

NHS Highland



Meeting: Highland Health and Social Care Committee

Meeting date: 1st March 2023

Title: District Profiles

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

Report Author: Rhiannon Boydell, Head of Service, Community Directorate.

1 Purpose

This is presented to the Board for:

- o Discussion

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you.
- NHS Board/Integration Joint Board Strategy or Direction

This report will align to the following NHSScotland 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	x
Care Well	x	Live Well		Respond Well	x	Treat Well	x
Journey Well		Age Well	x	End Well	x	Value Well	
Perform well		Progress well					

2 Report summary

2.1 Situation

District profiles for Caithness and Sutherland Districts have been prepared for the information and discussion at the request of the committee.

2.2 Background

Two profiles are being presented at each committee. The content and style of the profiles is being developed with consistency of data and an integrated picture being sought.

Nairn and Mid Ross profiles were presented at the last committee. The reports will evolve with feedback from the committee members on information the committee would like to see presented.

2.3 Assessment

The reports provide an overview of activity, performance, developments and resources in each district for information and discussion.

2.4 Proposed level of Assurance

The profiles do not provide assurance on performance but provide a narrative and description of the Districts for discussion.

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

3 Impact Analysis

3.1 Quality/ Patient Care

No impact.

3.2 Workforce

No impact.

3.3 Financial

No impact.

3.4 Risk Assessment/Management

No impact

3.5 Data Protection

The reports do not include personal identifiable information.

3.6 Equality and Diversity, including health inequalities

No impact.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement and consultation

The profiles have been produced by the District Managers involving relevant colleagues across the directorates.

3.9 Route to the Meeting

Previous district profiles have been considered by the committee.

4 Recommendation

- **Awareness** – For Members’ information only.
- **Discussion** – Examine and consider the implications of a matter.

4.1 List of appendices

The following appendices are included with this report:

- Caithness District Profile
- Sutherland District Profile

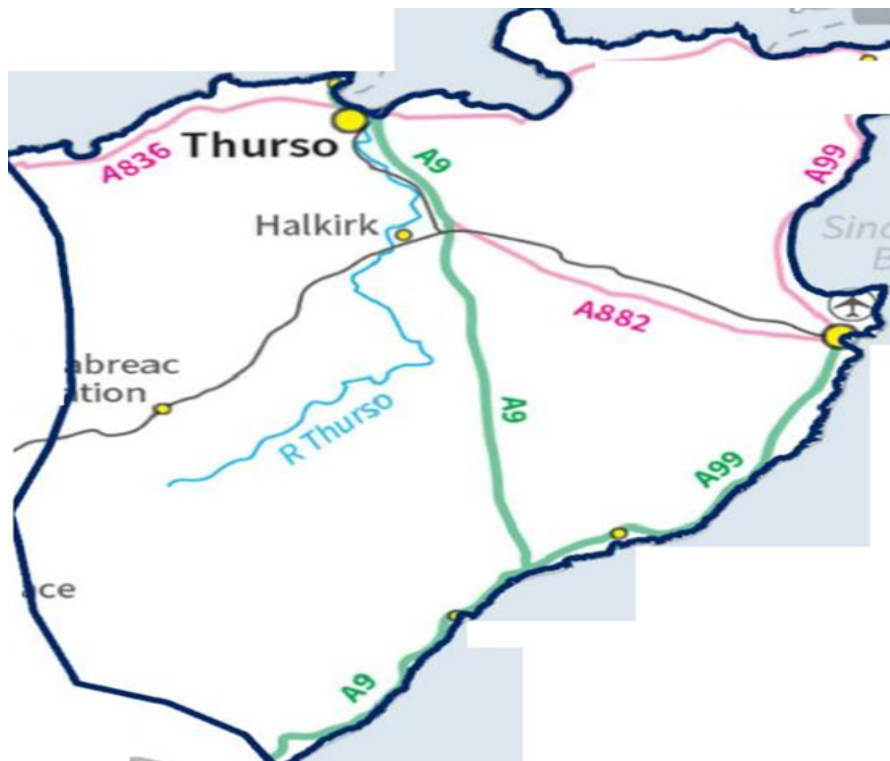
District: Caithness

Manager: Christian Nicolson

Locality Demographics

For information: The latest estimates are based upon the 2011 census, with an adjustment made annually for births, deaths and migration. Future estimates will be rebased on the 2022 census when the results become available. The population projections used in this report were produced by the Improvement Service (IS) and are based upon Housing Market Areas (HMAs) defined by the Argyll and Bute Council and the Highland Council.

Caithness

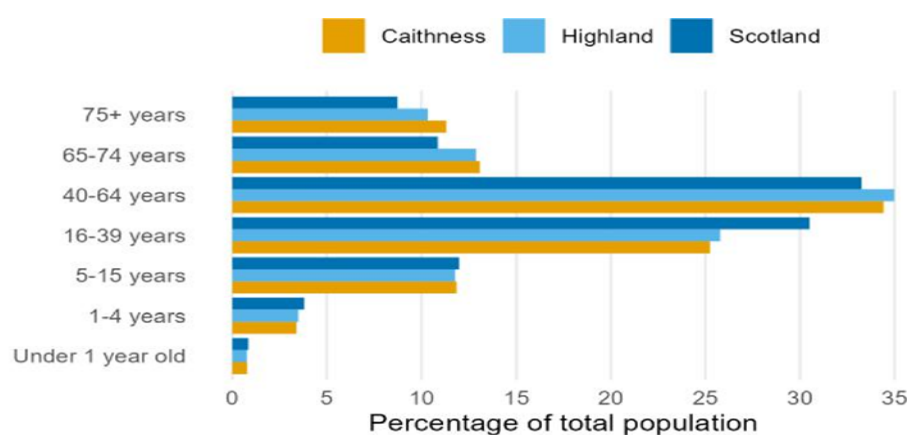


As of 2021, Caithness had a population of 25,347 people. Of these, 16.0% were children aged 0- 15 years, 59.7% were people aged 16-64 years and 24.3% were people aged 65 years and over. The age profile of the Caithness population was similar to Highland as a whole

- Just over half the population (54%) live within the very remote small towns of Wick and Thurso. Almost one in two people (46%) live in very remote rural areas
- The population of Caithness decreased by 0.7% from 2002 to 2021. The total population increased to a high in 2011, then decreased between 2012 and 2020, followed by an increase in 2021.
- The patterns of population change differed by age group
 - There was a 42% increase in the 65+ age group between 2002 and 2021.
 - Compared to Highland or Scotland, Caithness has seen a larger percentage decrease in the population aged 0-15. The reduction in this age group has mainly occurred since 2008.
 - The working-age population (16-64 years) has decreased by 7.0%, contrasting with

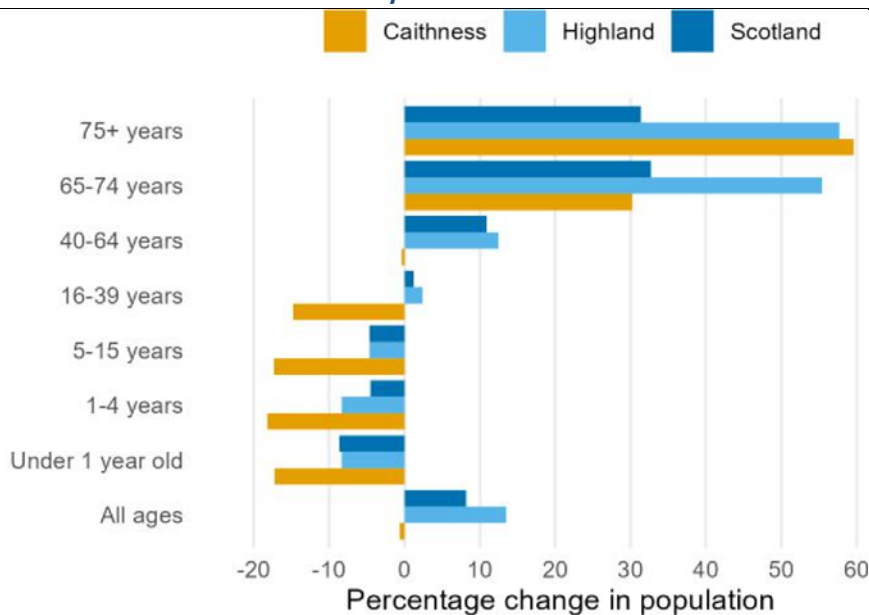
Highland overall, where this age group increased by 8.0%.

