

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 care 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](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		<p>Consistent representation from majority of partners</p> <p>Regular well attended meetings</p> <p>Independent Chair</p> <p>People with lived experience represented</p>	<p>More structured involvement of people with lived experience</p> <p>Establish/sustain living/lived experience panel</p> <p>Mental health service representation</p> <p>Develop commissioned drug/alcohol services</p>
3.2	Education & Prevention		<p>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)</p> <p>Use of Social media, Twitter/Facebook, website</p> <p>HOPE App / digital inclusion</p> <p>Planet Youth pilot (Caithness, Sutherland & Tain)</p> <p>Review of alcohol licensing applications</p> <p>Consistent representation on licensing forum</p> <p>Adherence to alcohol overprovision statement</p> <p>Education/prevention post (Highland Council)</p>	<p>Resources in different languages</p> <p>Wider dissemination HOPE App, Service Directory</p> <p>Evidence of positive outcomes</p> <p>Review of occasional licences</p> <p>Update website</p>
3.3	Quality Treatment & Recovery		<p>Recovery orientated systems of care embed</p> <p>Increase in residential rehab capacity</p> <p>Housing First pilot improving health/wellbeing outcomes for people with complex needs & drug alcohol problems</p> <p>Expected drug/alcohol screening/treatment options available in Inverness and surrounding area</p> <p>Involvement of People with lived experience in policy development</p> <p>Recovery Workers Training Project pilot success</p> <p>Mutual aid networks</p> <p>Trauma-informed training opportunities</p> <p>Public health intelligence / surveillance</p>	<p>Consistency across areas for access to treatment and support services</p> <p>Further increase in residential rehab access and capacity/reduction in waiting list</p> <p>Establish clear pathways to residential rehab</p> <p>Integrated drug/alcohol and mental health support/protocols in place</p> <p>Living/lived experience panel established and sustained</p>

			Advocacy development (Advocacy Highland)	<ul style="list-style-type: none"> 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		<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Establish need for specific services for Children and Young 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		<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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		<ul style="list-style-type: none"> Older People – Previous collaboration with Highland Senior Citizens Network on alcohol awareness sessions in communities 	<ul style="list-style-type: none"> Increase focus on people with disabilities Increase focus on minority ethnic communities

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