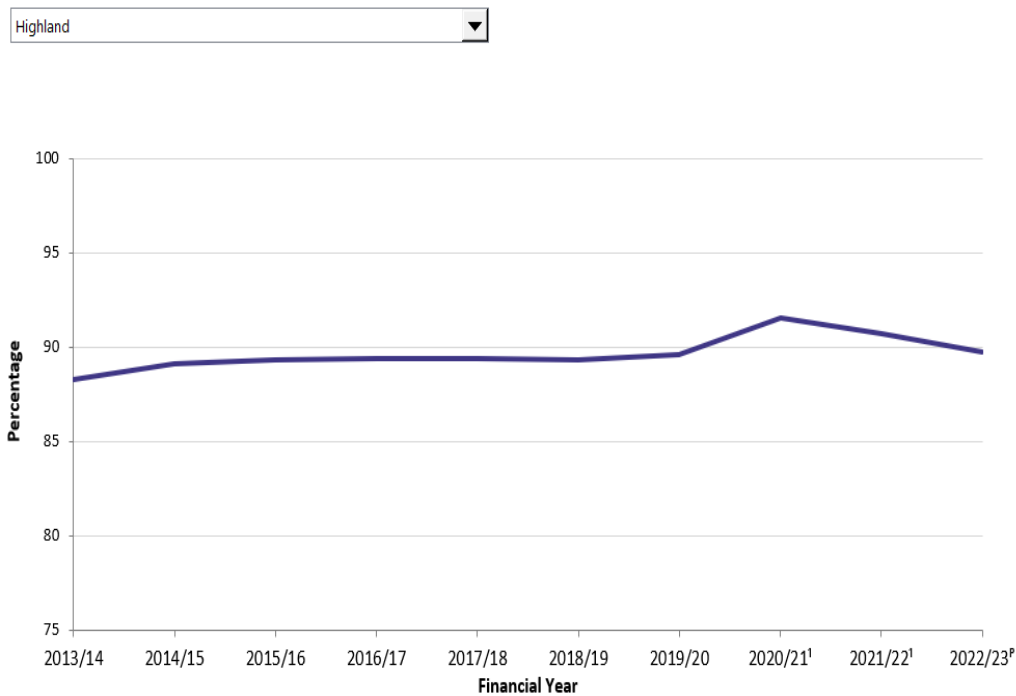


HHSCP - Highland ADP only		
No. of referrals to community based services completed in quarter end 31/03/2024	Highland ADP	
Alcohol	172	
Drug	145	
Co-dependency	32	
Total completed	349	
% of referrals to community based services completed within target in quarter end	Highland ADP	Scotland
% completed <= 3 weeks - Alcohol	91.2%	90.5%
% completed <= 3 weeks - Drug	98.4%	94.3%
% completed <= 3 weeks - Co-dependency	100.0%	91.2%
% completed <= 3 weeks - All	94.9%	91.9%
TARGET	90%	90%
> 3 weeks	5.1%	8.1%
Ongoing referrals to community based services at quarter end 31/03/2024	Highland ADP	
Alcohol	78	
Drug	22	
Co-dependency	21	
Total ongoing	121	
<= 3 weeks	58	
> 3 weeks	63	
% breached ongoing waits as at quarter end 31/03/2024	Highland ADP	Scotland
% ongoing > 3 weeks - Alcohol	53.8%	56.3%
% ongoing > 3 weeks - Drug	45.5%	58.3%
% ongoing > 3 weeks - Co-dependency	52.4%	58.1%
% ongoing > 3 weeks - All	52.1%	57.0%

The Issue and Cause	Plan and Mitigation	Expected Impact
<ul style="list-style-type: none"> Struggled to maintain previous performance due to increased demand coupled with reduced capacity. Recruitment delayed by limited access to finance support Financial instability has delayed tender for support to individuals misusing substances 	<ul style="list-style-type: none"> Exploration of shifting balance of NHS DARS teams towards dependant substance use and tender to third sector for non-dependant use Finance support now available and time has been prioritised to confirming posts for recruitment 	<ul style="list-style-type: none"> Waiting list targets met

OBJECTIVE	In Partnership	OUTCOME	End Well	EXEC LEAD	Pamela Cremin, HSCP Chief Officer		Service	Palliative and End of Life Care		
PERFORMANCE OVERVIEW	TARGET	n/a	NHS HIGHLAND	89.8%	TREND	↓	BENCHMARK	89.1% (End 22/23)	POSITION	

Figure A1.1: Percentage of last six months of life spent at home or in a community setting by NHS Board of Residence; Highland



Health and Social Care Partnership	Number of Deaths	% time spent at home/in the community	Average number of days spent at home/in the community ⁴
Aberdeen City	2,174	90.3	165
Aberdeenshire	2,539	90.7	165
Angus	1,479	92.2	168
Argyll and Bute	1,142	89.6	164
Clackmannanshire and Stirling	1,636	89.4	163
Dumfries and Galloway	2,074	88.4	161
Dundee City	1,722	90.0	164
East Ayrshire	1,555	89.1	163
East Dunbartonshire	1,238	88.1	161
East Lothian	1,199	88.1	161
East Renfrewshire	902	87.7	160
Edinburgh	4,714	88.2	161
Falkirk	1,887	88.1	161
Fife	4,453	91.2	166
Glasgow City	6,258	88.0	161
Highland	2,768	89.8	164
Inverclyde	1,109	87.8	160
Midlothian	992	87.3	159
Moray	1,166	90.5	165
North Ayrshire	1,873	88.1	161
North Lanarkshire	3,852	89.1	163

Health and Social Care Partnership	Number of Deaths	% time spent at home/in the community	Average number of days spent at home/in the community ⁴
Orkney Islands	270	90.9	166
Perth and Kinross	1,846	88.9	162
Renfrewshire	2,127	88.8	162
Scottish Borders	1,469	87.7	160
Shetland Islands	248	93.5	171
South Ayrshire	1,639	88.0	161
South Lanarkshire	3,757	88.8	162
West Dunbartonshire	1,126	87.7	160
West Lothian	1,828	90.4	165
Western Isles	419	90.3	165
Scotland	61,461	89.1	163

The Issue and Cause	Plan and Mitigation	Expected Impact
Accounting for Value report complete, demonstrating where people die and associated financial information published Initial discussions taken place internally and externally to develop programme delivery structures	<ul style="list-style-type: none"> Develop improvement plan Develop delivery structure for improvement plan, including all internal governance structures Review interface between service delivery and bereavement / spiritual support 	<ul style="list-style-type: none"> Increased proportion of people receive palliative care in a homely setting People, carers and staff feel confident in supporting homely palliative services