- The ratio of people of working age (16-64 years) to older people (age 65 years and over) is lower compared to Highland and Scotland overall.
 - There were 197 live births to Caithness residents in 2020. The birth rate has decreased over the last decade in Caithness and Highland. There is variation in birth rates annually and between small areas in Caithness.
 - The death rate in Caithness decreased from 2002-2004 to 2010-2012. The death rate has since stalled and follows a pattern seen in Highland and Scotland.
 - The death rate in Caithness for the most recent three-year period was higher than Highland's and lower than in Scotland. There is variation in age-sex standardised mortality rates in the area. The death rates in the Caithness Northwest area were significantly lower than in Scotland.
 - Population projections are informed by past trends in births, deaths and migration. Pre-pandemic trends inform the current projections.
- 2018-based population projections estimate that the overall population of Caithness will decrease between 2018 and 2030.
- The population will continue to age. The number and proportion of people aged 65-74, 75-84 and 85+ are projected to increase, whereas the population aged 0-15, 16-44 and 45-64 years are projected to decrease.
 - The impact of long-term demographic changes will mean that the ratio of people of working age to people aged 65 years and older will further decrease. This pattern has implications for staffing and recruitment.
 - The SIMD 2020 identifies four data zones in Caithness that are in Scotland's 20% most deprived small areas. These are Wick Pultneytown South, Wick Hillhead North, Wick South Head and Wick South.
- A similar proportion (9.6%) of the population of Caithness live in the most deprived SIMD quintile in Scotland, compared to Highland (9.2%) overall. Most of the population (64.4%) live in quintile three and quintile four areas.
 - Rural deprivation is a concern. In the SIMD 2020, 11.4% of the population of Caithness were income deprived, and 9.6% of the working-age population were employment deprived



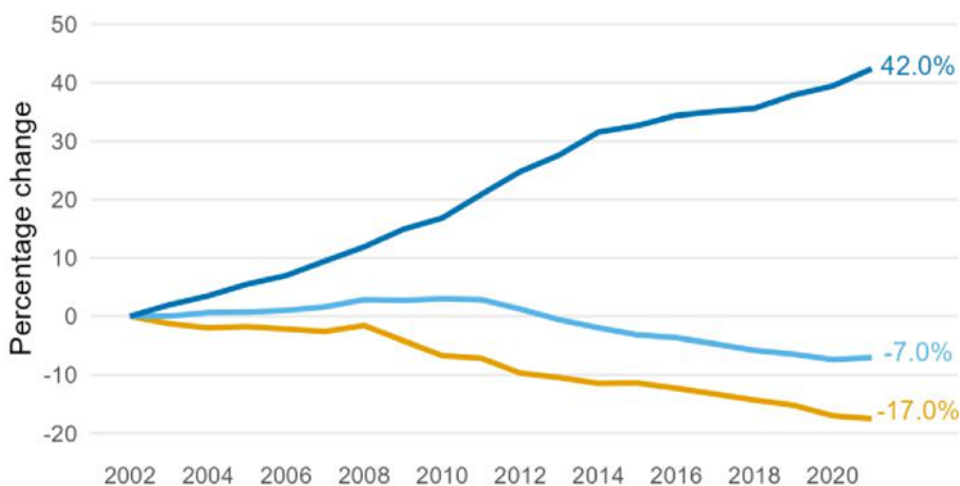
Source: National Records of Scotland, Small Area Population Estimates 2021

Figure: Percentage of the population by age group



Source: National Records of Scotland, Small Area Population Estimates 2021

Figure 2: Percentage change in the population by age group



Source: National Records of Scotland, Small Area Population Estimates 2021

Caithness: Percentage change in the population by broad age group

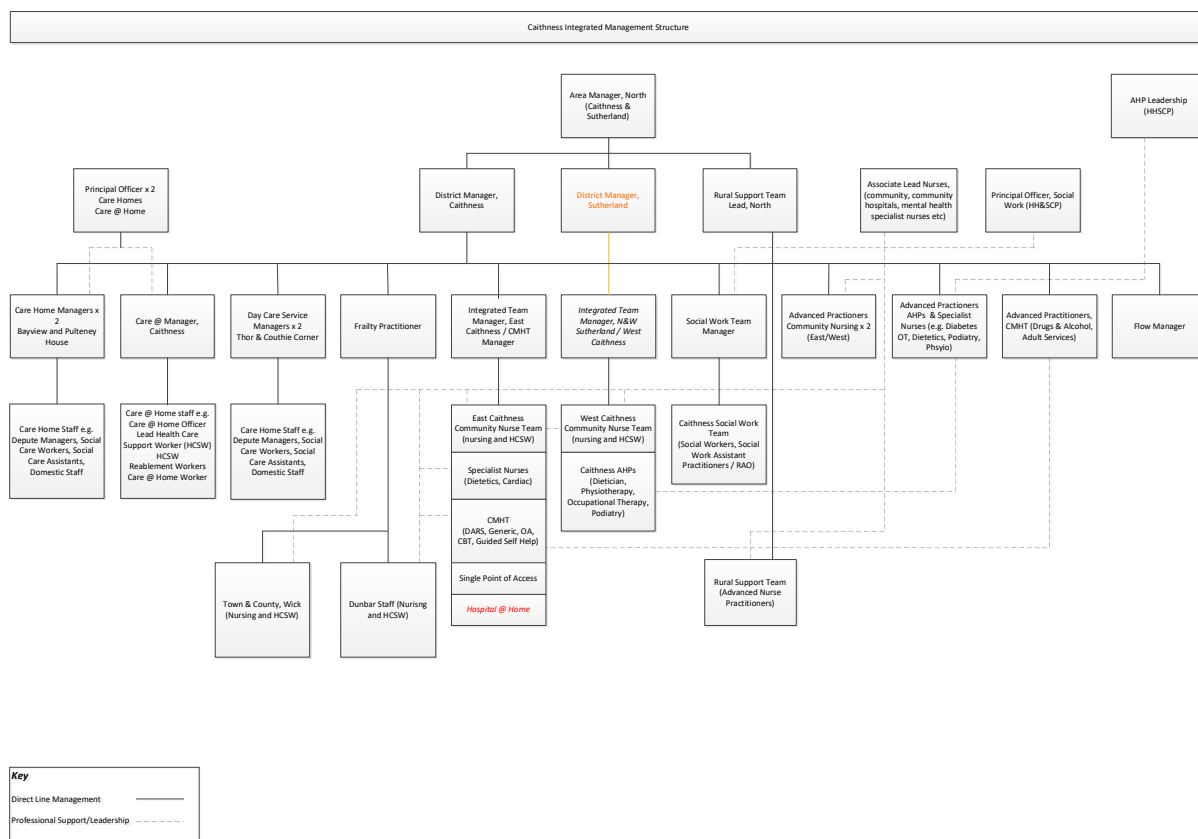
Services provided and current workforce

Services managed within Caithness District as at 21/02/23 are:

- AHP Services
 - Dietetics
 - Occupational Therapy
 - Physiotherapy
 - Podiatry
- Care at Home / Reablement
- Care Homes
 - Bayview House, Thurso
 - Pulteney House, Wick
- Community Hospitals
 - Dunbar, Thurso
 - Wick Town & County

- Community Mental Health Services.
 - Cognitive Behavioural Therapy (Sutherland & Caithness)
 - Drugs & Alcohol
 - Generic / Emergency & Unscheduled Care
 - Guided Self-Help
 - Learning Disabilities Nursing
 - Older Adult
- Community Nursing
 - East Caithness
 - West Caithness
- Day Services
 - Couthie Corner (Bayview) Thurso (Older Adult)
 - Thor House, Thurso (Adults with Learning Disability)
- Specialist Nursing services e.g.,
 - Cardiac/Heart Failure,
 - Diabetes
- Social Work Services
- Single Point of Access

The leadership team comprises the district manager, integrated team managers (east and *west Caithness), frailty practitioner, social work team manager, care at home manager, care home managers, day centre managers and advanced practitioners. They work closely with the Rural Support Team lead. Several advanced practitioner posts are shared across Caithness and Sutherland. See below for structure



*West Integrated Team Manager is “shared” with Sutherland where the post holder is also ITM for North & West Sutherland

AHP Services

Dietetics at present is managed within the district but at 01/04/2023 while remaining in the community directorate will under redesign of structures be managed as part of an overall dietetic service for North Highland Community Division. In terms of Caithness staffing numbers are small with a 1wte B7 Advanced Practitioner whose time is split between clinical and leadership. Approximately 0.8wte clinical for Caithness (inpatient and community) with 0.2wte leadership across the north (Caithness and Sutherland) area. Additionally, there is 0.45wte B6 for Caithness, again covering inpatient and community services. There are links locally to the highland wide work around type two diabetes with 0.4wte equivalent of a Health Improvement Specialist Practitioner based in Caithness (Highland wide the staffing is 2.4wte)

Occupational Therapy service is managed within the district (by the West Integrated Team Manager) and provides service to community and inpatients including the acute service in Caithness General Hospital (CGH). The team itself comprises B7 Advanced Practitioner, B6, B5 and B4. A part-time Trauma OT post is based within the team through funding from the North of Scotland Network. Recruitment in recent years and months has been challenging particularly at B6 level where redesign of posts has had to take place.

Physiotherapy like OT is managed by the Integrated Team Manager for the West and like OT (and the other AHP services) provides services in the community and hospital with staff based at Dunbar and CGH. Physio in Caithness covers all aspects of clinical service including trauma (0.5wte B7 funded via Trauma Network) rehabilitation, outpatient, MSK, cardiac and pulmonary rehab, falls, frailty, and pelvic care. Due to challenges in recruitment to qualified (mainly B6) posts the service in Caithness has recently been supported via agency which has had a significant cost implication. A local redesign of establishment and roles should see the use of agency stopped. There proposal includes additional senior practitioner and leadership at B7 level in Caithness (currently shared with Sutherland) supported by additional support worker hours. There is also a "First Contact Practitioner" service within Primary Care.

Podiatry as with Dietetics will in time "move" to a north highland wide management structure via communities' division but at present is managed by the West Integrated Team Manger in the District. In general recruitment to podiatry services is a challenge but recently the team has been successful in appointing to a full-time B6 post, this in addition to the existing B3 admin, B6 podiatrist and B7 AP post holders (B7 0.2wte of her 1.wte is for leadership across the North Area). 1wte B6 podiatry post remains vacant in Caithness. In addition, there is vacancy in Sutherland along the north coast so patients who can travel are being asked to come to clinic on Thurso. This impacts on the patient in terms of travel outwith district but also on the team in Caithness which is also short-staffed.

Care at Home / Reablement

Care at Home / reablement services are provided across Caithness with a local manager based in Thurso. There are offices located in both Wick and Thurso with Care @ Home Officers, Co-ordinators, and Clerical Assistants. The offices also act as a "base" for the carers. Across Caithness at present there are 10 vacancies across a range of roles (admin, co-ordinator, officer, and carers). These posts are at various stages of recruitment. Long and short-term sickness also make it challenging in an area which is seeing an aging population and increased levels of frailty. In terms of working with the independent sector there are a couple of providers which the services contracts with. They too face similar challenges to the in-house service.

Care Homes

Bayview House, Thurso has 23 beds. At present all beds are used for “long-term” residents but prior to covid there were 22 beds with one permanent respite. Further discussion is required as to whether a bed is returned to respite on a permanent basis

Pulteney House, Wick has 18 beds, again one of which was prior to covid was a permanent respite bed. Further discussion is required as to whether a bed is returned to respite on a permanent basis.

Staffing and recruitment is challenging in both homes with a number of vacancies (eight across both homes for a range of posts such as depute manager, social care workers and assistants). In addition, there is both long and short-term sickness/mat leave.

In addition to the two in-house residential care homes there are three independent providers in Caithness. Two are run by Barchester Care Homes while Riverside is completely independent. The Barchester homes are Pentland View and Seaview which are nursing homes and are registered for 50 and 42 clients respectively. Both have ability for shared rooms. Riverside can accommodate 44 service users and is registered for both residential and nursing care

Community Hospitals

Dunbar, Thurso provides six in-patient beds (though can flex within the constraints of the building and infection control when required and has been operating with seven beds for some weeks) including palliative and end of life. In addition to the inpatient beds there is a Minor Injuries Unit (MIU) and an outpatient department. Outpatient Clinics are held daily for podiatry and physiotherapy and on a regular basis for other services such as Dietetics which can be a combined clinic with the Diabetes Specialist Nurse or Cardiac Nursing (which may be combined with Physio). Consultants from Caithness General and Raigmore use the outpatient department for consultation. Pre-operative appointments area also available at Dunbar.

Wick Town & County provides six in-patient beds (though can flex within the constraints of the building and infection control when required and has been operating with seven beds for some weeks) including palliative and end of life. Town & County has recently been re-awarded following Macmillan Quality Environment Mark following assessment in December. This award is valid for the next three years.

Both Town & County and Dunbar inpatient are “managed” by a Frailty Practitioner, a post developed a little over a year ago. The practitioner is supported by a senior staff nurse at B6 for nursing related issues. Feedback from the staff in both hospitals re this change has been positive with all noting a more rehab type focus. In addition to the role within the community hospitals the post holder carries a community caseload and works alongside the wider multi-disciplinary team (e.g., care at home, community nursing, social work, and specialist nurses) to keep people at home in the community for as long as possible.

Community Mental Health Team

As per the structure for North & West prior to the creation of the Communities Division, Community Mental Health Services in Caithness are managed by the Integrated Team Manager for East Caithness albeit this is likely to change in the coming months with a move of management to the Mental Health and Learning Disabilities Division. Psychiatry and Psychology services are managed centrally and have been traditionally. Staffing in the mental health team is a particular challenge with several vacancies at B6 level in learning disabilities older adult and generic teams. At present there are six vacancies at B6 level (vacancy also at B5 (two) Emergency & Unscheduled Care Practitioner (one) and Support Worker (B3). All are at different stages of recruitment. Positively interviews are scheduled to take place for a support worker for learning disabilities on 10/03/2023 and B6 for Older Adults (two posts) on 16/03/2023. Support via the nursing bank has been made available to the team from locally retired staff and Inverness based staff. This is available until the end of June 2023 at least. In terms of

emergency support and links to acute support via MHAU is available and has been invaluable.

Cognitive Behavioural Therapy while based in Caithness covers the north area (Caithness & Sutherland). The “team” is one member of staff who while managed in the district receives professional leadership via psychology team in Inverness.

Drugs & Alcohol in terms of the team locally is in a good place at present with recent successful recruitment and development for both qualified and support worker staff. There is a vacancy at B6 level, but discussions are ongoing re plans for this. The team is working with other members of the team and partners in Police Scotland to develop processes and pathways for the development of the MAT standards (Medication Assisted Treatment).

Generic / Emergency & Unscheduled Care as noted above there is vacancy in the E&UCP post. In terms of the post itself it is 1wte Mon-Fri which itself is challenging for a requirement which is 24/7. This is challenging to the generic team which as noted about is short of staff in permanent posts.

Guided Self-Help covers Caithness and North Sutherland

Learning Disabilities Nursing at present there is one substantive post holder who is nurse a B6 level. She has been on her own for some time with recruitment challenges for a second B6 post.

Establishment review provided additional B3 establishment

Older Adult supports adults >65years. The team is supported by a dementia link worker employed by Alzheimer Scotland.

Community Nursing

Community Nursing in Caithness is provided by two teams **East Caithness** and **West Caithness**. The teams provide preventative, reactive, maintenance and end of life care to patients in the community. The work with the wider MDT to support people to remain at home and improve community pull.

Recruitment has been very challenging in recent times for both teams with absence due to vacancy, sickness etc sitting at approx. ~40%. There are posts at B5 and B6 (Caseload Holder) currently out to advert.

Day Services

Couthie Corner (Bayview) Thurso provides assessed day care for older adults in the Thurso and West Caithness area. It provides social stimulation for clients and respite for carers. The service is delivered from Bayview Care Home which has had an impact on service provision following covid. During covid services were suspended with staff from the day centre providing an outreach service to clients (which necessitated a change of registration with the Care Inspectorate). The service has re-opened on a limited basis in terms of access to space within the care home which has impacted on numbers, but the outreach service has continued.

For Wick and East Caithness, the Laurandy Centre an independent provider with an SLA with NHS provides assessed day care to older adults

Thor House, Thurso provides assessed day care for adults with learning disabilities from across Caithness. The management of the service will move to the Mental Health & Learning Disabilities Division along with CMHT services. The day centre is housed under the same roof as services provided by Highland Council for children and young adults. Highland Council is currently reviewing the service provided

Out of Hours GP

Monday to Sunday between 18:00 and 08:00 **Out of Hours GP** services in Caithness are delivered via an SLA with Ash Locums. A rotational pool of GPs cover this service. Saturday/Sunday between 08:00 and 18:00 are open for GPs/ANPs to book onto shift via the Highland system. The GPs/ANPs for weekend day cover can but do not tend to be staff working locally. Ash Locums provides accommodation for

their weeknight pool while accommodation can be part of the requirement for staff covering weekend daytime. The service itself operates from CGH (though part of district rather than acute) with GPs supported by a driver. Public Holidays are treated as weekends for Out of Hours cover. When booking a shift GPs can book at “normal” hourly rate, “enhanced” rate or “emergency” rate. There is no continuity across districts re hourly rates.

Specialist Nursing

There are several specialist nurse posts across highland which are managed in different ways. In terms of those which are managed within the district (because of district development and use of district budgets differently to support development) the two are Diabetes and Cardiac Rehab/Heart Failure. In terms of **Diabetes** Caithness has 1wte B6 staff nurse and shares a B7 Advanced Practitioner with Sutherland (who also have a B6) so for the North there is a team of three. The team works alongside colleagues in community nursing, care at home, dietetics etc to support individuals living in the community with diabetes for example there a joint clinic with the dietician. They also provide support to care homes and community hospitals. They do provide an in-reach support service to patients known to them in CGH but cannot provide an emergency response service to acute. For **Cardiac Rehab/Heart Failure** Caithness has a 0.6wte B6 post. The post holder works with colleagues in physiotherapy etc to provide joint clinics. The establishment is historic establishment which has not been reviewed for some years. Senior Nursing leadership in the Community Division will support and establishment review in July which will cover a larger geography than Caithness.

Social Work

Social Work, work with people to find solutions. This may be helping protect vulnerable people from harm or abuse or supporting people to live independently. Social Workers work with clients, their families, and others around them. At time of writing there were 14 Adult Support & Protection active in Caithness, eight live at stage 1&2 and six live at state 4 onwards. There are a total of 84 Guardianships of which 37 are local authority Guardianships. Social Work in Caithness have an SLA with Highland Council to part fund a full-time social worker post which has a “housing” related focus. The social worker while employed by NESH spends their time working with both the social work and housing teams. This post is in year two of its SLA. A recent restructure has seen the appointment of a Team Manager (the team was previously managed by Integrated Team Managers). The post of Senior will should be out to advert imminently. A Social Work Assistant Practitioner took up post on 20/02/23. A full-time Social Worker is due to commence in April. Despite this there remain issues and challenges with a mix of full and part-time vacancies at social worker level.

Single Point of Access

Like other parts of Highland Caithness employs **Health & Social Care Coordinators** working across the Integrated Teams. As part of the Caithness Redesign (a whole system redesign of adult services) there is work to develop their roles as part of a single point of access. Work to develop pathways and processes continues while challenges remain in terms of access to digital and shared systems. As part of the redesign an eHealth Facilitator is working with the team to support.

Other

As part of the redesign and in keeping with national and regional flow work Caithness has worked to develop new roles. As mentioned previously the post of Frailty Practitioner was appointed to in late 2021. In the summer of 2022, a **Flow Manager** was appointed for the North Area. A senior level posts the post holder works with the community teams, community hospitals, RGH and DGH to support flow. Following this appointment similar appointments were made to other parts of NHS Highland

While not managed as part of the district team in the North there is also a **Rural Support Team (RST)** which covers the North. The Team which consists of ANPs supports across the spectrum of community

and hospital services.

Primary Care was until NHS Highland’s restructure part of the district in the sense that 2C or Salaried Practices were managed via the district. Following the restructure in late 2021/2022 the management transferred to the Primary Care Division and Primary Care Managers. The three salaried practices in Caithness (Riverbank in Thurso, Riverview in Wick and Lybster) recently merged to become the “three harbours” practice. There are GMS practices in Dunbeath, Wick (Pearson), Canisbay & Castletown and in Thurso/Halkirk. As a district we work closely with all in terms of community nursing, care at home etc. Thurso/Halkirk, Canisbay & Castletown and Riverbank provide GP services to the Dunbar in Thurso.

Finance & Performance

The budget for 2022/2023 for Caithness District is £18,659 of which £5,142 relates to Health while £13,517 relates to Adult Social Care (ASC). At the time of writing an underspend of £351k was predicted which relates in large part to underspends due to staffing vacancy.

For more information see slides relating to Month 9 (December 2022)

Financial Position M9

Current Plan £000	Division	Plan YTD £000	Actual YTD £000	Variance YTD £000	F'cast Outturn £000	F'cast Variance £000
1,127	AHPs	852	793	59	1,048	79
565	Management	467	354	112	449	115
1,366	Nursing	1,028	1,055	(27)	1,402	(36)
1,763	Hospitals	1,324	1,432	(109)	1,907	(145)
1,095	Mental Health	790	583	207	820	275
48	Community	36	84	(49)	101	(54)
830	OoHs	623	592	31	789	41
36	Primary Care	24	3	21	8	28
0	Caithness CAC	0	0	(0)	0	(0)
6,829	Sub Total - Health	5,142	4,897	246	6,525	304
2,605	Care Homes & Respite	1,949	2,159	(210)	2,885	(280)
725	Community Care	543	555	(11)	741	(15)
702	ASC Management	537	434	102	565	136
1,996	Care at Home	1,498	1,416	83	1,885	110
11,954	ISC/SDS	8,990	8,847	142	11,903	51
17,982	Sub Total - ASC	13,517	13,412	106	17,980	2
24,811	Total for Caithness District	18,659	18,308	351	24,505	306

Health Forecast– M9

Health	YTD	Forecast	Anticipated	Comments
Analysis of Position	£000s	£000s	Spend 23/24	
Cost Pressures - pay				
cost pressures	60.29	80.38	80.38	All Pay Pressures - maternity, sickness cover and use of agency for vacant posts
Utilities	0.46	15.91	15.91	Increase in electricity and gas costs and no increase in budgets
Drugs	9.64	12.86	12.86	Majority overspends from Dunbar Hospital
Other non-pay	74.25	88.04	88.04	Various overspends including Surgical Sundries, Clinical Equipment, Cleaning, Post and Carriage
Savings				
Underachieved				
Housekeeping	36.50			Savings achieved in advance
Covid Costs -				
Other Additional Staff Costs	44.03	44.03	44.03	Costs for CAC Nurses who were in FTC until September 2022
Underspends				
Vacancies	325.86	448.63	448.63	Vacant Posts in AHPs and Mental Health+49:61
Other non pay	71.94	96.54	96.54	Transport, purchase of healthcare, travel and rates

ASC	YTD Variance	Forecast Var	Anticipated Sp	Comments
Analysis of Position	£000s	£000s	£000s	
Cost Pressures				
Pay Pressures - unfunded i.e maternity/unfunded posts	92.19	122.92	122.92	4 B3 CAH Staff for Overnight Care
Utilities	11.48	15.30	15.30	Overspend of Heat and Light in the care homes
Other non-pay	68.97	91.96	91.96	Surgical Appliances, provisions and Property Maintenance in care homes
ASC packages	160.56	75.39	75.39	
Underspends				
Vacancies - ASC	41.42	55.23	55.23	Vaccancies within the care homes
Other non pay	76.56	102.08	102.08	T & S Savings, Social Work HealthCare,

Caithness has been successful (along with Skye) in receiving funding for a Hospital at Home pilot. In total funding of £248, 499 has been received for the period 01/01/2023 to 31/12/2023. ATRs have been approved for a B7 ANP, a B5 Nurse, 0.5wte OT and B4 Co-ordinator. We are working with the Pharmacy Team in CGH to provide additional hours to the team there and working with clinical colleagues re Clinical Support. A challenge and delay to the project was the AfC matching process whereby without having had H@H in Highland previously there were no suitable job descriptions. New job descriptions have been developed but have not yet been banded therefore posts are being advertised without the correct descriptors.

Opportunities and Developments

As has been previously mentioned elsewhere in this report the Caithness Redesign is ongoing. This is a whole system redesign of health and social care services for adults. While the focus is on the delivery of services via “local care model” with new ways of working, workforce development etc there will be as part of the resign two new build hubs (Wick & Thurso) which will act as a base for the integrated teams, provide 24/7 beds (residential and in-patient community), day services and GP services will also be provided from the hubs. A redevelopment of CGH will also be part of the process.

Some of the work done as part of the redesign in terms of workforce has been highlighted in this report e.g., Flow Co-Ordinator and Frailty Practitioner. The Hospital at Home service as described above also forms part of the future development the local care model. Other developments/tests of change are listed below

Overnight Care

A pilot project to provide overnight care support in Wick and East Caithness staffed by B3 Health & Social Care Support Workers took place between February 2022 and December. The service provided a rapid response to non-medical emergencies by providing older people and those with complex care needs with additional support within their own homes in order to prevent hospital admissions, premature care home admissions, facilitate early hospital discharges and enable people to live independently in their own homes for as long as possible. Most importantly, the team support family members to keep their loved ones at home with them and provide support to those caring for their loved ones. The aims and objectives of the services are in line with the local care model, discharge without delay, home first initiatives of the Scottish Government, supported by the Board of NHS Highland. The service was operational between the hours of 10:00pm and 7:00am seven days a week. Staff were employed via the Care at Home service.

Up until end of August 2022 the service had supported 44 individuals (seven on a one-off basis, 30 over a short-term basis and seven who required longer-term support). Referrals came via community nursing, occupational therapy, hospital, ED, social work, and OOH GP.

The Tables below show current costs and the future costs of continuing the service in both the East and West Caithness.

Costs for Service in East from 14th Feb – 30th Sep 2022

	2020-21	2021-22	Total Cost
1 WTE B3	2,402	21,159	23,561
1 WTE B3	4,127	21,076	25,203
1 WTE B3	3,553	18,835	22,388
1 WTE B3	4,127	21,194	25,321
			96,473

Costs for East Caithness Annually

	2022-23 3 Months	2023-24 12 Months
Staff Costs	40,000	160,000
Fuel Costs	1,500	6,000

IT Costs	30	120
Total	41,530	166,120

Costs for West Caithness Annually

	2022-23	2023-24
	3 Months	12 Months
Staff Costs	40,000	160,000
Fuel Costs	1,500	6,000
IT Costs	1,030	120
Total	42,530	166,120

Ongoing funding was not secured, and the service ceased at the end of December 2022. It is known that at least some of those supported at home via the overnight service were subsequently admitted to hospital.

Step-up Beds

Pulteney House in was for many years the base for adult day care (delivered via Alzheimer Scotland). When this closed several years ago the area of the building became redundant. Via funding from Highland Council (owners of the building) it has been possible to develop this space to provide two ensuite rooms, a living room and kitchen area to be used as “step-up” beds. The purpose of which will be to avoid non-acute hospital admissions. Admissions will be for a short (approx. 72 hour) assessment by the MDT and will support the work of the Decision-Making Team (daily meeting). Work is ongoing to identify staffing requirements for the home directly.

Community Engagement

Community Planning Partnership (CPP)

The Caithness CPP is a strong active group which is chaired by HIE colleagues and meets on a quarterly basis. Sub-Groups are in place who meet on a more regular basis and are responsible for taking forward actions.

Independent Sector

Regular meetings take place with Care at Home Independent Sector providers. Four weekly review meetings are in place which includes Contracts, along with weekly allocation meetings with our local team.

Regular meetings also take place with the independent care home providers in Caithness, these are held between the DM and Contracts and incl. others as appropriate e.g., Social Work Team Manager

Highland Council

Informal meetings take place on a regular basis between reps of NHS Highland and Highland Councillors. At these meetings there is discussion re progress regarding redesign and an opportunity for councillors to question/feedback from local constituents.

The Ward Manager sits on the local Care for People Group.

Association of Community Councils

Quarterly meetings (Feb, May, Aug & Nov) of the Association of Community Councils are attended by the District Manager

Caithness Health Action Team (CHAT)

Meetings are held bi-monthly with representatives of NHS Highland (acute, primary and community divisions) and CHAT.

Enhancing Community Services

'Here for Caithness' pop-up hubs were first held in Spring of 2022. The first was held in Wick and was followed by events in Thurso, Lybster and Halkirk. The 'Here for Caithness' is a series of community pop-up hubs which highlight all the ways in which the community can help its population. Colleagues from NHS Highland, other organisations and 3rd Sector representatives attend to help the local community in Caithness understand what community led support is available to them from the various community groups that exist locally.

We aim to enable people to explore the wide range of options and services available to them in their community. These are drop-in events which will allow people to come along at a time and chat to those in attendance. This allows us to highlight all the different ranges of support available, not only from organisations such as the NHS or Council, but also voluntary groups who can also provide support and advice.

The events have been advertised via NHS Highland social media accounts, the general practice and by the local community groups and organisations involved. The community pop up hubs are part of the Community Led Support project, which was part of a Scottish Government initiative for which Caithness has been designated as a pilot site.

Dates for 2023 have been set and will be advertised widely

Other

As part of the ongoing work around communication and engagement for the Redesign a "diary of activities" and events is kept and a schedule of meetings to attend an update on. These includes woman's health group, community events and agricultural shows.

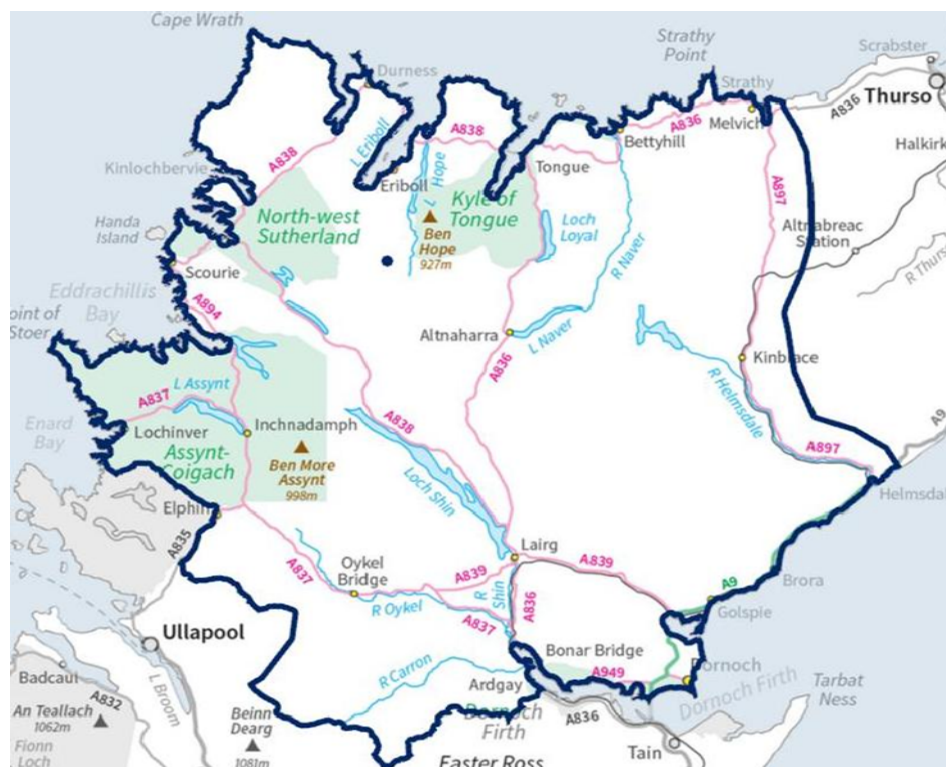
District Profile

District: Sutherland

Manager: Kate Kenmure

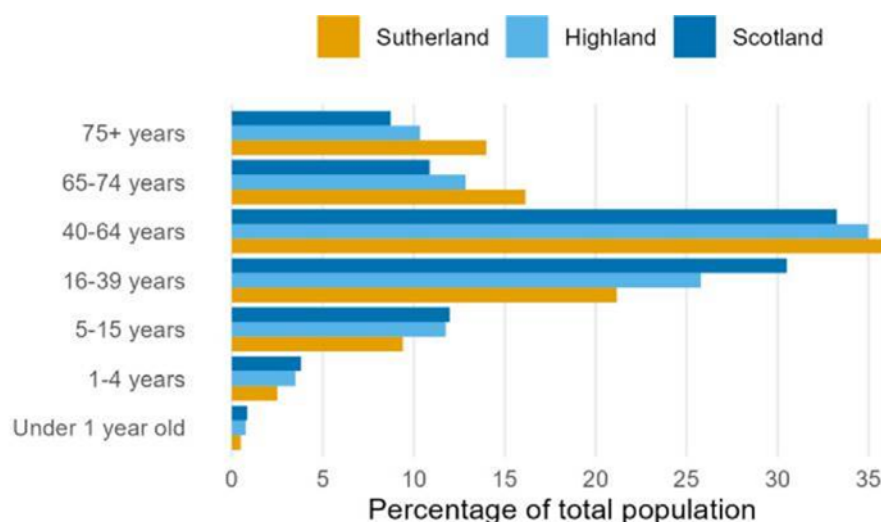
Locality Demographics

For information: The latest estimates are based upon the 2011 census, with an adjustment made annually for births, deaths and migration. Future estimates will be rebased on the 2022 census when the results become available. The population projections used in this report were produced by the Improvement Service (IS) and are based upon Housing Market Areas (HMAs) defined by the Argyll and Bute Council and the Highland Council.



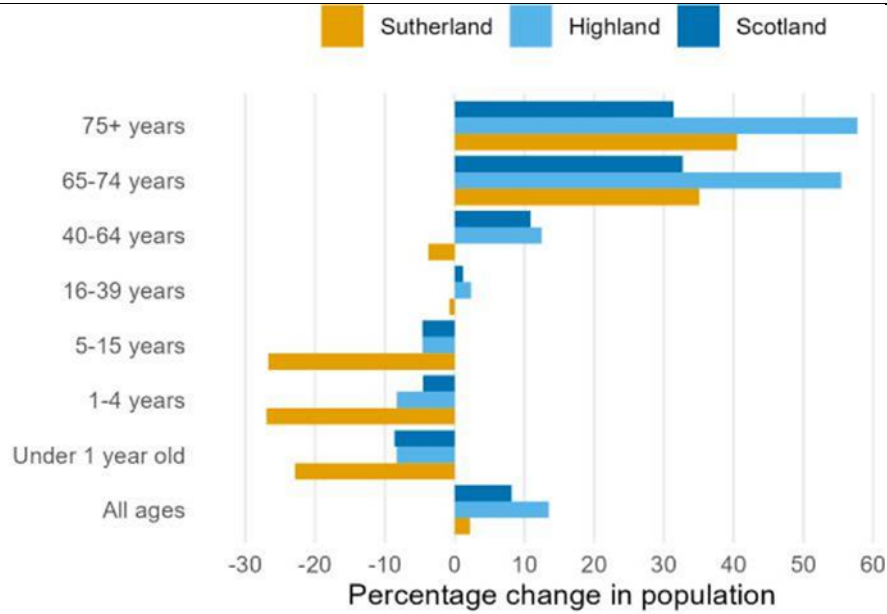
- As of 2021, Sutherland has a population of 13,142 people. 12.4% of the population are children aged 0-15 years, 57.5% are aged 16-64 years, and 30.1% are people aged 65 years and over.
- Just under a third of the population (31%) live in settlement areas of Brora, Dornoch and Golspie. All of the population (100%) live in areas classified as very remote rural.
- The age profile of the Sutherland population is older than Highland.

- The population of Sutherland increased by 2% over the period from 2002 to 2021.
- Over this period, there was a 38% increase in the 65+ age group. The population aged 16-64 decreased by 3% and the population under 16 decreased by 27%.
- The ratio of 1.9 people of working age (16-64 years) to older people (age 65 years and over) is lower than in Highland and Scotland.

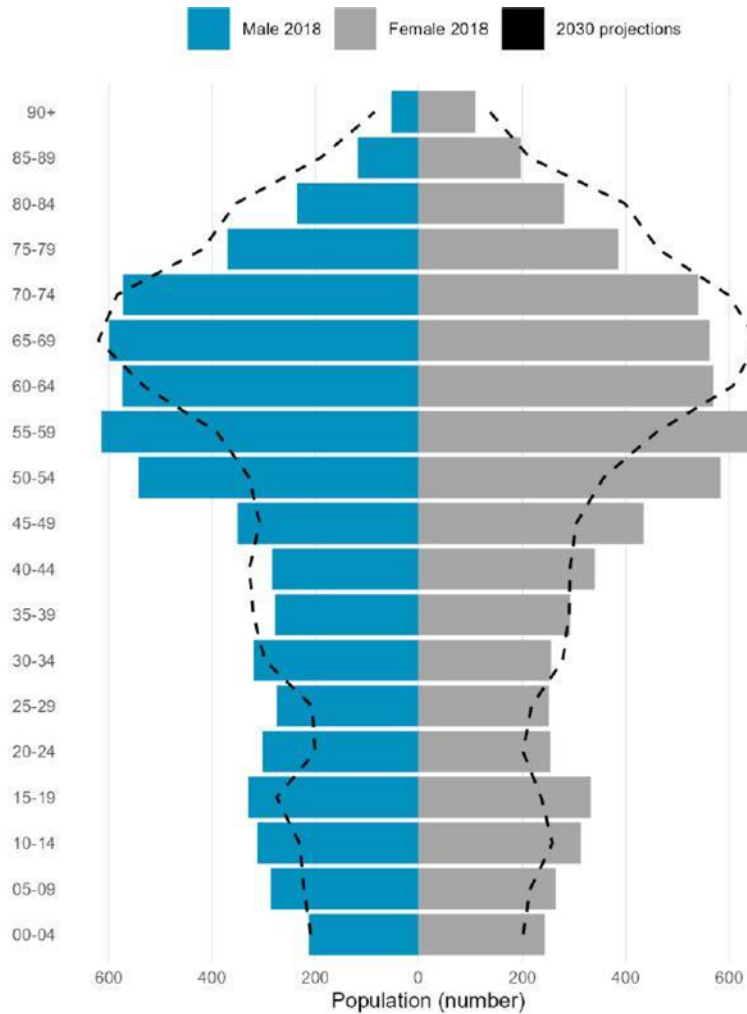


Source: National Records of Scotland, Small Area Population Estimates 2021

- There were 60 live births to Sutherland residents in 2020.
- The birth rate has decreased over the last decade in Sutherland and Highland.
- The mortality rate in Sutherland has consistently been lower than that of Highland.
- Following the pattern seen in Highland and Scotland, improvement in the mortality rate in Sutherland has stalled⁶. It is a significant concern that a sentinel measure of population health and social progress is no longer improving.
- The annual number of deaths in the area exceeds the number of births, and population growth depends on net migration gain.
- The latest available population projections estimate that the overall population of Sutherland will decrease between 2018 and 2030.
- The number and proportion of people in the 65-74, 75-84 and 85+ age groups are projected to increase, whereas the population aged 0-15 years, 16-44 years and 45-64 years are projected to decrease.
- Projected demographic changes indicate that the ratio of people of working age to people aged 65 years and older will further decrease.



Source: National Records of Scotland, Small Area Population Estimates 2021



Source: Improvement Service Population Projections for Sub Council Areas 2018 based

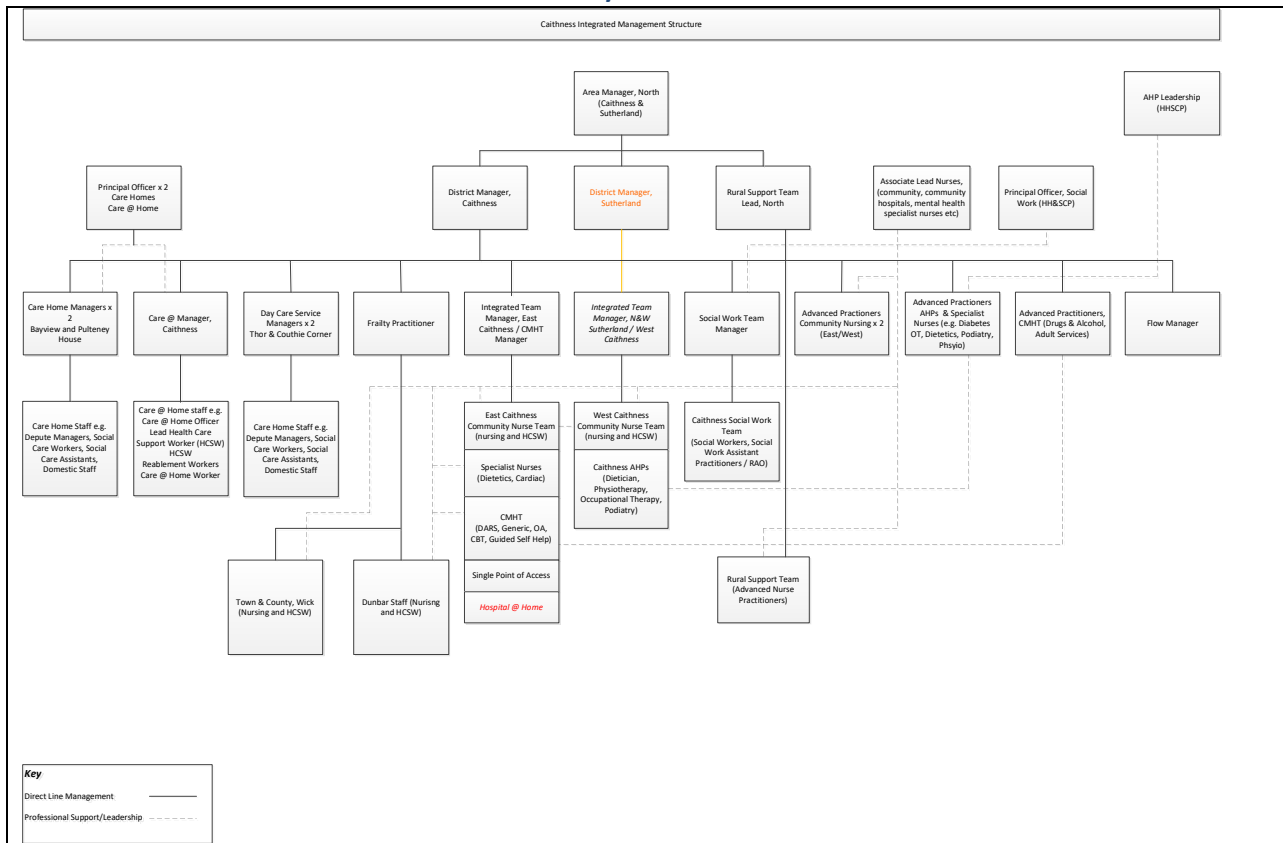
- SIMD 2020 identifies no data zones in Sutherland that are in the 20% most deprived small areas in Scotland. The majority of the population(83.8%) live in areas ranked in quintiles 2 and 3 of SIMD.
 - In SIMD 2020, 9.8% of the population of Sutherland were identified as being income deprived, and 7.6% of the working-age population were employment deprived.
 - Rural deprivation is an important concern. Those identified as income or employment deprived are found in all intermediate geography areas.
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Services provided and current workforce

Services managed within Sutherland District as at 21/02/23 are:

- AHP Services
 - Dietetics
 - Occupational Therapy
 - Physiotherapy
 - Podiatry
- Care at Home / Reablement
- Care Homes
 - Seaforth House, Golspie
 - Melvich Care Home, Melvich
 - Caladh Sona Care Home, Talamine
- Community Hospitals
 - Migdale Hospital
 - Cambusavie Unit, Lawson Memorial Hospital, Golspie
- Community Mental Health Services.
 - Cognitive Behavioural Therapy (Sutherland & Caithness)
 - Drugs & Alcohol
 - Adult Generic
 - Guided Self-Help
 - Learning Disabilities Nursing
 - Older Adult
- Community Nursing
 - East Sutherland
 - West Sutherland
 - North Sutherland
- Day Services
 - Health and Wellbeing Hubs in Brora, Helmsdale, Kinlochbervie, Bonnar Bridge, Lochinver
- Specialist Nursing services e.g.,
 - Cardiac/Heart Failure,
 - Diabetes
- Social Work Services
- Single Point of Access

The leadership team comprises the district manager, integrated team managers (East and North & West Sutherland), Senior Charge Nurses in each Community Hospital, Social Work Team Manager, Care at Home Manager, Care Home managers and Advanced Practitioners. Several advanced practitioner posts are shared across Caithness and Sutherland. See below for structure



AHP Services

Dietetics at present is managed within the district but at 01/04/2023 while remaining in the community directorate will under redesign of structures be managed as part of an overall dietetic service for North Highland Community Division. In terms of Sutherland staffing numbers are very small with a 0.6wte B6 practitioner. There are links locally to the highland wide work around type two diabetes and the orth Area Health Improvement Practitioner.

Occupational Therapy service is managed within the district by the Integrated Team Managers and provides care service to community and inpatients in both Community Hospitals. The team itself comprises B7 Advanced Practitioner (new), B6 and B4. Recruitment in recent years and months has been challenging particularly at B6 level where redesign of posts has had to take place with a recent B7 post put in place to bolster leadership. There is also a B7 post who works in specialist housing post attached to THC team.

Physiotherapy like OT is managed by the Integrated Team Managers and, like OT, provides services in the community and hospitals with staff based at Lawson Memorial and Migdale Hospitals as well as in North and West Sutherland integrated team. Physio in Sutherland covers all aspects of clinical service including rehabilitation, outpatient, MSK, cardiac and pulmonary rehab, falls, frailty, and pelvic care. Due to challenges in recruitment to qualified (mainly B6) posts the service in Sutherland has recently been supported via agency which has had a significant cost implication. There is a senior practitioner and leadership role at B7 level which was for both Caithness and Sutherland. This role has been redesigned recently and will be only for Sutherland to support staff and increase capacity. There is also a “First Contact Practitioner” service within Primary Care.

Podiatry as with Dietetics will in time “move” to a north highland wide management structure via

communities' division but at present is managed within the District. In general recruitment to podiatry services is a challenge with a vacant post in the North/West Sutherland which we have been unable to recruit to. Some patients are seen in Caithness if they live in North Sutherland and the podiatrist in Wester Ross is providing a service in West Sutherland. The B7 AP post holder (B7 0.2wte of her 1.wte is for leadership across the North Area).

Care at Home / Reablement

Care at Home / reablement services are provided across Sutherland with a local manager based in Golspie along with the Care @ Home Officer, Co-ordinator, and Clerical Assistant. The office also acts as a "base" for the carers. The staffing in the North and West of Sutherland is challenging with vacancies leading to unmet need in the community. A project to look at remote support worker roles may help recruitment and retention but is only at the beginning of the process.

Capacity and demand within this service has been under scrutiny recently with delayed discharges continuing to be an issue due to unmet need particularly in North and West Sutherland.

Care Homes

Caladh Sona is a 6 bed care home on North Coast in remote rural area of Melness with increasing issues in recruitment of all staff groups but particular band 4 Social Care Workers who lead shifts, and hotel services domestic services workers. Recruitment is not an issue that affects Caladh Sona in isolation on North Coast – hospitality industry has and continues to have similar struggles in recruiting staff, and some business within Tongue have increased their rates of pay to attract staff.

Agency staff are used regularly with support from CRT when there is availability, and as of July 22, 2 x B5 nurses have been sourced from agency on 3 month contracts (rolling) with accommodation provided, but this is clearly not sustainable in the medium term, nor financially viable.

Melvich care home is in Melvich, further along the north coast. It is also a 6 bedded unit with similar staffing. Both Agency and CRT are used to ensure staffing stability with recruitment continuing to be an issue.

Caladh Sona was originally a 3 bed house with garage used by the warden for the sheltered housing units, but converted into a care home some 30 years ago, with no ensuite facilities and one shower for the use of all the residents. Over the years a replacement build for Caladh Sona has been raised, and in 2007 following a public meeting with Leader of HC, and the then Director of Social Work, the Caladh Sona Action Group emerged within the local community, and campaigned against any closure of Caladh Sona without a replacement built locally. In 2015 consultations with NHSH/HC and local communities regarding a replacement build for both care homes on North Coast (Melvich & Caladh Sona) began with the outcome of a care hub in Tongue. It is anticipated that the hub will be functional in 2026 as of Dec 2022. Planning permission will be sought for the plans and recently at a local drop-in session the plans and timetable was presented to the wider public.

Melvich Care Home was similarly transferred over from Highland Council at Integration and although a larger facility is still in need of upgrade and modernisation.

Seaforth House is a 15 bedded residential care home in Golspie which was transferred over to NHS Highland at Integration. There have been some staffing challenges with turnover significant but recruitment is healthy.

Community Hospitals

There are 2 community hospital within Sutherland, one in Golspie (Cambusavie) and one in Bonar Bridge (Migdale).

Cambusavie Unit, Lawson Memorial Hospital Golspie is a 16 bedded unit. The unit mainly covers Rehabilitation, palliative care and end of life care as well as GP assessment function to reduce need for an acute bed.

In addition to the inpatient beds there is a Minor Injuries Unit (MIU) and an outpatient department. Outpatient Clinics are held daily for podiatry and physiotherapy and on a regular basis for other services such as Dietetics which can be a combined clinic with the Diabetes Specialist Nurse or Cardiac Nursing (which may be combined with Physio). Consultants from Caithness General and Raigmore use the outpatient department for consultation. There are procedures taking place from ENT, Gynaecology, orthopaedics and Chronic Pain as well as clinics.

Migdale Hospital in Bonnar Bridge consists of 2 10 bedded wards and 2 beds which can be used in either ward areas. Kylscue ward is a traditional community hospital ward to support rehab, end of life care and GP assessment beds. Strathy ward was an older adult mental health assessment ward and has been temporarily closed during the pandemic. Part of it is being currently used as community hospital provision with no decision made to its long term future. A consultation was undertaken with the community and an overwhelming opinion that the facility was needed and should be used as a community hospital.

Community Mental Health (Psychology/Psychiatry provided via Mental Health Directorate)

As per the structure for North & West prior to the creation of the Communities Division, Community Mental Health Services in Sutherland are managed by the Integrated Team Managers albeit this is likely to change in the coming months with a move of management to the Mental Health and Learning Disabilities Division. Psychiatry and Psychology services are managed centrally and have been traditionally. Staffing in the mental health team is a particular challenge with several vacancies at B6 level in learning disabilities, older adult and generic teams. At present there are vacancies in Learning disability, older adult CPN (Sutherland wide) and the generic vacancies in North Sutherland)

Cognitive Behavioural Therapy while based in Caithness covers the north area (Caithness & Sutherland)

Community Nursing

There are 3 community nursing teams – East, North and West. There is an Advance Practitioner in each team who supports the staff, provides supervision and act an expert practitioner in the area. The team is managed by the ITM while the AP is managed by the District manager.

The community team provides preventative, reactive and maintenance clinical care to patients in the community. The elderly age profile and care homes in the area are above average. The team also provide end of life care to support individuals who wish to die at home. They manage highly complex patients with co- morbidities in the community.

Day Services

There are no registered daycare services in Sutherland with the resources allocated to Health and Wellbeing Hubs managed by the 3rd sector. These hubs are based throughout Sutherland and provide social interaction and lunch for both elderly and people with a learning disability. They are supported, if they need personal care, with support workers allocated from the ASC budget. The funding for these Hubs are through an SLA and have not been increased since integration in 2012.

Specialist Nursing

There are several specialist nurse posts across highland which are managed in different ways. In terms of those which are managed within the district (because of district development and use of district budgets differently to support development) the two are Diabetes and Cardiac Rehab/Heart Failure. In terms of **Diabetes** Sutherland has 1wte B6 staff nurse and shares a B7 Advanced Practitioner with

Caithness (who also have a B6) so for the North there is a team of three. The team works alongside colleagues in community nursing, care at home, dietetics etc to support individuals living in the community with diabetes for example there a joint clinic with the dietician. They also provide support to care homes and community hospitals. They do provide an in-reach support service to patients known to them in the community Hospitals but cannot provide an emergency response service. For **Cardiac Rehab/Heart Failure** Caithness has a 0.4wte B7 post. The post holder works with colleagues in physiotherapy etc to provide joint clinics. The establishment is historic establishment which has not been reviewed for some years. Senior Nursing leadership in the Community Division will support and establishment review in July which will cover a larger geography than Caithness.

Social Work

The social work team has benefited form an investment from the Scottish Government and is a stable team with no recruitment issues. The numbers of ASP cases are small but the large number of elderly people ensures that POA, guardianships as well as long term care assessments make the team very busy.

Single Point of Access

To encourage and support streamlining of service access Sutherland has a single point of contact for service users, professionals and the public. With the commencements of the DMTs the role of the HSSC Co-ordinator has become pivotal to the management of flow between Secondary care, community hospitals and community services.

RST (managed via RST Manager but part of community division)

The rural support team based in the North Sutherland will provide OOH services when recruited. At present OOH services are provided by locum GPs North and West Sutherland while a consortium manages the East Sutherland OOH service. It is based at Lawson Memorial Hospital.

Primary Care formerly part of District now division on own

Finance & Performance

Projection M9

Current Plan £000	Division	Plan	Actual	Variance	F'cast	F/cast
		YTD £000	YTD £000	YTD £000	Outturn £000	Variance £000
918	AHPs	685	571	113	767	151
655	Management	527	393	134	541	113
1,190	Nursing	893	1,056	(162)	1,406	(216)
3,142	Hospitals	2,328	2,650	(323)	3,480	(338)
789	Mental Health	593	474	118	631	158
(258)	Community	(194)	(217)	23	(289)	31
1,070	OOHs	803	876	(73)	1,168	(98)
13	Primary Care	7	5	2	11	2
7,518	Sub Total - Health	5,640	5,808	(168)	7,715	(197)
2,447	Care Homes & Respite	1,833	2,021	(187)	2,696	(250)
232	Community Care	172	66	106	102	129
557	ASC Management	459	472	(14)	576	(18)
1,728	Care at Home	1,297	1,343	(45)	1,788	(60)
5,946	ISC/SDS	4,462	4,504	(42)	6,044	(98)
10,910	Sub Total - ASC	8,224	8,405	(181)	11,207	(297)
18,429	Total for Sutherland	13,864	14,214	(349)	18,922	(494)

Health Forecast M9

Health	YTD Variance	Forecast Variance	Anticipated Spend	Comments
Analysis of Position	£000s	£000s	£000s	
Cost Pressures				
Pay Cost Pressures	300.67	313.76	313.76	Staff Overspends due to use of agency and staff sicknesses
Pay Pressures - unfunded i.e maternity/unfunded posts	26.75	35.67	35.67	
Utilities	0.17	0.19	0.19	Total Overspend on Heat and Fuel
Drugs	10.71	9.71	9.71	Drugs overspend relating to Migdale/Lawson and OOH
Other non-pay	89.11	130.68	130.68	Surgical Sundries Overspend accumulated 38K and paramedical supplies 12k, misc - 74K Strathy GP Cover Invoices
Travel	55.46	73.94	73.94	Travel and Transport - Car Lease over spends, Other various travel overspends
Savings Underachieved				
Housekeeping - HDL160	41.36			Savings achieved in advance
Covid Costs				
Other Additional Staff Costs	29.94	29.94	29.94	CAC Costs
Offsets and Compensation				
Vacancies	244.41	316.16	316.16	Vacancies within AHPs, Mental Health
Other non pay	59.22	80.80	80.80	This is Partly Strathy Savings (74K) as ward closed but offset by having 4 beds reopened

ASC Projections

ASC	YTD Variance	Forecast Variance	Anticipated Spend 23/24	Comments
Analysis of Position	£000s	£000s	£000s	
Cost Pressures				
Pay Cost Pressures	98.73	131.65	131.65	Maternity/Agency/sickness Costs less unfunded post and CAH costs below
Pay Pressures - unfunded i.e maternity/unfunded posts	47.08	62.76	62.76	CAH Manager
Utilities	23.97	31.96	31.96	Care Home Overspend on Heat and Light
Other non-pay	45.62	60.83	60.83	Cleaning, Surgical Sundries and General Services
Travel	7.38	9.84	9.84	CAH Teams
ASC packages	55.32	115.88	115.88	Care package line from North & West and East Caithness Cah Team
Care at Home	58.78	78.38	78.38	
Offsets and Compensation				
Underspends				
Vacancies	40.20	53.60	53.60	Trouble Recruiting Staff in Care Homes
Other non pay	115.30	141.13	141.13	Underspends in Transport, Paramedical supplies and Property Maintenance

What savings can be achieved

- Discussion around the overnight service, savings are in hospital admission avoidance and early admission into a care home due to a lack of overnight care.
- Rural Support Worker for the North Coast which will encourage recruitment retention and focus on patient centred care.
- **Additional Workforce Requirements**
- How are these to be funded? – Ageing population in Sutherland, very historic budget in CAH, an establishment review is needed to determine if staffing meets demand.

Investment Requirement

- Investing in Community Services which would be CAH, OT, Physio and District Nursing
- This is to allow people to manage complex medical conditions in their own home, therefore reducing the need for hospital admissions
- Investment in the OOH service (GP budgets) which is being discussed at the assurance board
- Community Hospital Investment in expanding services to support the local community
- **Co-dependencies**
 - Supporting people to stay in their own homes will reduce the number of admissions and length of stay in Raigmore

Opportunities and Developments

A pilot of an overnight community service comprising of a Registered nurse and support working evaluation well and was shown

- to prevent admission to hospital if safe and suitable to provide Hospital at Home.
- To facilitate seamless hospital discharges
- To provide palliative care/End of Life care in the patients chosen place of death.
- To reduce Long Term Care admissions.

Rural Support Workers in North Sutherland will allow a more reactive service to ensure the population of the area get the service/ care they need to stay in their own community (either in the local care home or in their own home)

Community Engagement**Community Planning Partnership (CPP)**

The Sutherland CPP is a strong active group which is chaired by our police colleagues which meets on a quarterly basis. Sub groups are in place who meet on a more regular basis and are responsible for taking forward actions. This includes Fuel and food poverty subgroups, Emotional wellbeing, Transport and Housing subgroups.

Independent Sector

Regular meetings take place with our Care at Home Independent Sector providers for East Sutherland. Four weekly review meetings are in place which includes Contracts, along with weekly allocation meetings with our local team. We have strong links with our providers, and whilst there has been delay in some pick up of packages with one particular provider, we anticipate some improvement.

There are no Providers in the North and West Sutherland.

Highland Council

The District Manager meets monthly with the local Councillor. The Ward Manager sits on the local Care for People Group.

Community Councils

The Community Councils in Sutherland are invited to and frequently attend and engage with the Sutherland Community Planning Partnership. Although the District Manager is not routinely invited to the community councils they are very receptive if contacted and happy to invite the District Manager to attend to discuss any issues .